

AN
INAUGURAL DISSERTATION
ON

Remittent Fever

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BY

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Remittent Fever.

Remittent Fever. - Symptoms - Complications - Causes of remittent fever - Varieties of - Terminations - Diagnosis - Treatment.

Symptoms.

Remittent Fever is occasionally developed without premonitory signs, more frequently however, its attack is preceded by a few days ailment, or by symptoms not differing very much from those in the forming stage of intermittent fever.

The more usual symptoms which precede the attack are a general sensation of weight, followed by languor of the whole system, sighing and yawning with aching pains in the head, back, and extremities, (more particularly in the calves of the legs.) The face is pale, the countenance is dejected, creeping sensations of cold are succeeded by flushes of heat, the appetite commonly fails, the bowels are frequently costive, and the tongue is coated, the taste is unpleasant, the eyes become heavy, and sleep

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disturbed by frightening dreams.

There is sometimes a morbid action in the vascular system, the blood itself being diseased, which is the effect of a specific poison on the system consequently the pulse is less frequent than in health, and the temperature of the whole body is reduced.

The premonitory signs increase in intensity until the disease is established, the pains in the back, and extremities are very much aggravated.

As the hot stage becomes developed the pains in the back, and loins frequently abate, and sometimes entirely subside, they may increase again, at the commencement of one or two of the next paroxysms but in a less degree.

After a general sensation of coldness but seldom amounting to a rigor, there comes on intense heat, with tenderness of the epigastrium, the surface of the body is hot, and dry, throbbing pains in the head the pulse is frequent sometimes small

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and irregular, at other times full and forcible, the mouth and throat are dry and clammy, tongue furred, though it may remain moist and almost entirely natural, the respiration is hurried, thirst considerable, there is frequently sick stomach, which is often attended with bilious vomiting, which at first is a light green, and after a while becomes of a dark green the bilious matter soon ceases to be thrown up, the bowels are generally torpid, but when acted on the discharges are commonly either black or green and very offensive, though they are sometimes clear and transparent, the urine is scanty, and high colored.

The febrile paroxysm is superseded by a gentle perspiration together with a general diminution of the heat and febrile symptoms, this diminution or remission of the febrile symptoms generally continues about two hours then the febrile symptoms gradually increase

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until they have acquired the former, or even a greater degree of intensity, and after having continued for some time again subside into a remission.

The salivary secretions, are often diminished or even suspended during the exacerbation, becomes free during the remission.

There is usually great disgust for food from the commencement. The thirst is great throughout the course of the disease, there is a constant craving for cold drinks. In the first remission this craving of water sometimes abates, but in the succeeding ones is as urgent as during the exacerbation.

Delirium but seldom occurs during the earlier paroxysms, and if it does it is mild, when it is established later in the disease it may continue during the remission, though commonly abating.

The mind seems to be occupied with the ordinary business of the patient.

The perspirations during the remissions are

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less and less marked as the disease advances. Frequently at an advanced stage of the disease the skin assumes a yellowish tint. There is never any eruption in this form of fever.

The sensation of debility is very great and is often as much complained of in the first or second exacerbation as later in the disease, when the actual debility is much greater.

The patient is always able to turn about in bed when it is necessary, even at the time when the most debility is complained of.

It is only in protracted cases, and but few of them occur in this country in which the patient requires much assistance in performing any necessary movement.

It is in this way the disease proceeds through a regular alternation of exacerbations and remissions, until a critical discharge takes place which most commonly is a profuse perspiration,

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and this is the commencement of convalescence.

If this event should not take place the disease becomes more obscure and terminates in remissions which are much shortened in duration, and attended by a more marked febrile character than was on the first or second remission, the exacerbations of the fever being in every respect more intense and greatly aggravated, in many respects partaking of the symptoms observable in typhus.

The skin feels dry and harsh, and occasionally covered by a clammy sweat, which by no means gives relief to the urgency of the symptoms.

The countenance is flushed and swollen, the eyes are prominent, glistening, and wild, the whole expression is one of extreme anxiety and distress.

The headache is intense, there is frequently delirium.

The pulse is very varying, at one time it is full and bounding at

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another time small and feeble.

