AN
INAUGURAL DISSERTATION
ON
Remittent Fever
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
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Remittent Fever.

This Fever differs from intermittent Fever only in its type, remitting and intermitting Fever originates from the same cause. Remitting Fever generally assumes a more violent grade than intermitting and requires to be treated according to the symptoms. Yet as above stated, there is no radical or essential difference between the Simple Autumnal Fever or remitting and intermitting Fever.

Symptoms which occur in the beginning of this disease, that have come under my own observation, are most commonly these viz. The Person complains of feeling Amony becomes very weak unable to take violent exercise, perhaps he will go on in this manner for one or two or Three Days becoming a little worse every Day until finally he retires to his Bed, at this time in most
of cases the Patient will have considerable pain in the head, back and inferior extremities; will have flushes of heat as the Patient will remark, and then chilly sensations, this stage of the disease will last him for some time. Then the Fever or hot stage comes on, the Patient may have a distinct chill apt to come on in the morning. Then the Fever or hot stage comes on, the Patient, complains of great thirst, restlessness, is unable to be up in his room, calls for cooling drinks, will continue to have Fever, during the evening the Patient's eyes will become more or less of a yellow tinge, the Fever will continue until the next morning and then most commonly we have a slight remission.
which will last perhaps from 30 to 60 minutes, and during this period
the patient is thirsty and has some
fever. Sometimes a distinct remission
takes place, in cases of this sort
there will be gentle perspiration,
unless there is a distinct remission,
there will not be any perspiration
perceivable. In other cases, the
patient may sweat during the
fever at any time or at different
periods. Indeed I have seen patients
sweat throughout the day when
the pulse would be as high as
100 or 120 beats in the minute when
the pulse in healthy condition of the
patient would not be more than
50 or 85. Most frequently at this
stage of the disease, if not sooner
The Tongue becomes coated with a brownish coat, and slimy at times. The bowels are apt to be constive, urine highly colored, and in most of cases scanty.

Rемitting fever in its most violent form, attacks the patient suddenly, without any premonitory symptoms. May be attacked while pursuing the daily avocations of life, with severe pain in the head, and in a very short space of time lie prostrate, becomes frantic and delirious. Though the apyretia will hardly be perceptible, in a great many cases the pulse is not very full or frequent, less pain in the head during the first part of the day, inflammation
is most frequent in such cases as these, it does not matter how the preliminary symptoms commence; if the fever continues during the morning, skin intensely hot, and dry, and continues until very near the same time the next morning, that patient will stand a good chance to have inflammation developed, in some one of the important organs. Frequently one amongst the first symptoms of this is gastric disorder. The patient being unable to retain food when taken into the stomach, violent vomiting, indeed. I have seen patients vomit and roeat until they were almost perfectly starved.
We have another form of Gastritis, or Gastro Enteritis, in most cases of this kind there will be both aliment ejection and ejections from the stomach, aching pains in the head and inferior extremities also in the epigastric and umbilical region. Sometimes over the region of the bladder, caused by retention of urine, which produces excitement of that organ. In many cases that I have witnessed with my own eyes, Fever would make its appearance at the commencement in the evening, without any great foremonitory symptoms, perhaps only slight chilly sensations, which would continue for a short time. The Fever will not be apt
To rage very high, and continue until the latter part of the night, terminating in free perspiration, or as it is called the sweating stage. The patient will rest tolerably comfortably until late in the afternoon of the next day. When the patient's feet will begin to feel a little cold, while hot flashes ran over him, and in a short time fever will be developed upon the patient, which will rise a little higher until late in the night, or early next morning. There will be a remission, almost entirely without fever, until in the evening, about the same time it commenced on the preceding day. If the patient continue to get worse, the fever will make its appearance sooner in the day.
and continues longer, will go on in this way until the period of remission, or apyresia, will be but a very short time before the succeeding paroxysm. The patient does not always have violent headache; indeed I have seen cases that the patient scarcely complained at all of his head, but if there is no pain in the head, with considerable fever, the patient will almost be certain to complain of pain in some portion of the spine, frequently in the lumbar region. Will complain of feeling sore all over his body.

Rемitting or malarial fever does not always have such distinct remissions, as to enable the patient, or physician, to point out the remissions.
It is necessary to observe too that this remission does not always come on, or occur in the morning. I have seen remissions occur late in the evening, and in the latter part of the night.

