

AN
INAUGURAL DISSERTATION

ON

Intermittent Fever

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

J. McRead

OF

Georgia

March 17th 1857

W. T. BERRY & CO.,

BOOKSELLERS AND STATIONERS,

NASHVILLE, TENN.

Intermittent fever is one of our most prevalent idiopathic fevers, occurring in every season of the year, with the exception of winter, which it leaps over very often, and resumes its regular course the following spring.

The most characteristic features in this disease, are the febrile paroxysms, recurring at stated times, and the absence of fever, the intermission or apyrexia. Authors sum up ~~the~~ the ordinary types of this fever; the quotidian, tertian and quartan. The paroxysm of the quotidian recurs daily, that of the tertian every second day, and that of the quartan completes its revolution in three days.

These ordinary types are subject to numerous diversities, such as the double quotidian, with two paroxysms daily, and the double tertian, with a daily paroxysm, but recurring at different periods ~~of~~^{with} with different characters, on successive days; the paroxysm of every other day corresponding exactly with each other. The other diversities I shall not mention.

Symptoms. A paroxysm of an intermittent fever consist of a cold, hot and sweating stage, The cold stage is regarded as the invasion, and the sweating stage as the end of the paroxysm.

The paroxysm is generally preceded by the ordinary symptoms

of fever, such as feelings of languor or weariness, general uneasiness, stretching, yawning &c, pain in the head and back, impaired appetite with scarcely any febrile excitement.

After these symptoms have lasted for a time, sensations of cold commence, along the course of the spine, it is next felt in the extremities, and from these, the sensation gradually extends over the entire body.

The chilliness is often sufficiently intense to occasion cramping of the skin and rigors.

About this time shivering of the body commences, attended with oppression at the epigastrium and

nausea, headache, spinal and muscular pains. Often the body feels cold and especially the hands, feet, cheeks, nose and ears, but this coldness is not present in every case. Sometimes the surface is hotter than in health, when the patient appears to be very cold.

In connection with the sensation of cold, the countenance is pale, features contracted, hands crisped, lips and ends of the fingers are livid. At the conclusion of this stage there is vomiting of mucus or bilious matters, with irregularity of breathing, and variable pulse, in some it is small and quick, in others

slow, irregular and feeble. The nerves of the back, loins and extremities are affected with pains of a neuralgic character at this period of the paroxysm.

After this stage has lasted one or two hours, flushes of heat alternate for a time with rigors. The heat is first felt on the face and temples, the ^{heat} of the breath is also increased.

At length the cold stage entirely disappears, and the burning heat becomes universal. The cheeks are flushed, the eyes are brilliant and watery, and general redness prevails over the whole surface.

There is great thirst, dry and hot mouth, usually a purred

tongue, no inclination to take food and occasionally nausea and emesis supervene. The pulse is more frequent full and strong in this stage than in health.

The secretions are diminished, the skin is ~~is~~ hot and dry, and the urine scanty. Convulsions sometimes occur in children during this stage. This stage may last from two to fifteen hours or more.

As the hot stage disappears, perspiration makes its appearance upon the face and breast, and gradually extends over the whole surface. When it first appears, the patient feels some relief, and as the sweating

4 7

progresses the febrile symptoms gradually abate. The surface becomes cool, the activity of the circulation subsides, the headache disappears and the patient falls into a sleep, from which he awakes free from fever. Now the organs whose functions have been interrupted, resume their action again.

The length of the paroxysms of the different types are very variable. — This is the history of the paroxysm of a common intermittent, but many irregularities are met with. Cases are related in which there was no rigor or cold stage, and others are recorded in which the hot

stage was antecedent to the cold.

The masked or disguised intermittents as they are called, — such as the brow ague or sun pain, ought rather to be regarded as affections of the part, notwithstanding the periodical recurrence of the pain, because periodical exacerbations and intermissions or remissions occur in the progress of almost every disease.

When the paroxysm is over the patient is without fever, but not entirely free from the signs of disease. Languor, pains in different parts and uneasy sensations in the head and stomach, a furred tongue and a feeble appetite are often

left behind in a greater or less degree. The complexion is pale and sallow and look sickly.