The tongue becomes covered with a yellow mucous, the bowels are tender to the touch, and distended by flatus, the stools are fetid, sometimes passed unconsciously, there is retention of the urine and constant restlessness.

As the disease progresses, the state of excitement subsides into stupor and insensibility, the tongue becomes coated with a thick, black, dry fur, the pulse fluttering the respiration heaving and laborious, with *subtulus tendinum*, and the patient gradually sinks into a complete and ultimately fatal coma.

Complications

¹This disease is liable to become complicated with organic lesion.

²This is almost always the case in the inflammatory, and malignant forms.

The symptoms which characterize these show that there is always present much functional disorder of the liver, alimentary canal, and brain, and we find that it

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is in these organs that lesions are most commonly met with.

The occurrence of these lesions is one of the chief causes of a fatal termination.

When the mucous membrane of the stomach becomes inflamed, independently of the usual heat, pain, and tenderness, being much aggravated, there is a constant pain, increased on pressure, and which is continued during the remission.

The tongue is covered with a thick yellowish layer of mucus, subsequently becoming brown and cracked, with dry fiery edges.

There is general loss of appetite, or rather a disgust of every kind of food.

If the alimentary canal participates in the inflammation, and which it usually does, the abdomen generally is painfully distended, and tympanitic, the stools are watery, the urine is turbid.

When the liver is affected there is

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Severe pain and tenderness of the right hypochondrium, with a pulsation there and on the epigastrium, there is great irritability of the stomach, at first the tongue is clean, but afterwards it becomes coated with a brown fur, there is great torpor of the bowels.

When the brain or its membranes are affected, the excitement during the exacerbation is characterized by delirium, which alternates and passes into coma.

Causes.

Remote, Genuine remittents always arise from miasmata, and easterly winds.

Exciting, Imprudence in diet, exposure to the heat of the sun, alternating with the night air, and dews.

Varieties.

The simple form of remittent fever is subject to many variations, according to age, constitution and locality;

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The patient complains of severe pain in the head back and loins, intense thirst, burning heat and oppression about the praecordia, nausea, and in some cases severe vomiting of bile; This form of fever generally remits from the beginning upon bleeding and free evacuation of the bowels; but if it be neglected, it is apt to put on the continued form, and after continuing for some hours subside. Next day, about the same time, the paroxysm returns and in six or seven hours run the same course.

The puls is generally from seventy five to one hundred and twenty, frequently full and bounding.

The inflammatory form of remittent fever in many respects resemble the simple, in the inflammatory form there is a general aggravation of the symptoms, particularly those of the circulation.

This form of fever most frequently makes its appearance very suddenly with the most excruciating headache, and after it

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subsides leave the patient weak and very much debilitated, in some other cases they make their attack very much like the simple form, with pains in the head, back, and loins, alternating with chills. ^{2^d} The skin is generally burning, great thirst, loss of appetite, nausea, and strong, full, and quick pulse.

^{3^d} The inflammatory remittent generally presents a much more dangerous character; the cold stage is short and by no means severe it being immediately followed by febrile action, there is acute throbbing pain in the head, giddiness, great pain in the loins and inferior extremities.

The face is deeply flushed, the appetite lost, the tongue furred, and the urine scanty and high coloured. These symptoms continue with great intensity for several hours, when a distinct remission takes place.

^{4th} This remission lasts but a short time before another paroxysm comes on with increased severity.

^{5th} The malignant form of remittent fever is

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preceded by a feeling of febleness and languor, with pains in the head, loins, and giddiness, with flushes of heat, alternating with sensations of chilliness, which terminates in a general collapse of the vital powers, and a great depression of the circulating system.

Reaction soon takes place, with great pain in the head, the skin is dry, hot, and harsh, the tongue is clammy, and coated, sometimes rough, dry, and brown, severe pain in the epigastric region, the pulse full and frequent, but is neither hard nor vibrating.

This state continues for about ten or twelve hours, then a remission ensues.

After five or six hours a nother paroxysm comes on, in which the symptoms assume a more dangerous form, the headache is severe, attended by transient delirium, and considerable restlessness.

Terminations.

Remittent fever in all its variations may terminate in perfect recovery,

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or be converted into intermittent fever. It may terminate in death by syncope, convulsion or exhaustion.

