

AN  
INAUGURAL DISSERTATION

ON

*Bilious Fever*

SUBMITTED TO THE  
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY  
OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

*Thos. J. Jones*

OF

*Georgia*

1851.

W. T. BERRY & CO.,  
BOOKSELLERS AND STATIONERS,  
NASHVILLE, TENN.

To

W. R. Bowling M.D.  
Professor of the Institutes and  
Practice of Medicine.

In the

University of Nashville.

I dedicate to you this  
Dissertation on Bilious  
Remittent fever, as a  
grateful acknowledgement  
of your labors as a teacher  
and your kindness as a  
student's friend.

The Author.



Distinct Remittent fever is a disease which is characterized by regular exacerbations and remissions, but no perfect Intermissions. The milder forms of this disease, presents symptoms analagous to Intermittent fever or Common ague and fever.

These two forms of disease make their appearance upon the system, in the form of chills, and these chills recur at regular periods. The paroxysms in Intermittent fever will go entirely off, when the patient feels comparatively



well, and is able to resume  
his daily avocation,  
until he is hailed by  
the unexpected visit of  
another paroxysm.

The paroxysms in Bilious  
Remittent fever, have  
seeming reluctance to  
leave the patient so  
abruptly and perfectly,  
as in the former variety  
of fever. The patient  
has more or less fever  
during the whole time  
of remission.

Bilious Remittent fever  
as I have already stated  
commences usually with  
a sensation of chillings  
and prostration of strength  
which obliges the patient  
to retire to his bed.

This disease most usually  
occurs in the afternoon.

and when it is fully developed. The diagnostic symptoms, are, severe pain in the head, loins and lower extremities, a slight icterode tinge of the eyes, nausea and sometimes vomiting of a bilious character, pulse full frequent and hard, tongue foul, at first, it has a whitish appearance after this it assumes a brownish hue, accompanied with a bitter and unpleasant taste in the mouth &c. In the course of twenty four hours, a remission takes place, which lasts but a short time, when the febrile symptoms recur, and after a short exacerbation, there is again more ~~more~~ or less remission



4

Remittents have generally a milder and more regular course, in this climate than in those of tropical regions, where they are more violent and malignant. The symptoms of this fever in warmer climates, are great febrile heat, urgent thirst, head ache, violent pains in the loins, uneasiness and anxiety with fulness and tension in the epigastric region. In the course of twenty four hours nearly a complete intermission takes place, and soon after this, a second, but more violent paroxysm comes on. The eyes are red and watery, great distress in the epigastric region, nausea of the stomach with constant bilious vomiting

another remission now takes place, followed by another paroxysm, which frequently ends in death or convalescence at this point.

This disease sometimes takes on the chronic form, in which there is great prostration of strength, delirium, a quick regular pulse though it is sometimes natural. In such cases the patient is in imminent danger of speedy dissolution. The tongue becomes clammy, foetid and nearly black. The eyes are red and watery sometimes however, they are perfectly dry. The urine is of a brownish colour and very offensive to the smell. It is sometimes entirely suppressed.



Urine discharges are thin and watery, either of a bloody or black colour, Abdomen is much swollen and tender under pressure.

The mucous membrane of the Intestinal Canal, sometimes takes on Inflammation.

In some of these cases, there is an abundant secretion of bile, which may be known, by a bitter taste in the mouth, tongue covered with a thick tenacious yellow coat, which frequently becomes black or of a brownish colour, a want of appetite, total disgust of food, weight and distress in the region of the Stomach. Abdomen extremely tender to the touch, pain in the course of the spine. Arms and head. —



In other cases, little or no bile is secreted, the liver being in a torpid condition. It may be characterized, by intense heat of the body, during the exacerbation, delirium, clean tongue, great irritability of the stomach, and vomiting of a glairy fluid. The skin becomes yellow, towards the latter stages of the disease, at which time the liver throws out ~~an~~ large quantities of black bile.

Type:

The type of Bilious Remittent fever is most commonly of the double Tertian, some times, though seldom, the Quotidian. The exacerbations of the Quotidian type, commonly begin in the forenoon.

8

Phase of Tertians in the  
forenoon, afternoon

The principal  
cause of Bilious Remittent  
fever is, Marsh Miasmata,  
Other causes, some have im-  
agined, may produce the  
disease, such as worms and  
other irritants acting on the  
mucous membrane of the  
Alimentary canal, thus produc-  
ing Inflammation &c. But  
such conclusions are not  
warranted by correct obser-  
vation

Treatment  
In the treatment of Bilious  
Remittent fever, there are  
three indications to be full-  
filled. First. - To lessen the  
momentum of the circulation  
Second: to remove the  
irritating contents of the



Alimentary canal. Third. To correct the morbid secretion of the liver.

indic To fulfill the first indication, draw blood freely from the arm, when the pulse is full, hard and bounding. Also apply cold water to the surface if necessary. Should there be much pain in the head, apply bladders of pounded ice to the head.

Topical bloodletting, by cups and leeches is also a valuable adjunct in such cases.

We fulfill the second indication, by a competent dose of Calomel, from twenty to forty grains according to constitution and the urgency of the symptoms.

Should the Calomel not procure full and free evacuations from

the bowels in six or eight hours  
it should be followed by a  
dose of Cast. Oil or Tarto. —  
Should a remission occur  
amounting well nigh to  
an Intermission. I would  
prescribe two grains of Sulph.  
of Quinine every hour, until  
from eight to twelve grains  
were taken. — Should perspira-  
tion follow the administration  
of the Quinine. it should be  
continued to a much more  
protracted period. Should the  
use of the Quinine procure  
no sweating in from four  
to six hours, the Quinine be  
discontinued. — We are now  
assured the liver is largely at  
fault. — To remove that  
fault and correct the morbid  
secretion, we fulfill the third  
indication. I know of no



Remedy, better calculated to answer this purpose, than Calomel in alterative doses, combined with Quinine and Dover's powder. When there is much torpidity of the liver together with inflammation of that viscus, a large Blister drawn over that region, produces a valuable effect.

We seldom find it necessary to superinduce ptyalism in this climate. As an adjunct Tartarized Antimony combined with the alterative Calomel, may produce a happy effect or influence on the circulation in case it is not forbidden by the existence of Gastritis.

There are many more remedies of importance which may be used if the case is protracted. But I

Consider those, that I have  
mentioned as constituting the  
shut anchor of the treatment.  
It has been asserted that a  
Typhoid fever is sometimes  
ingrafted upon a Bilious  
Remittent fever and that  
in such cases, it is important  
to husband all the patients  
remaining strength.

Whether the assemblage of  
phenomena, which usually  
characterize this type of fever  
be ingrafted upon a Miasmatic  
origin or legitimately result  
from a far different cause  
they must when they do occur  
be met by appropriate remedies  
irrespective of cause.

To sustain the flagging energies  
of the system, by Quinine  
and diffusible stimulants  
such as wine and brandy  
and counteract the exhausting



discharges, particularly from  
the bowels by opiates and  
astringents, with emulsion  
of Oil of Turpentine in twenty  
drop doses, with gum Arabic  
and sugar, would seem  
to offer the most rational  
hope of success. &c-

Thos. J. Jones