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ON

The Diagnosis of Fevers

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BY

J. S. Simmons

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To

W. H. Bowling M.D.

Professor of the Practice of Medicine

In the University of Nashville

This Dissertation

Is dedicated as a tribute of respect

For his high professional attainments,

And as a mark of gratitude, for

his valuable instructions

By The

Author.

The Diagnosis of Fevers

The diagnosis of diseases is unquestionably the most important office of the Physician and the first duty he has to perform in visiting the Sick. The term is generally applied in two Senses, First that of determining the nature of the disease by the Symptoms; Secondly, that of distinguishing one disease from another by comparing the Symptoms. Notwithstanding Science has thrown much light upon this Subject, I have learned from a limited Experience that the young Physician often finds the path dark and difficult; yet it is his beacon light; without it his progress will be uncertain both in treating disease and Securing a name among the people as a Scientific Physician. Were it not for the latter proposition he might often satisfy himself with some hope of Success to treat Symptoms without a Special regard to the

name of the disease. But after an examination of the patient, this question immediately comes up, with great solicitude on the part of the patient and friends; and if he is unable to give a satisfactory reply he may be censured. But, by an artful evasion of this question, at the first visit, he may avoid future difficulties, for the disease may turn out to be different from what his first diagnosis revealed, and then he might be induced to avail himself of that popular error, with "the vulgar many" and say the disease had "run into another disease" Best to adopt the trite old maxim, "Know ye are right, then go ahead".

The sources of diagnosis are too numerous to give a special notice of each, such as morbid alterations of the various functions, — of the pulse — tongue — attitude,

facial Expression – Seat and Character of Pain, which constitute our most important means of diagnosis, together with the habits, constitution – hereditary predisposition – particular locality and climate. For as we are taught, and I think correctly, that man is very apt to take on a certain diathesis which is either, inherited from parentage or country, their habits of life, particular seasons etc, etc, cause the development of this diathesis.

This subject affording such an extensive field, I have chosen merely to apply it in this dissertation to "our fevers" which constitute the most important class of disease that our Physicians are called to treat, Viz? – Idiopathic Malarial, Eruptive and Phlogistic Fevers. Some of the varieties of each having come under { I have my observation.

formed a limited acquaintance with them; but am free to confess not familiar enough with them to recognise them readily, when called to see them, but from some beautiful descriptions I have heard of them; together with my former limited acquaintance, I hope for the future to be better able to recognise them.

Typhoid Fever claims the first attention, for this is a common fever in the locality where I have resided since my attention has been directed to the Study of Physic, not only there (Upper Georgia) but indeed in Middle Georgia, my former home.

It may be remarked as corroborating with the Statements of writers and teachers, that we never had in either of these localities a case of Intermittent Fever unless contracted elsewhere and brought into our community, showing the fact that they are not common

to the same localities. Though as already
alluded, my attention was called to two
cases of intermittent fever contracted abroad,
the only cases I ever saw in our "hill country"
as it is generally termed; but the same
cannot be said of typhoid fever, for it
is often wandering amid our hills, without
any traceable cause, for it seems to have
no respect for persons. often attacks persons
of the most cleanly habits, and habitations.
The disease is generally not very recognizable
at the beginning, as described, the patient at
first makes very little complaint, says he
feels weak, skin hot, which is generally per-
sisting, he tells the physician, he thinks all
that is necessary is to sweat him. I have seen
cases that had been tried by all the sweating
teas that could be thought of by the patient or
friends and still the physician will find the

patient complaining of a hot, dry skin.
'Not sick but not well' is a very signifi-
-cant term in this disease - very descriptive.
Pain in the head, though sometimes absent.
I noted a case recently, where the cerebro-
-spinal manifestations were all absent, at
the beginning and for a week after slight ri-
-gors, (which generally occur at the beginning)
There was no observable phenomenon differ-
-ing from that of health except hot, dry
skin, slight acceleration of the pulse,
little alteration in the tongue, and muscu-
-lar inability, - delirium came on the second
week and continued for a week, but patient
recovered. Though we have no very diagnos-
-tic symptoms at the beginning, but where
the aforenamed symptoms exists, we may
suspect some lurking danger. We have
been recently reminded of two diagnos-

-tic Symptoms, one of which I have noticed particularly. Viz. first, liquid, dirty-offensive Stools. this I have seldom seen absent; Second the "tongue becoming narrower, thicker and more pointed" Cough most always present and hence some mistake this diagnostic for typhoid pneumonia. The character of the expectoration, if any, together with the absence of other Signs of typhoid pneumonia will enable us to distinguish this complications. Deafness is rather a characteristic in this disease; I saw a case where this Sign together with Subsultus tendinum lead to the first permanent impression that the patient was attacked with typhoid fever. of course some other Symptoms had existed but none very diagnostic. In this case there occurred, in a few days after I saw the patient Severe

Spasms, case terminated in death. I failed to State the Crisis in which I first saw the patient, there was copious hemorrhage from the bowels.