Death may ensue either in the first paroxysm, or in any day afterwards during the fever. If it comes on in the first paroxysm, it is generally accompanied by delirium, which subsides into a fatal coma; but if it occurs in or after the third paroxysm, it generally takes place by fainting or by convulsion, which are considered to be the consequence of inflammation of the brain; or it may be caused by the weakening effects of the excessive discharges both alvine and cutaneous, or from the abdominal lesions generally, or it may occur from general exhaustion of the vital powers.

Anatomical Characters.

The external appearances are, a collapsed state of the body, general yellowness of the surface. There is generally a small quantity of fluid found between the

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cranium and dura mater.

The dura mater is frequently inflamed; the vessels of the pia mater are turgid; masses of coagulable lymph are often deposited between it and the arachnoid.

The ventricles are frequently distended with serum. In the cavity of the chest there is inflammation of the pleura, with serous effusion and adhesions, and inflammation of the bronchial membrane.

In the abdomen, the liver is enlarged and injected. The stomach is generally inflamed, particularly near its cardiac orifice.

The intestinal canal is also inflamed and sometimes there are slight ulcerations, and it is generally distended with flatus.

The kidneys are frequently inflamed.

The mesenteric glands and pancreas are often enlarged also the spleen.

Diagnosis.

The diseases which remittent fever resemble most are the quotidian and double tertian intermittents.

We are sufficiently enabled to

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distinguish the remittent from the intermittent by the continued febrile condition, vomiting, and tendency to discoloration of the surface, at the same time the passing of the one into the other, is so frequent that accuracy in diagnosis is sometimes rendered difficult.

Treatment.

First ascertain the duration of the fever, the height to which it has progressed, and the principal seat of the disease.

In the forming stage when we have gastric irritation, headache, and slight disorder of the circulation.

The remedies should be gentle evacuation of the bowels, cups over the epigastrium, cold to the head, a stimulating pediluvium, cold demulcent drinks, cool or cold sponging, mild diaphoretics, with rest and abstinence.

^{When} the disease is fairly set in, the points to be particularly attended to are, the reduction of the general fever,

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The obviating the effects of congestion and inflammatory action in the liver, stomach, and intestines, as also in the brain and its membranes.

The disease of the general state of the system is to be obviated by the prompt administration of purgatives, in order to clear the system of the morbid secretions found in the stomach and intestines, reduce the over-excited action of the heart by blood-letting, and the use of medicines of a diaphoretic nature. There can be no great error in the treatment of remittent fever, than the long continued use of purgatives. They tend rather, by their local irritation, to increase the acrid nature of the secretions, at the same time it is absolutely necessary, especially at the commencement of fever, that efficient evacuants should be administered, but those selected for this purpose should be but little irritating or drastic in their operation.

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The best of this class of remedies is calomel, it should be administered early in the disease, it should not be continued longer than the fifth or sixth day, as its constitutional effect would be productive of injury.

As calomel is very apt to produce active purging, it is generally advisable to combine with it a small quantity of opium, perhaps the Dover's powder is the most advantageous form.

The thin, watery, muddy, and fetid stools, the tympanitic and tender state of the abdomen, the cerebral irritation which frequently occurs in the latter period of the disease, are very generally the result of the frequent use of active and irritating cathartics.

The course to be pursued in respect to the use of this class of remedies, is to give on the very commencement of the disease an active purge, such as the extract of colocynth and calomel, followed by the mildest evacuants, so as

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to produce two, or three, evacuations in the twenty-four hours.

This action should be gently kept up with small doses of Epsom salts, or castor oil.

In this country blood-letting, is frequently resorted to, both general and local.

When there is a strong, full, or active pulse, a hot skin, or determination to the brain, or other important organs blood-letting should universally be resorted to. A recurrence to cathartics will seldom be necessary, but it will be well to give laxatives, such as moderate doses of calomel, or the blue pill, to promote or correct secretions, and remove undue accumulations.

When there is a remission, tongue moist, soft skin, and pulse approaching to its natural frequency, the sulphate of quinia is the very best remedy, but we must not always wait for these symptoms, it is sometimes necessary to give the quinia during the febrile excitement,

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it is then best combined with calomel. By this combination we abate both the irritation of the mucous surfaces of the alimentary canal, and of the nervous system at the same time.