

12903
No. 388

AN
INAUGURAL DISSERTATION

ON

Remittent Fever

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
Doctor of Medicine.

BY

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OF

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Remittent Fever.

This Fever differs from intermitting, Fever only in its Type, Remittent and intermitting, Fever originates from the same cause, Remittent Fever generally assumes a more violent grade, than intermitting and requires to be treated according to the symptoms. Yet as above stated, there is no radical or essential difference between the simple Autumnal Fever or Remittent and intermitting Fever.

Symptoms which occur in the beginning of this disease, that have come under my own observation, are most commonly these viz. The Person complains of feeling drowsy becomes very weak unable to take violent exercise, perhaps he will go on in this manner for one two or three days becoming a little worse every day until finally he retires to his bed, at this time in most

of cases The Patient will have considerable pain in The head, back and inferior extremities; will have flushes of heat (as The Patient will remark), and then Chilly sensations, This stage of The disease will last him for some time, Then the Fever or hot stage comes on, The Patient, may have a distinct chill apt to come on in The morning. Then The Fever or hot stage comes on, The Patient, complains of great Thirst, restlessness, is unable to be up in his room, calls for cooling drinks, will continue to have Fever, during the evening, The Patients eyes will become more or less of a yellow tinge, The Fever will continue until The next morning and then most commonly we have a slight remission,

which will last perhaps from 30 to 60 minutes, and during this period the Patient is thirsty and has some Fever, sometimes a distinct remission takes place, in cases of this sort there will be gentle perspiration, unless there is a distinct remission, there will not be any perspiration perceivable, In other cases, the Patient may sweat during the Fever at any time or at different periods. Indeed I have seen Patients sweat throughout the day, when the pulse would be as high as 100 or 120 beats in the minute, when the pulse in healthy condition of the Patient would not be more than 80 or 85. Most frequently at this stage of the disease, if not sooner

The Tongue becomes coated with a brownish Coat, and Slimy at times. The Bowels are apt to be costive, urine highly colored and in most of cases scanty.

Remitting Fever in its most violent form, attacks the Patient suddenly without any premonitory Symptoms, may be attacked while pursuing the daily avocations of life, with severe pain in the Head, and in a very short space of time lie prostrate, soon becomes frantic and delirious, though the Apyretia will hardly be perceptible, in a great many cases the pulse is not very full or frequent. Less pain in the Head during the first part of the day, inflammation

is most frequent in such cases as these, it does not matter how the preliminary symptoms commence, if the fever continues during the morning, skin intensely hot, and dry, and continues until very near the same time the next morning, that patient will stand a good chance to have inflammation developed, in some one of the important organs, frequently one amongst the first symptoms of this, is gastric disorder the patient being unable to retain food, when taken in to the stomach, violent vomiting, indeed I have seen patients vomit and sweat until they were almost perfectly exhausted.

We have another form of Gastritis,
Or Gastro Enteritis, in most cases of
this kind there will be both alvine
rejections, and ejections from the
Stomach, aching Pains in the Head,
and inferior extremities, also in
the Epigastric and umbilical Region.

Some times over the region of the
bladder, Caused by retention of
urine, which produces distention
of that organ. In many cases

That I have witnessed with my
Own Eyes, Fever would make its
appearance at the commencement
in the evening, without any great
premonitory Symptoms, Perhaps
only slight Chilly Sensations,
which would continue for a short
time, The Fever will not be apt

To rage very high, and continue until
the latter part of the night, termina-
=ting in free perspiration, or as it is called
the sweating stage. The Patient
will rest tolerable comfortably until late
in the after noon of the next day,
when the Patients feet will begin to
feel a little cold, while hot flushes
run over him, and in a short time
Fever will be developed upon the
Patient, which will rise a little higher
until late in the night, or early
next morning. There will be a
Remission, almost entirely without
Fever, until in the evening, about
the same time it commenced on
the preceding day. If the Patient
continues to get worse, the fever will
make its appearance sooner in the day

and continues longer, will go on in this way, until the period of remission, or Apyrexia, will be but a very short time before the succeeding paroxysm. The Patient does not always have violent Headache, indeed I have seen cases, that the Patient scarcely complained at all of his head, but if there is no pain in the head, with considerable Fever, The Patient will almost be certain to complain, of pain in some portion of the spine, frequently in the lumbar region, will complain of feeling sore all over his body,

Remitting or Malarial Fever, does not always have such ~~a~~ distinct remissions, as to enable the Patient, or Physician, to point out the remissions,

It is necessary to observe too that this remission, does not always come on or occur in the morning. I have seen remissions occur late in the evening. And in the latter part of the night.

