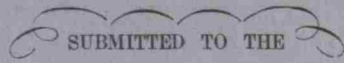


AN

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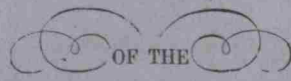
ON

Remittent Fever.



SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



OF THE

University of Nashville,



FOR THE DEGREE OF

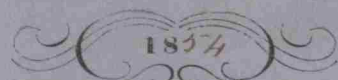
DOCTOR OF MEDICINE.

BY

John. D. Whorter

OF

Georgia

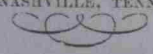


1854

CHARLES W. SMITH,

BOOKSELLER AND STATIONER,

NASHVILLE, TENN.



Remittent Fever

In compliance with the requirements of your institution, I shall attempt to show together in the best manner and form, the symptoms, causes, diagnosis, prognosis, and the treatment, of the Remittent form of fever. Professing to offer nothing new, but merely following the track of those who have long since preceded me, rendering the once dark and unintelligible path clear.

It cannot be expected that a mere tyro in the profession, who has scarcely made his first steps in the immense field that is spread out before him, by the experienced and talented, could add any thing new to the often told symptoms of Remittent Fever.

Symptoms.

A day or two previous to

The commencement of this disease, the patient is most always affected with weariness, weight and fullness about the epigastrium, slight pain in the head, more particularly over the brow; more or less pain in various regions of the body, bad taste in the mouth, and loss of appetite. We generally find the tongue a little furred near the root, and the pulse somewhat excited. In many cases of this kind the patient is going about, and working at his daily employment. When the patient is affected with what is called the cold stage, the face is commonly pale, and the lips somewhat purplish; most always calling for water; sometimes complains of nausea which is relieved by vomiting. The chill varies in its duration from a

few minutes to an hour or more. When reaction has been established the patient feels very warm, skin hot and parched, surface somewhat flushed, respiration hurried, pulse full and beating from ninety to one hundred and twenty in a minute. There is severe throbbing pain in the head, face flushed, incessant thirst and entire loss of appetite. The patient is very restless and sometimes has pain in the back and loins. These symptoms commonly abate in seven or eight hours, after which we will find the appearance of moisture about the face and neck, which gradually increases until the whole body is covered with perspiration, and the patient for the first time, is so greatly relieved that he falls to sleep, after

which he awakes and thinks himself much improved. The head-ache thirst and all of the former symptoms have disappeared. The pulse is more natural, the tongue looks as though it was clearing, and the skin is cool and soft to the touch. The above remission occurs more or less in all ordinary cases of Remittent fever. The remissions are very variable in their duration, lasting generally from two to twelve hours, being longer or shorter according to the type of the fever. Each exacerbation becomes more severe, and is longer in its duration, and each remission shorter, until the disease attains the height of its severity. When the disease has continued for several days, the tongue is well coated in the center

and red at its tip and edges. It is commonly dry in the paroxysm and moist in the remission. In some cases, the patient is troubled with uneasiness about the root of the tongue, which causes him to hawk very often, and is attended by a discharge of mucus, which seems to have been lodged in the fauces. In the early stages of this disease the bowels are most always constipated, and hard to be acted upon. The stools we find to be of different colours, sometimes yellow, at other times a little green, and lastly of a dark or black colour. Another very good symptom in this disease is, the whites of the eyes have a yellowish cast, this we see sometimes at the commencement of the disease but more commonly about

The fourth or fifth day. The urine is at first scanty and a little yellowish, becomes more copious in the remissions and in the last stages its colour is of a reddish brown.

Causes. It is supposed by some writers that this disease is caused by filth, while others contend that it prevails to the greatest extent, in the neighbourhood of marshes or ponds. It also prevails where decomposition of animal or vegetable matter is going on. Remittent fever is supposed to result from the same cause as the intermittent. It prevails to the greatest extent in hot climates, in the sickly seasons of the year, and is very apt to attack those who are most exposed to the infected atmosphere.