The rose-colored, eruptions and Sudamina which occur in this disease, are said to be valuable diagnostic Signs in this fever, notwithstanding they make their appearance at such a late period that we may have formed an opinion as to the kind of fever with which we have to deal; they will however confirm us in our diagnosis. The duration of the fever is another diagnostic,- particular where the case is called typhoid fever, and yields to treatment or gets well very soon, we know the case was not typhoid fever. I have seen practitioners take great advantage by pronouncing such fevers typhoid fever. I have been differently advised - been taught that this is a Self-limited disease, and have so contended.

The next fever that claims our attention in this connection is that of malarial fever. Here the locality will assist us in diagnosis, as a general rule. These are confined to malarial districts and dependant upon a specific poison - malaria - producing a variety of fevers, viz: Simple Intermittent, Inflammatory Intermittent, Malignant Intermittent, Simple Remittent and Inflammatory Remittent.

Simple Intermittent is considered the true type of all malarial fevers, and the general diagnostic belonging to this class of fevers - that is, the paroxysms, are too well marked to require other symptoms to enable us to distinguish this form. We have distinct succession of, Cold, hot, and sweating Stages, occuring at intervals of twenty four - forty eight - and Seventy two hours.

Inflammatory Intermittents – Sweating Stage more imperfect – intervals not so well marked Skin remains hot – pulse full. Quinine said to be a valuable diagnostic agent – confirms the diagnosis, should we be unable to determine it to be Simple Intermittent or Inflammatory Intermittent. After giving it in proper doses and it fails as an antidote indicates the existence of something besides malarial poison. Then look out for inflammation. Some organ will be apt to make complaint. If the liver – pain in the top of the shoulder – yellow hue of the skin. Stomach pain in the epigastrium, increased upon movements of the diaphragm, together with vomiting; – brain – great pain produced by succussion or lowering the head. But the Spleen being more liable to become inflamed and less apt to make complaint – apt to be

the seat of inflammation – Sometimes detectable by percussussion and manipulation over the region of the Spleen.

Malignant Intermittent. Difficulty of diagnosis from the fact that no two cases resemble each other. – Coexistence of heat and cold – coldness nose – Ears – fingers – little or no pulse, in fine, where we meet up with a case differing from any other disease – Patient probably had other varieties of malarial fever, we may suspect danger of this fearful form, – very important that we be able to recognize it.

Simple Remittent – In this form the fever does not entirely go off – Slight Exacerbations towards evening – Patient may rest at night – may be slight chill in the morning – Bilious vomiting – yellow skin and eyes – Epigastric uneasiness. Soon inflammation of some organ is set up

and we have Inflammatory Remittent characterized by continued fever. At this Stage often mistaken for typhoid fever having set out with the characteristics of a malarial fever; dependant upon malarial poison for its production — typhoid fever being produced by a different poison, will be sufficient evidence to form a correct diagnosis in regard to these diseases, in the absence of other Signs.

Of the Eruptive fevers, we have only three varieties that claim attention, viz: Small Pox. Measles and Scarlatina.

In these fevers, we have the usual phenomena in the initial fever belonging to fevers in general, such as rigors — heat of Skin — accelleration of the pulse — pain in the head, back and limbs; nothing particular to distinguish them from other febrile affections.

The occurrence of the eruption will reveal the character of the fever — to distinguish one variety from the other, period of incubation — duration of the fever and the character of the eruption, will constitute our chief means of diagnosis

Small Pox. has for its period of incubation usually twelve days, fever two days.

Measles — incubative period ten days — fever three days. Scarlatina seven days from the introduction of the poison to the efflorescent stage — including one day of active fever or twenty four hours. Character of the eruption in each present; Signs differing; notwithstanding they were in such harmonious association among the ancients, up to the time of the great Sydenham, who first successfully pointed out these differences.

