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AN

INAUGURAL DISSERTATION,

ON

Bilious Remittent Fever

SUBMITTED TO THE

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Bilious Remittent Fever

Remittent fever like intermittent is periodical assuming the ~~Quotidian~~ the Tertian and Quartan forms, we sometimes have them duplicated. Remittent fever is defined to consist of febrile phenomena occurring in exacerbations and remissions generally occurring once in twenty four hours. It thus occupies an intermediate space between intermittent and continued fever resembling the former in regular recurring paroxysms and the latter in there being no complete apyria — it remits at regular intervals. The paroxysms pursue

a given course and reach a crisis, whether we give or withhold remedies and hence our cure depends upon preventing a return of the paroxysm and not in arresting ^{it} in mid career.

Causes authors are not agreed relative to the causes of ~~Remittent~~ fever, some are miasmatic in their views, others seem to confine their views to moisture confined and acted on by solar heat. Those in favor of the former give the following strong holds in favor of miasma being the most prolific cause. The stench arising from low grounds covered with decaying vegetable matter stagn

ant pools swamps & meadows designated and discussed under the generic title miasm or malarial and this probably ^{is} the cause of our autumnal fevers. There seems to be no difficulty ⁱⁿ accounting for it; miasmatic origin. In early Spring the decaying and half decayed vegetable matter, the leaves of trees and of plants and shrubs of all kinds; produced during summer diurnal and decaying during the intervening winter, are ready to receive and are promptly acted upon, by the influence of the vernal sun of ^{spring and} May. There are in any contingencies which frequently add in bringing on attacks. Exposure to the heat of the sun by day and to the damp and chilling influences of night does

also to sudden alternations of temperature
and getting wet by a shower of Rain &
and then being exposed to the chilling influ-
ences of the atmosphere, Fatigue and ex-
haustion of body or mind and excesses
of all kinds prove to be exciting causes.

Morbid anatomy Lessen takes place in
some vital organ before death. The bra-
in is frequently disorganised and ser-
um found effused into the ventricles.

We also find increased vascularity of the
membranes and substance of the brain
The liver is generally very much affected
it is commonly found loaded with
blood and the portal system obstructed
It is often so disorganised that portions
of it taken between the fingers
and squeezed resembles gummy blood

It is found diseased in all fatal cases exhibiting the bronson has bordering up on an olive color The same hue is exhibited upon making an incision into substance ^{of} the organ, the two substances generally found merged into one The researches ^{of} many able anatomists confirm the above named hepatic pathology some however say that the liver is unusually red others say it is very dark The gall bladder is often filled with bile of a dark pitchy color and consistency The spleen is generally organically diseased in remittent fever the observations on this head are constant and uniform in whatever region the disease may have prevailed The tumefaction of the spleen occasionally comes

6
on very sudden and in a few days the enlargement shows externally extending into the left lumbar region.

The Stomach is generally found inflamed in fact the Stomach is the principle seat of diseased action the inflammatory appearances are generally confined to the lower part of the Stomach, and in most cases extending through the pyloric orifice and seldom failing to occupy a small portion of the duodenum immediately around the entrance of the ductus communis cholidae into the intestinal tube, the duct being ordinarily choked up by a dark viscid bile.

Mortality Remittent fever frequently proves fatal in tropical regions

1
Though I have never seen it prove so in
upper Georgia where my practice has been
confined. Varieties Remittent fever
presents its self under three differ-
ent grades 1st the simple inflamm-
atory and the congestive 3rd the nerv-
ous Symptoms in the 1st form
symptoms of febrile excitement diduc-
tible, ^{from} or closely associated with disease
of some of the chylipoetic viscera sh
or them selves. This form is genera-
lly inflammatory and runs its
course without many changes until
a favorable crisis takes place or ends
in death. In the 2nd form there is con-
gestion of some one organ or conge-
stion in all the chief cavities with
the symptoms of oppression

and inequality of temperature and
 chills, without much morbid heat
 of surface in the 3^d the nervous system
 is ~~criminally~~ affected, there are obscure
 signs for days before the paroxysm, wh
 ch is sometimes ushered in with ague
 and followed by delirium with in
 coherence and struggles to escape from
 bed alternately with stupor. There is ofte
 n a great heat of the skin, The Physi
 cian may meet with all the varieties
 the same season, They also present differ
 ences which will ^{not} escape the experienced
 eye. Sometimes one variety has the as
 cendency in the early part of the year
 and another in the latter part
 Even in the same house at the same
 time the physician may be called to

prescribe for three men whose cases will exhibit examples respectively of the simple inflammatory the congestive and nervous, The difference depending on age temperament constitution or prior habits The Termination Permittes fever may terminate in early convalescence or in a low continued fever or in Intermittent fever & in death If it assumes the low continued or malignant form we have the following train of symptoms It is ushered in by a chilliness rather than by a chill which is sometimes followed by great and diffused heat pain in the head and back and sickness of the stomach manifested by frequent vomiting

