IN AUGURAL DISSERTATION
ON

Bilious Fever

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BY
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OF

Georgia

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To W. R. Douglass, 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 acknowledgment of your talent as a teacher and your kindness as a student's friend.

The Author.
Bilious Remittent Fever...

is a disease which is characterized by regular exacerbations and remissions, but no perfect remission. The milder forms of this disease present symptoms analogous 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 year of years in Intermittent Fever will go entirely off, when the patient feels comparatively...
will, and is able to resume his daily avocation, until his is troubled by the unwelcome 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 chilliness and prostration of strength which obliges the patient to retire to his bed. This illness may usually occur in the afternoon.
and when it is fully developed. The diagnostic symptoms are, severe pain in the head, loin, and lower extremities, a slight retrode tinge of the eyes, nausea and sometimes vomiting of a bilious character, pulse full frequent and hard, tongue foul; at first, it had a whitish appearance, after this it assumes a brownish hue, accompanied with a bitter and unpleasant taste in the mouth. In the course of twenty four hours, a remission takes place, which lasts but a short time, when the fitful symptoms recur, and after a short exacerbation, there is again more or less remission.
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 fulness that urges thirst, headache, a chill, violent pain in the joints, uneasiness and anxiety with fulness and tension in the epigastric region. In the course of twenty-four hours may a complete intermission take place, and soon after this a second, but more violent symptom come 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 convale-
scence at this point.

This disease sometimes takes
on the chronic form, in
which there is great pro-
stration of strength, delirium,
a good regular fever
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
unprofuse.
Blind discharge are thin and watery, either of a bloody or black colour. Abdomen is much swollen and tender under pressure.
The serous 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 disquiet of food, weight and distress in the region of the stomach. Abdomen extremely tender to the touch, pain in the course of the spine, Ribs and back.
In other cases, little or no bile is excited, the liver being in a torpid condition. It may be characterized by intense heat of the body, during the exacerbation, delirium, chalk tongue, great irritability of the stomach, and vomiting of a cloudy fluid. The skin becomes yellow. Towards the latter stage of the disease, at which time the liver throws out a large quantity of black bile.

*Typus.*

The typhus of Bilious Remittent Fever is most commonly of the double tertian. Sometimes, though seldom the quotidian. The exacerbations of the quotidian type commonly begin in the afternoon.
Those of tertian in the afternoon 

The principal cause of Bilious Remittent Fever is, Marsh Miasma. Other causes, some have imagined, may produce the disease, such as worms and other irritants acting on the mucous membrane of the alimentary canal, thus producing inflammation. But such conclusions are not warranted by correct observation.

Treatment

In the treatment of Bilious Remittent Fever, there are three indications to be fulfilled. First: To lessen the momentum of the circulation. Second: To remove the irritating contents of the
Omentum Canal. Third, to correct the morbid situation of the liver.

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 of the body. Should there be much pain in the head, apply bladder of ground ice to the head. Topical bleeding, by cupping and leeches is also a valuable adjunct in such cases.

To fulfill the second indication, by a competent dose of Calomel, from twenty to forty grains according to the constitution and the urgency of the symptoms. Should the Calomel not procure full and free evacuations from
The boil in lip or right house it should be followed by a dose of Cast. Oil or Salts. Should a remission occur amounting will migh to an Intermission, I would prescribe two grains of Sulph. of Quinin every hour, until from eight to twelve grains are taken. Should perspiration follow the administration of the Quinin, it should be continued to a much more protracted period. Should the use of the Quinin procure no sweating in from four to six hours, the Quinin is discontinued. We are now assured the liver is largely at fault. To remove that fault, and correct the morbid perversion, we fulfill the third indication. I know of no
Remedy, better calculated to answer this purpose, than Calomel in diarrheic cases. Combined with Permin and Doursin powder when there is much torsion in the liver, together with inflammation of that viscus, a large blister drawn over that region produces a valuable effect. It seldom finds it necessary to superinduce syphilis in this climate. As an adjunct Tartar-emetic combined with the alternative 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 chief anchor of the treatment. It has been asserted that a typhus fever is sometime 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 of insomatae 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 energy of the system, by opium and diffusible stimulants such as wine and brandy, and counteract the exhausting
his change, particularly from the bowels by opiums 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 recovery.

Thos. P. Jones