The negro is thought to be less subject to this disease than the white and it also proves less fatal with the former than the latter. People who live in miasmatic districts, are much less liable to attacks than strangers who visit them from a distance. After the stranger has once been attacked and made his recovery, he is then less liable than before, owing principally to his becoming acclimated. There is no certainty in the occurrence of this disease, or when it will present itself after the patient has been exposed to its predisposing causes. Sometimes the stage of incubation is not more than a week, while at others it will be ten days or two weeks.

Diagnosis. This I will say but little

about, as it is evident, that we should understand how to distinguish this from other diseases, after going through with the symptoms and causes, but notwithstanding all this, we sometimes find it difficult to distinguish this, from intermittent fever.

In the first place, there is most always pain in the head, nausea and vomiting of bilious matter, uncomfortable feelings about the epigastrium, eyes and skin yellowish, and the urine generally has a jaundice like appearance. The evacuations are generally accompanied with more or less bilious matter. To be certain of a correct diagnosis we should not always rely upon the above statement of a case of remittent fever, as we will very often find cases that have

but very few of the above symptoms.
Like all other diseases, this differs very
much in different constitutions and
climates

Prognosis. This is generally favourable.
Cases of this fever most always recover
when they are managed rightly. If they
are neglected or not treated in the right
way, they are very apt to prove fatal.
It is thought, that the danger is less
in the acclimated than the unaccli-
-mated; less in the negro than in the
white; and less in the temperate, than
in the intemperate. Persons usually
healthy, are said to be less liable to
the fatality of this disease than the
unhealthy.

Treatment. In the first place emetics

are thought by some to be of great service. They act by unloading the stomach of any matter that may remain there longer than is deemed necessary. If emetics are administered they should be given in broken doses. Ipecacuanha is preferred to any other. This acts more freely when administered in warm water. After it begins to act, it can be greatly assisted by the free administration of warm water or warm chamomile tea. If there be the least sign of gastritis emetics should never be used. Cathartics are beyond a doubt very serviceable, particularly calomel. It unloads the bowels of their fecal matter, and removes from the liver a considerable quantity of bile, which had been secreted there at the

Commencement of the disease. The dose of calomel may be from five to twenty grains, administered alone or combined with some other purgative as rhubarb Jalap or extract of colocynth and then followed in six or eight hours by some saline cathartic, as half an ounce of Sulphate of magnesia. Another more brisk cathartic is an infusion of senna and epsom salts. Should the bowels be very hard to act upon by cathartics, an enema must be resorted to. After the bowels have been thoroughly evacuated they should be kept open once or twice daily as long as the disease remains. Some saline purgatives answers this purpose very well. Sulphate of magnesia, sulphate of soda, or sudbury powders are said to be the best

remedies for that purpose. If the indications
suit, the patient should be always bled
freely in the first attack of the disease.
This generally reduces the frequency of the
pulse and also relieves the head. Bleeding
not only relieves the head but it has
a tendency to alay the inflammation,
if there be any. If inflammation does
exist we will be apt to detect it in
the stomach or in the brain. The
effervescing draught is recommended in
this form of fever. This may be made
of citric acid and carbonate of potassa.
It sometimes produces griping pains
in the bowels, if this be the case
the administration of five or six drops
of laudanum or a small quantity
of morphia will be sufficient to obviate

that difficulty. Mercury stands higher in the cure of this disease than any other remedy. Few patients ever die after the system has been brought under the influence of calomel. It is very often administered in combination with tartar emetic and nitre, in the form of nitrous powders. If the case be very urgent we should apply mercury externally in the form of mercurial ointment. This may be applied by friction or to blistered surfaces. Dover's powder is highly recommended in the latter stages of this disease, given in the dose of ten grains, repeated every six or eight hours. The warm bath is sometimes thought to be very serviceable. Sulphate of quinia is said

to be one of the most important remedies that we can use in this fever. From twelve to twenty grains should be given in broken doses during the interval of the paroxysm. This will generally diminish the duration of both the chill and fever, if it does not entirely prevent their return. Not being satisfied with the prevention of one paroxysm we should continue the use of quinine for several days. If the quinine should fail we should resort to an emetic. For this purpose tartar emetic is thought to be better than ipecacuanha. A full dose of opium combined with an equal weight of ipecacuanha will sometimes prevent the paroxysm. Blisters to the extremities are also useful.