The pulse full and frequent and in some hard and full. The patient is restless and almost continually in motion procuring little or no sleep in some the heat of the skin yields to a prostration and fine sweat and in some cases we find the extremities covered with a cold clammy sweat and at the same time the chest and abdomen men are very hot and dry. The tongue is furred and yellow Thirst intense The fever generally abates once in twenty four hours at a fixed time in each day; but there is no distinct remission After a short time the paroxysm, renewed with its former violence accompanied with vomiting and pain in the

head. About the fourth day it begins to abate and gradually declines by the month in most cases, in some cases there is scarcely any remission for three or four days after which, there is generally a distinct remission, which may end in complete apyrexia, whilst remissions continue from day to day till the fever subsides. The young and robust and those of athletic frame or sanguine ~~and~~ temperament, and who are new comers from healthier regions are most subject to this disease. When the Stomach and liver ^{are} deeply affected in the latter part of the summer in unhealthy situations while the fever still retains its inflammatory character, it assumes appearances

12
often ^{of derangement} of the Biliary apparatus with a
yellowish discoloration of the skin ap-
proaching to yellow. Its analogies to
the above mentioned Types are prom-
inantly exhibited. The causes and history
are the same yet it differs widely fr-
om continued fevers, the chief seat of
disease is in the Stomach and duodenum
and liver, with the inflammation
of which the Brain generally sympath-
izes, and hence in addition to the pain
in the back there is often excruciat-
ing pain in the head most fixed
in the supra-orbital Region. Here
the obvious ~~stage~~ of high excitement soon
runs into one of delirium and great
prostration. It is sometimes epid-
emic in unhealthy regions and

and of all classes the European ^{who}
who has not been residing in tropical
regions suffer worst. armies situated
or in unhealthy localities are often
attacked and suffer desperately especia-
lly in ^{the} latter part of the summer. The
symptoms met with in Bilious Re-
mittent fever of an epidemic type
are the following an indiscribable
uneasiness of the stomach soon follow-
ed ^{by} languor and weakness to this succeed
chilliness or coldness of various de-
gree, vertigo, nausea, and violent pains
in the head and back. The skin dry
and wrinkled, Eyes languid & hollow, pulse
frequent and small "The breathing"
and very moist interrupted ^{by} ~~by~~ ^{humors} ~~by~~
These are the symptoms corresponding

14
with the cold one is intermittent.
with the continuance of the parox-
ysm^a blending of the sensations of
cold and heat: but the latter requires
the ascendancy ~~and~~ ~~the~~ face becom-
es flushed the eyes full and injected w
ith bloody streaks nausea and vomit-
ing comes on and much bile is
ejected, and sometimes passed by sto-
ol. The pulse is full and sometimes
resisting and hard, but often yields
to pressure, and beats from ninety to
one hundred and twenty in a minute.
The difficulty ^{of breathing} is very much increa-
sed, The restlessness is also increased
and the thirst increased. The patient
rejects every thing offered him by
way of food and often the ordinary

drinks. The tongue is covered with a yellowish white deposit in ^{the} center and is red at the tip and edges and soon exhibits a yellow brown fur, delirium is one of the prominent derangements. The pains in the head and back is also very much aggravated. After a period of indefinite length a slight moisture shows its self in ^{the} face and forehead and gradually extends over the surface and brings with it a slight remission during which time the symptoms are slightly mitigated. After a short and sometimes barely perceptible remission a fresh paroxysm commences one which is now ushered in with a chill which is followed with an aggravation of

all the above named symptoms
 There is ^achange in ^{the} color of the matter
 vomited some authors describe it as re-
 sembling a mixture of curdled milk
 & lime-water in some cases
 the matter is rather of a glairy color
 mixed with ^{bile} or other dark bilious
 matter The febrile heat & unquench-
 thirst also returns The tongue becom-
 es almost black with sordies, also
 the teeth and insides of the lips are co-
 vered with the same matter. The second
 symptoms also mitigate in a fresh
 remission which is however shorter
 and more imperceptible than the
 first and is soon followed by a re-
 newal of the exacerbation, which is
 also followed by an aggravation

17
of symptoms and includes great muscular weakness, and prostration. The vivid flush of the face is now replaced by a dirty hue.

