

AND

INAUGURAL DISSERTATION,

ON

Intermitting Fevers

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



University of Nashville,

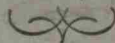
FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

James Rodgers Russell

OF

*Georgia**March* 1857CHARLES W. SMITH,
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Intermitting Fevers

This is a disease with which the profession has been familiar for ages. It belongs to the class of fevers called idiopathic. Not depending on an inflammatory condition of the system nor on phlogosis of any of the vessels of the body. But supposed to be the result of a peculiar poison emanating from decaying vegetable matters when submitted to the action of heat and moisture. It is a disease of southern latitudes and hot climates being met with rarely in northern latitudes. But is said to be spreading gradually in that direction.

Intermitting fever is divided
into several varieties by the
most of writers three of which
I will notice the other divisions
being of no practical importance
These are first the Quotidian
which recurs every twenty four
hours Second the Tertian which
recurs every other day or once
in forty eight hours The Quartan
is what is familiarly known
as third day ague or has one
paroxysm in seventy two hours
The subdivisions of these varieties
have been noticed by the writers
on this disease. Such as the
double Quotidian double Tertian
and so on

But I do not consider these
divisions really necessary
Intermittents have three stages
called their paroxysm. These
are the cold the hot and the
sweating stages The manner
of the attack is often different
In one case it may be insid-
ious making its approach
gradually The individual feeling
indisposed about the same
hour for several successive
days At another time the
disease will make its attack
without any premonition
being ushered in suddenly
by a chill or shake
The approach of the cold stage

of an intermittent may usually
be known by the feeling of languor
or lassitude yawning stretching
and so on The cold sensations

soon make their appearance
on some part of the body most
usually the fingers toes ears
and tip of the nose give the
first evidence of the chill

No matter on what part the
first impression be made it
soon spreads successively over
the whole surface

The countenance of the patient
becomes very much changed
expressive of anxiety and
suffering A common attendant
is pain in the head and

back the suffering is not
always great There is a desire
for cold drink notwithstanding
the mouth and tongue are
moist The surface of the body
presents a rough appearance
occasioned by what is called
ague bumps The pulse is
considerably altered becoming
small frequent and feeble
The teeth chatter and the
patient often has a complete
rigor After the continuance
of these symptoms for a longer
or shorter time the hot stage
commences Not abruptly but
gradually the patient feeling
sensations of warmth pass

over him These continue to
recur untill the hot stage
is fully developed

The patient now presents
quite a different aspect

The face is flushed the eyes
sparkle and occasionally become
red The patient suffers with
intense pain in the head
back &c The heart's action is
greatly increased propelling
the blood to every part of
the system The pulse becomes
full bounding strong and
more frequent than natural
The secretions are now diminished
the skin dry hot and parched
the tongue and mouth are

also dry occasioning an incessant
desire for cold drinks

The breathing is hurried but
more regular than in the
cold stage The hot stage
passes gradually into the sweat-
ing the first appearance of
perspiration is on the upper
lip forehead neck from whence
it spreads successively over
the whole surface of the body
The sweating may be slight or
profuse and prolonged I have
seen cases in which the pers-
piration continued up to the
time of the next chill
But these cases are rare
The above is the most usual

course of an intermittent
But there are exceptions to
the rule one of which I met
with last season which I will
give in detail

One evening last August a
patron of mine called to see
me in relation to his son who
he said had a singular disease
From the description he gave of
the case I supposed it to be inter-
mitting fever with convulsions
preceding the paroxysm

On the following day I went to
see the patient and when I went
in the lad was up going about
Shortly after my arrival he took
his beads and complained of feeling

unwell called for ~~a~~ fan water
and would have ^{crank} freely if I had
not objected I was by the beds
side watching every motion At
length I saw a spasmodic jerking
of one leg which increased by the
intervals becoming shorter I also
discovered the breathing becoming
more hurried Not long afterwards
the other leg began to jerk next
the arms and soon untill the
whole frame was in motion He
threwed the cover off opened his shirt
complained of heat called for a
fan which his mother brought
and used with all her strength
without being able to satisfy him
the heat being so great

The strange feature in the case was his complaining of excessive heat and yet every symptom of chill present. The rigors, chattering of the teeth, catching of the breath, shrunken countenance, the goose flesh appearance of the skin. In short all the symptoms attending that stage except the chilly sensation.