The eruption is described in Small Pox to consist of minute red points which first make their appearance on the face – then the neck – breast &c. Next these red points or pimples are converted into vesicles – elevated every where except the middle which is held mechanically down by a Small ligamentous fibre – which is finally destroyed and then the vesicle rises up in the middle and becomes pointed. The vesicle contains a fluid or lymph which is clear, which becoming more opaque forms pus, this vesicle is then termed a pustule

Measles – Here the eruption is more rapid May first be seen behind the ears – nape of the neck – fore-head, breast – descending Spots become confluent – Skin presents very rough Surface – rash assumes a bricks dust Color, – no two Spots the Same Size.

In Scarlatina the rash is much redder than in measles – minute red points forming patches more diffused than in measles – but not confluent; not attended with roughness and elevation of the Skin – greater humidity of the Skin; Besides the eruption other Signs may be added – there is greater fever in Scarlatina – there is Sore Throat in Scarlatina, whilst there is Catarrh in measles. Said to be greater tendency to delirium in Scarlatina. Cough is seldom absent in measles. These fevers also being contagious, and capable of propagating themselves, their prevalence in the country of the one or the other will assist us in distinguishing the variety.

The next fevers that call attention, and by no means of the least importance to a Southern practioner are very properly termed Phlogistic fevers. I shall only call attention to three of this class; viz? –

Bronchitis - Pneumonia and Pleurisy.
These fevers are dependant upon the same cause for their production and have Symptoms greatly resembling each other, hence there is more or less difficulty in their diagnosis. We are truly indebted to the celebrated Laennec for his great discovery which has thrown so much light upon the subject of diagnosis; the subject would have certainly remained in great obscurity, more particular in the fevers now to be considered, had it not have been for his discovery of Auscultation.
They are common to the fall, winter, and Spring months, Our country is subject to such vicissitudes, that few are free from the Sahlogistic diathesis, and according to my observation, these fevers are met with oftener than any other class of fevers, hence their importance.

Bronchitis, usually commences as common Catarrh — inflamation extended, with increased discharge, of the Schneiderian membrane lining the nose and the Sinuses communicating with it — Fever, hurried respiration, irritation about the larynx and bronchia Cough at first dry and harsh soon a glairy mucus expectorated, soon becoming viscid, yellowish, sometimes striated with blood. The mucous membrane of the bronchial tubes being inflamed, sounds are produced in respiration differing from the healthy sounds; first the dry sounds — the sonorous, which soon passes to the the mucous, sometimes the vesicular murmur ceases, from the obstruction of air into the air cells, at this stage might be mistaken for pneumonia efforts of coughing removing this ob-

-struction the vesicular murmur soon returns. There is always clearness on percussion in this disease which is a good diagnostic Sign.

Pneumonia. The rational Signs will often distinguish this fever. Here the inflammation is in the substance of the lungs First a Sense of stricture and some oppression about the chest. Pain in. Some part of the chest - rather obtuse, some difficulty respiration. The expectoration is pathognomonic - first frothy - becoming very tenacious, assumes a rusty, brick - dust Color Physical Signs more reliable, more particularly in the absence of the more marked rational Signs. I have observed one or two cases in my limited experience where nearly all the prominent rational Signs were absent, Such as -

cough, & pectoration etc. Here the physical signs are of great value. The crepitant Sound is considered pathognomonic. Sound said to resemble the rubbing of a lock of coarse hair between the finger and thumb. This crackling Sound heard in the lower portion lung - caused by the separation of the walls of the air-cells partially agglutinated, the plastic exudation, or successive bursting of minute bubbles of the tenacious secretion which occurs in this disease, as the air passed through the minute tubes into the air-cells. If the Stage of hepatization comes on this crepitant Sound ceases - no vesicular - murmur - dullness on percussion - if the case runs on the third Stage - gray - hepatization - Suppuration - characterized by plum

-juice Expectoration — if favorable
termination is to take place the
resicular murmur returns.
Pleurisy — In pleurisy we have inflam-
-mation of a Serous membrane — therefore
certain characteristics — besides fever
the pain as in all Serous membranes
Severe and lancinating — Situated in
this case in the Side — aggravated by in-
-Spiration and coughing — cough
harsh — Inflammation no Sooner
Established, than we have Exudation
of Plastic lymph and the Surfaces
become adherent or are Separated by
the effusion of Serum. Characterized
by the following Signs First the fricti-
Sound may be heard — produced by the
rubing together the dry inflamed Sur-
-faces of the Pleura — if adhesion

takes place this Sound ceases. or if there is an effusion of Serum the Sound also is thereby Stopped, and this effusion may be detected, by Percussion – if very excessive, the walls of the Chest will be pressed out – Sometimes change in the position of the heart vesicular murmur weakened etc.