When the ^{disease} has continued for several days with increasing debility, the skin and eyes are apt to assume a dull yellow color at the same time the features shrink and sallow.

The yellowness following the discharge of Bilis has given rise to the term bilious, by which Remittents of warm latitudes are distinguished. In many cases the strength is greatly prostrated from the beginning in others it decreases gradually in the course of the fever. The sensation of heat is scarcely interrupted in the

latter remissions although the pa-
 tient makes no mention of it hi-
 mself the extremities are rather cool
 even during the paroxysm at the
 same time the skin over the chest
 and abdomen is distressingly hot.
 The perspiration evident in the fir-
 st-~~paroxysms~~ or remissions is su-
 bsequently not perceptible; but replac-
 ed by a cold clammy condition of the
 extremities The secretion^{of} urine is
 varies~~in~~ character with the success-
 ive changes of the disease at the be-
 gining of the paroxysm it is thin
 pale and copious at the height high
 colored of "deep reddest brown, scanty
 and cloudy At the decline still very
 high colored and lets fall a brick

dust-reclament- and again it
 assumes a muddy appearance.
 As to the closing I am prepared
 to say nothing only as I borrow
 Diagnosis The diagnosis between
 a well marked case of ~~intermittent~~
 tert- and remittent is not diffi-
 cult- in the former we have a com-
 plete Intermission and in the latter
 only a remission. There are certain
 phlegmasias which might be mistake
 for remittent fever, gastritis or
 duodenitis sometimes resemble fu-
 ctional derangements of the liver
 so must weed it out for the parox-
 ysms in Remittents they might ~~too~~
 be mistaken for the latter disease
 But- the paroxysms the season of

the year the jaundiced condition of
 the urine, the disease condition of
 the skin, and many other contin-
 gent circumstances, ^{come} to aid us in this
 difficulty, the purging of Bile &c.
 The Prognosis is generally favorable
 in temperate regions when properly
 managed. The missions becoming
 more distinct and a warm sweat
 following and diffused over the surfac-
 e are favorable symptoms also a cop-
 ious deposit in ^{the} urine and a regular
 condition of the bowels a moist ton-
 gue and diminution in the frequen-
 cy of the pulse sound sleep are also
 among the favorable symptoms.
 The season of the year and the condition
 of the weather have a great influence

Treatment In treating Remittent fever
 for the inflammatory symptoms bleed
 freely and repeat, if necessary. Followed
 with laxatives and antimonials take
 use cooling drinks &c. At the comm
 encement, if nausea exists give an
 emetic and encourage emesis. After
 a free discharge of bile the patient fin
 ds much relief. Calomel as a cat
 hartic excels all other purgatives, com
 binations, but frequent purging is
 not attended with the best effects
 In local determination local blood
 letting and cold applications ~~act~~
 act finely. Cold drinks slightly
 acidulated are soothing. Cold anem
 ies are good in reducing febrile heat
 and settle the stomach better than

all the antiemetics. But Quinine is decidedly the best remedy, in fact it is impossible to manage a case of Remittent fever successful without it. After the violence of the disease has abated from the use of antiphlogistic Remedies, give quinine in from five to ten grains doses every three or four hours until some forty or sixty grains are used, then diminish. In some cases the symptoms are so urgent that quinine must be given instantly and promptly and let the purgatives follow, or combine them and give together.

When the congestive symptoms predominate, synapisms to the 4

tremulous spine and abdominal
 region are fine auxiliaries, to
 be repeated from time to time
 until they make a permanent
 impression, upon the points of
 application, Opium frequent-
 ly acts like a charm in bringing
 on a remission it quiets the ner-
 vous system and bring on a
 calm and refreshing sleep in
 without which no patient
 can ever recover from a severe
 attack of Remittent fever. It
 frequently allays gastric irrita-
 bility, muscular contractions and
 often mitigates the pain in the
 head and back. In the malarial
 form the treatment is the

~~same~~ with the reservation of the
 lances to some extent - patients who
 ill ^{now} generally require prompt anti-
 phlogistic measures. In an advan-
 ced or typhoid stage at an early date
 when the prostration and weakness
 of functions are considerable, and
 especially if the patient begins to sink
~~stimulants~~ are required. All
 authors speak favorably of their
 use at this time. Wine Brand and
 some of the forms of ammonia are
 commonly used. Blisters fre-
 quently do good service applied at
 the proper time. The diet should
 be light but nutritious
 and of a fluid nature. Opium
 is also good in the latter stage.

Gang 2^d 1857. } Joseph Underwood