The remissions, which so generally occur during the violent symptoms of this form of phthismatic disease, are not to be in all cases readily perceived, neither by the patient, or physician, and in some instances, of an aggravated character. They may be for a time entirely inauspicious, or absent.

I am of the opinion that when this remission is entirely indistinct, that there is great danger of inflammation; and that inflammation is the cause of this state of things where it is continuous, if this stage continues without, being
Subdued, it will almost invariably take on Typhoid symptoms, but will not become Typhoid Fever, nor will it require the same treatment as Typhoid Fever. When Typhoid symptoms are present, the pulse is not so full as it otherwise is, this would constitute inflammatory remitting fever. The symptoms being delirium, inflammation of some one or more of the vital organs, retention of urine, etc. As to the cause of this form of disease there is different theories advocated by different persons, the most popular theory, I believe is that it is caused by the decomposition of vegetable and animal matter. Others contend that it is not the decomposition of vegetable and animal matter, but that this Fever may be produced from heat and
Water alone, and that by decaying the trees of the forest, this peculiar poison, would be generated, and Malarial Fever would prevail before decomposition had taken place. Whatever may be the cause of this Malaria, it has some peculiarities with it, and of these peculiarities is that of its location, it generally prevails as an epidemic in low flat places, where there is plenty of water, which is subject to be dried up during the summer season, which is apt to occur in the months of July and August. Then this disease makes its appearance. It is not to visit high places such as mountain tops, Persons who live in elevated situations, are almost entirely exempt from this disease, however we sometimes see Malarial Fever. A few cases in elevated
Sections of Country, and it is generally the case that there has been more or less timber decayed, in that section which is undergoing some change, but not accompanied. Whatever may be the cause of this disease, it makes its appearance in, or during, any season of the year, but is most apt to prevail in summer, or autumn.

Treatment for remitting fever, as this is a disease that makes its appearance in so many forms, we are necessarily compelled to vary the treatment. In most of mild cases, I do not think that bleeding would be beneficial, it could not relieve the patient. Neither do I believe that any good effects would be derived from purgation, but it is always necessary to regulate
The bowels, with some mild aperient if they should be castive, which is generally the case. But not always do. Should we be called to a case of this fever during the remission, without preparing the system according to the old plan, we may proceed to give our specific, which is quinine. Some may not call it a specific, but I do. As I have never failed to cut the disease short, when there was nothing else the matter with the patient.

If the period of remission last some four or five hours give, sulphate of quinine in from 1/4 to 10 gr. doses, every two hours, if this should make the patient sick, at his stomach, add a small dose of sulphate of morphia. To each one of quinine, if this fever comes on at the ordinary time, which it is most sure to do, skin dry and
Sponge him with cold water, and as the patient wishes to take medicine, give him a little spirit of nitre, with or without paregoric, as may be thought best. And at night, give about 6 or 8 gr. Dover powder, in order to make him sleep, during the night. Next morning, give quinine, as to quantity we must be governed by circumstances. In cases where the apyrexia is short, and no symptoms of inflammation.

I think the best plan is to give sulphate quinine during the remission, and when the fever comes on or during the hot stage, sponge with cold water. If the bowels are constipated, give saline 2 or 3 gr. every three or four hours, until enough has been taken to move the bowels. Then give some one of the
Best Deaephantic Mixture, Sweet Spirits of Nitre. And on the next remission give Sulphate Quinine, in 0.9 gr. doses 20 or 3 times. If we meet with a case where there is severe headache, vomiting, pain in the bowels, then the patient should be bed, give Calomel. And if there is inflammation present, reduce it.
Then give our Specific, Quinine, in large doses, until the fever is subdued. If the stomach and bowels become inflamed, apply a large blister over the stomach. In many cases it may be best to bleed before using the blister. The fly blister is the best. In some cases where inflammation is present, there will be more or less Typhoid symptoms, it will not do to stop. And put the patient upon
The same treatment, as is recommended for Typhoid Fever, arrest the inflammation. Bleed the Patient if the Symptoms and Pulse authorize bleeding, give Camomel until we have arrested the inflammation. Then give Sulphate Quininine, just as if it was a simple case of remitting Fever. And the Disease is almost sure to be arrested in its progress. Sulphate Quininine being a Specific for this Disease it will also prevent the Disease if taken occasionally by Persons exposed to Malaria.