

No. 462

AN
INAUGURAL DISSERTATION
ON

Simple 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

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OF

Hawkinsville, Geo.

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

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This is respectfully dedicated to
W. H. Bowling, M.D. Prof. of Practice
and Medicine, in the University of Nashville.

Simple Intermittent Fever.

There need not be anything expected of me, that is original for I have not had the experience of searching out anything from the dark. All that I expect to do is to say something, that, others has said before me.

Causes. This fever is produced by a malarial poison, that is absorbed from the atmosphere. This poison is produced by small quantities of water and the suns rays, coming in contact with it, water may be absorbed into the clay and being heated there by the sun may produce this malarial poison. Prof. Bowling.

Many have supposed that this poison was produced by the decomposition of decaying vegetable matter, but there has been many cases of this fever where there was no decaying vegetable matter.

I have seen cases where there seemed to be no cause for it, but still the fever was there and now why is this? is it because it was carried there by the wind, or was it produced by the moisture of the clay rising from the soil and coming in contact with the rays of the sun? as for my part I am unable to say but believe that it may be caused by either.

Is this a selflimited disease? it was once a selflimited disease, but there has been an equalizer discovered which seems to kill the poison, as certain as opium will allay pain. So this is no longer a selflimited disease.

This fever is a southerner and prefers the country rather than cities.

This disease does not extend fu-

the north than the forty seventh and eighth degree and then extends to the south pole.

This fever is characterised by febrile paroxysms, recurring at stated times and by the absence of the fever between the paroxysms. The intervening period from the end of one paroxysm to the commencement of the next, is called the intermission or apyrexia. The whole period occupied by one paroxysm and the succeeding intermission is called the interval.

The type of the fever has reference to the length of the interval.

There are but three ordinary types, the quotidian, tertian and quartan. In the quotidian the paroxysm recurs every day, with an interval of about twenty-four hours, - in the tertian

every other day with an interval of about forty-eight hours, in the quartan every third day, with an interval of about seventy-two hours. There are other types which occur on the fifth sixth and seventh days, but they are very rare and there are probably few physicians who have seen any of them. The types that I have mentioned are liable to diversities. - The quotidian is sometimes double having two paroxysms in the day. There are double tertians.

Symptoms. - Each paroxysm of an intermittent, when regular and fully formed consist of three stages, viz. the cold, the hot and the sweating stage, which usually succeed each other.

Very often the paroxysm is preceded by symptoms, such as feeling of languor or weariness, general uneasiness,

Stretching, yawning, pain in the head and back impaired appetite. A person is with the previous symptoms or something like them, which after a few hours pass off almost without notice and perhaps be forgotten, until upon their recurrence the next day, or the day after or upon a third.

Sometimes the first regular paroxysm seizes the patient in the midst of apparently good health and without warning.

Cold stage. - After some yawning and stretching the patient experiences sensations of chilliness, especially in the limbs. These increase and gradually spread over the whole body, becoming often severe.

Sometimes the chilliness seems to run in longitudinal lines, as if little streams of ice cold water were trickling

down the trunk.

Along with this the patient experiences shivering, rapid and successive shudders run through the body, the teeth often chatter. These are denominated rigors.

The body often feels cold to an observer, especially the hands, feet, nose, ears and the cheeks.

Sometimes the surface is hotter than in health, even, when the patient experiences a feeling of severe cold. In connection with the cold stage, the surface is pale and presents a rough appearance, known under the name of goose flesh, lips and ends of the fingers often purplish.

Though the tongue is pale and moist there is often thirst disposition for food is lost and sometimes

nausea and vomiting of food, mucous or bilious matter. The pulse is small in some instances, quickened in others, slow, irregular and feeble. The secretions are generally scanty, the urine usually pale and copious.

The nervous system is disordered, there is often severe pains of a neuralgic character in the back, loins and extremities, and sometimes in the head. The mind is often confused and wandering.

The duration of the cold stage varies very much, sometimes lasting only for a few minutes, while others last several hours.

Hot Stage.—The passing from the chill, to the hot stage is not abrupt. Rigors for a time alternate with flushes of heat. The first sensation

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of warmth are rather agreeable than
otherwise. Gradually the whole
surface becoms hot, but now if a
limb be moved into a cool part
of the bed chills are felt. Although
all traces of the cold stage disapp-
ears and the patient is affected
with burning heat. The cheeks are
flushed, skin distended and red-ten-
ed every where. The evidence of in-
creased heat, is not confined to the
sensations of the patient. The mouth
is hot and dry, the tongue usually
fured and the patient generally
complains of great thirst. The respira-
tion is more regular than in the
chill. The puls is more frequent
than in health, and is usually
full and strong. The pains is fre-
quently throbbing, with a feeling

of distention in the temples and seem to be deep in the head. The duration of the hot stage varies from two to twenty hours or more before it begins to abate.

Sweating Stage. Perspiration generally appears first upon the face and breast, and gradually spreads over the surface. It is sometimes slight, but generally copious and occasionally very profuse. Upon its first appearance, the patient begins to feel some relief and the febrile symptoms gradually abate as it advances. The skin becomes cool, the excitement of the circulation subsides, the mouth is moistened, the headache disappears and the patient frequently falls into a calm sleep from which he awakes free from fever.

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The duration of the paroxysm varies greatly. In many instances it does not exceed over three or four hours, while in others it runs on to within a short time of the next paroxysm.

Effects.- If intermittent fever be checked, it will leave no other unpleasant affects behind it than a disposition to return. But if allowed to run on indefinitely, or if provoked to return by continued exposure to the cause, it sometimes produces very disagreeable effects.

The most common of these are enlargement of the spleen and liver.

Diagnosis. The only disease with which intermittent fever is liable to be confounded are inflammatory, intermittent and remittent fever.

The liver is generally the seat of

inflammation in intermittent fever, when there is pain and tenderness in the right hypochondrium, difficulty of lying on the left side, pain in the right shoulder. The inflammation may be in another organs besides the liver.

Remittent fever is distinguished only by the continuance of fever, during the whole interval and sometimes it is very difficult to decide wheather the case belongs to the one or to the other.

Prognosis.- In the uncomplicated form of intermittent fever, without malignant tendency, the paroxysm is almost always favorable but the chief danger of ordinary intermittent, is from

those of secondary affections, which results from its neglect, such as chronic enlargement and induration of the liver and spleen.

Treatment:- Sulphate of quinine.