I formed my diagnosis called it a case of hot ague administered the usual remedies for intermittent and the boy got well.

The course of intermittents are variable. The paroxysm of some lasting but a few hours while others are prolonged some eighteen twenty four and some thirty six

hours. Neither do they always make their appearance at the same hour of the day while some anticipates others are retarded.

Most authors that I have read say that the chill does not make its appearance at night usually jumping from one evening to the next morning. But this rule will not hold good. I had at one time last autumn some five or six cases in which the chill made its appearance between twelve at night and six in the morning.

The severity of an intermittent will depend much on the locality.

On southern ^{localities} they often prove fatal owing to ^a concentration of the cause.

producing them But in temperate climates and northern latitudes they are most usually controllable

The effects produced by protracted intermittents or by the often recurring of the disease are said to be an engorgement and induration of the Liver and Spleen And thereby deranging the whole system

The cause of intermittents is a matter of some disputation

While most of the profession are willing to admit it to be the result of marsh ~~miasmata~~ miasmata there are others who think that heat and moisture are also sufficient to produce the disease without vegetable decomposition being taken

into the list There is one point
which has been clearly proven that
is this That in the localities abound-
ing with vegetable remains the disease
is not only most prevalent but
also malignant.

Every practitioner must have obser-
ved that in the vicinity of mill
ponds and stagnant pools of water
intermittents prevail to a greater ex-
tent Whether the originating
cause be Malaria or heat and
moisture I shall leave the wise
to determine

The treatment of intermittents
is divided into that which ^{is} necessary
in first the cold then the hot
and lastly that which is required

in the interval Unless complicated
the disease is by no means difficult
to cure The complications that are
most common are Gastritis Enteritis
Cerebritis Pneumonitis Hepatitis
and so on The complications
will be known by the symptoms
of each being present And will
require the same treatment as if
there were no intermittent present
I seldom interfere with the cold
stage of the disease unless it be unus-
ually severe or protracted But under
these circumstances I resort to stimu-
lants both internal and external
I think it best when it can be avoided
with safety not to stimulate
For the reason that it causes the

reaction to be greater But when
the hot sage makes its appearance
we are loudly called on for aid
To cut short the paroxysm if possi-
ble should be the first object of
the Physician But he will not alwa-
ys be able to succeed but may miti-
gate the sufferings of the patient
by relieving thirst with efforvefing
draughts & sponging the the surface
with cold water and if the arterial
action be great and there should
be danger of phlogsis of any of the
vital organs bleeding from the arm
should be resorted to

I have used calomel and ipecac
in broken doses to assist in cutting
short the hot sage by determining

to the surface and promoting perspi-
ration I usually give two grains of
calomel with three or four of Speac
every two or three hours untill three
or four portions have been taken
If it should fail to act on the bowe
ls in due time assist it with a
small dose of salts or Oil

The object is three fold To determine
to the surface promote the secretions
and to remove from the alimentary
canal any offending matter that may
chance to be lodged there And thereby
the better prepare the system for
antiperiodics of which Quinine is
the best All agree as to the utility
of this drug in intermittants It ^{is} used
alone or in combination with others

remedies of the class When there is no
inflammatory action present I use the
capsicum and Iunine believing that
the capsicum not only assists in pre-
venting the recurrence of the paroxysm
But also prevents in a great many cases
the disagreeable effect of Iunine when
given alone The manner in which I
administer the medicine is in powder
I give five or six grains of Iunine with
three or four of the Capsicum
Two doses to be taken in the interval
one four and the other two hours
before the chill is expected

With this plan of treatment I usually
succeed in stopping ague