The course of this disease is variable. Instead of the paroxysms returning at the same hour of the day as that of the day before, they return sometime earlier or a little later, fluctuating backward and forward, making the medium between the extremes, the regular hour of recurrence, but there are some cases that do not behave themselves in this manner, but each paroxysm occurs an hour or two earlier or an hour or two later than the one that preceded it, and thus continuing to occur until

The primary type is change into another. These are termed *anticipating* and *retarding intermittents*. The time & day in which the paroxysms of the different types make their appearance is not the same. The quotidian makes its attack in the morning, the tertian at noon and the quartan in the evening. But the longer the disease is allowed to run its course, the later in the day will the paroxysms generally return, and hence the paroxysms should make their appearance in the evening in all old cases. Intermittents very frequently terminate spontaneously

after several paroxysms if left to themselves, provided they are mild attacks. Those of a more grave character will not run on indefinitely, but will come to a stopping point when they have expended their force upon the organism, which may do considerable injury to the system ~~of~~ or some of its organs.

The tendency of an intermittent to return after it has been checked, is very great, so that any cause however slight will bring back the disease, and very often it will return without any known cause. The quartan exhibits this tendency more than the other types; though all are subject to the rule.

The grades are the sthenic, the asthenic and the congestive. In the first the reaction is active, the pulse strong and full, and surface red. There is in the second, considerable depression in the chill, a slow reaction, a frequent and feeble pulse, and a livid hue of the skin. In the last the powers of the system are prostrated at once. This disease is often complicated with ^{inflammation of} some organ or organs of the body. And it may be detected by the appearance of the buffy coat, when the blood has coagulated, if by no other means. Inflammation of the stomach and bowels, the liver, the lungs and the brain

or its membranes is the most frequent complication. If the stomach is inflamed there will be burning pain, tenderness upon pressure, a great desire for ice or cold drinks, with nausea and vomiting. Colicky pains in the abdomen, tenderness over some part of its surface, diarrhoea or dysentery are the symptoms of inflammation of the bowels. When the liver is inflamed, there will be tenderness and pain in the right hypochondrium, pain in the right shoulder and a discoloration of the skin.

If there is inflammation of the thoracic viscera, the symptoms will differ according to the part affected. If the bronchial

membrane is implicated, catarrhal symptoms will be present, if the lungs is the seat, it will be known by the cough and character of the expectoration, and also by the pain in the chest, and if the pleura is affected, acute pain in the side will indicate. When there is severe pain in the head painful sensibility to light or sound, and delirium or convulsions, we may suspect inflammation of the brain or its membranes.

The cause of intermittent fever is that peculiar and unknown substance called malaria, and nothing else can produce a

fever that resembles this in every respect.

So few if any cases die of intermittent fever alone, that the true lesion perhaps has never been discovered, but the most frequent lesions are the complications, of which we have already spoken, with the exceptions of enlargement, ~~of~~ increased density, softening suppuration of the liver, and enlargement softening rupture and suppuration of the spleen.

Dropsy is very frequently one effect of this disease, and always occurs in protracted or chronic cases if at all. It is supposed to be caused by the serous discharge being substituted for the perspiration

Intermittent fever may be distinguished from hectic by the long and excessive night sweats, the bright eye and transparent complexion; the absence of pain in the head and the organic disease of which the latter is a symptom. It is more difficult to distinguish it from remittent fever, but it may be done by carefully noticing that the fever is continuous in the remittent.

The prognosis ^{is} ~~is~~ generally favourable in uncomplicated cases, but when any of the vital organs are inflamed there is considerable danger.

Treatment. - Very little treatment

is required during the paroxysm, and that will do very little good, if any. But something must be done to satisfy the credulity of the patient and friends, The application of caloric in some form is generally the resorte, unless there pain or nervousness, then an anodyne is applicable. If prostration is great, stimulants internally may be usefull such as brandy and carbonate of ammonia.

When the hot stage comes on the treatment is changed from that of stimulating to the refrigerent. Cold drinks and effervescing draughts are pleasant and agreeable. And it might be proper to take blood if the pulse was

sufficiently full or accelerated or
the pain severe enough to lead us
to suspect that inflammation
was present.

At the commencement of the
sweating stage, during its contin-
uance and that of the intermis-
sion is the time to strike
with our giant, our Samson
of a remedy—sulphate quinia.—

We think that the method of admin-
-istration recommended by our eminent
professor of the practice of medicine is a
good one,—the exhibition of six or eight
gr every two hours until eighteen or
twenty four grs are consumed. A great
number of other substances have been
recommended, but the sulphate of quinia
is all sufficient.