" The remissions, which so generally occur during the violent symptoms of this form of Miasmatic disease, are not to be in all cases readily perceived, neither by the Patient, or Physician, and in some instances, of an aggravated character they may be for a time entirely inconspicuous, or absent."

I am of the opinion, that when this remission is entirely indistinct, that there is great danger of inflammation, and that inflammation, is the cause of this state of things where it is continuous, if this stage continues without, being

Subdued, it will almost invariably,
take on Typhoid Symptoms, but will not
become Typhoid Fever, Nor will it re-
quire the same treatment, as Typhoid
Fever, when Typhoid Symptoms are present,
The pulse is not so full as it otherwise is,
This would constitute inflammatory
Remitting Fever, the symptoms being
Delirium, Inflammation of some one or
more of the vital Organs, retention of
urine &c., As to the cause of this form
of disease there is different theories,
advocated by different persons, the
most popular theory, I believe is that
it is caused by the decomposition of
vegetable and Animal Matter, Others
contend that it is not the decomposition
of vegetable and Animal Matter, but that
this Fever may be produced from heat and

water alone, and that by deadening the trees of the forest, this peculiar poison, would be generated, and Malarial Fever would prevail before decomposition had taken place. Whatever may be the cause of this Malaria, it has some peculiarities with it, and of these peculiarities is that of its location, it generally prevails as an Epidemic in low flat places, where there is plenty of water, which is subject to be dried up during the summer season, which is apt to occur, in the months of July and August. Then this disease makes its appearance. It is not ^{apt} to visit high places such as mountain tops,

Persons who live in elevated situations, are almost entirely exempt from this disease, however we sometimes see Malarial Fever. A few cases in elevated

Sections of Country, and it is generally
the case that there has been more or less,
timber deadened, in that section which
is under going some change; but not
decomposed;— Whatever may be the cause
of this disease, it makes its appearance
in, or during, any season of the year,
but is most apt to prevail in Summer,
or Autumn.

Treatment, for remitting Fever,
as this is a disease that makes its
appearance in so many forms, we are
necessarily, compelled to vary the treatment.
In most of mild cases, I do not think
that bleeding would be beneficial, it
could not relieve the Patient, neither
do I believe that any good effects would
be derived from drastic purgations,
but it is always, necessary to regulate

The bowels, with some mild Purgative if They should be Costive, which is generally The Case, but not Always so, Should we be Called To a case of this fever during The Remission, without preparing The System according To The old Plan, we may proceed To give our Specific, which is Quinine, some may not call it a Specific, but I do, as I have never failed To Cut The Disease short, when There was nothing else The Matter with The Patient.

At The period of Remission, last some four or five hours give, Sulphate of Quinine in from 6 to 10 grs, 4 or 5 times, every two hours, if this should make The Patient sick, at his Stomach, add small dose of Sulphate Morphine, To each one of Quinine, If this Fever comes on at The ordinary time, which it is most sure To do, Skin dry and

Hot, Sponge him, with cold water and as
The Patient wishes To take Medicine, give
him a little Sweet Spirits of Nitre, with
or without Purgative, as may be thought
best. And at night, give about 6 or 8 grs
Dover Powders, in order to make him
sleep, during The night. Next Morning,
give Quinine, as to quantity we must
be governed by circumstances, In cases
where The Apyrexia is short, and no
Symptoms of inflammation.

I think the best plan is to give Sulphate
Quinine, during The remission and
when The Fever comes on or during
The hot Stage Sponge with cold water,
If the bowels are Costive give Calomel
2 or 3 grs every Three or four hours, until
enough has been taken to move The
bowels, Then give some one of The

best Diaphoretic, Mixture, Sweet Spirits
of Nitre. And on the next remission
give Sulphate Quinine, in 10 gr doses 2 or 3
times. If we meet with a case where
there is severe headache, Vomiting, Pain in
the bowels, Then the Patient should be
bled, give Calomel, And if there is
inflammation present, reduce it,

Then give our Specific, Quinine, in
large Doses, until the Fever is subdued,
If the Stomach and bowels becomes
inflamed, apply a large blister over
the Stomach, In many cases it may
be best to leech before using the
blister. The Fly blister is the best,
In some cases where inflammation
is present there will be more or less
Typhoid symptoms, it will not do
to stop. And put the Patient upon.

The same treatment, as is recom-
-ended for Typhoid Fever, arrest the
Inflammation, bleed the Patient
if the Symptoms, and Pulse, authorize
bleeding, give Calomel until we
have arrested the inflammation,
then give Sulphate Quinine, just
as if it was a simple case, of Rem-
-itting Fever, and the disease is
almost sure to be arrested
in its progress, Sulphate Quinine,
being a Specific, for this disease
it will also prevent the disease,
if taken occasionally, by Persons
exposed to Malaria.