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
William J. Jones
OF MISSISSIPPI
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The true history of a disease cannot benefit the young practitioner in making out a correct diagnosis or aid him either in the administration of medicines or forming a correct prognosis; therefore I shall pay but very little in regard to the disease now under consideration. This disease has been known to the medical world for a great many years. It has puzzled some of the greatest and wisest medical philosophers the world has ever known. For many years many of the medical men gave their undivided attention to this perplexing and annoying disease known as intermittent fever; and I am sorry to say they often ignorant of a remedy for it.
But at last in an "hour when me thought not the mighty army came. But more of this after awhile. This disease exists in all climates and in all countries where malaria is general, and nowhere else is this disease to be found. During the present age this disease is regarded by many of the medical philosophers as being a remarkably simple and common disease I am in all of this very frankly. But at the same time I regard it one of the most extraordinary diseases with which the physician has to contend. And because of its prevalence in our lovely valley I think it imperious demands our earnest and special consideration.
Although intermittent fever is
gazed as being so very simple,
yet I can say nothing simple about
it; I have been its victim occasionally
for the last ten years past, have
felt all of its different - and distinct
phenomena and still I can feel
nothing simple connected with
Therefore I am more to gaze it
as a very remarkable disease
of the physicians of the present
time as evidence of a remedy for
this disease as the physicians here
when two of the greatest - and wisest
philosophers the intellectual world
ever saw went and would they
not then be constrained to explain
with the physicians who has the
honor and glory of waiting upon these
Two great luminaries of the intellectual heavens whose names and deeds will be handed down to generations yet unborn I allude to James First and Oliver Cromwell.

If their physicians could have had sulphate of cinchine, these two mighty men might not have died of intermittent fever. But since their time, fortunately a specific has been formed for the treatment of this disease. And it is as certain to cure it as malaria is to produce it; and that is as certain as the sun shines. All diseases are complicated until their remedies are known; then all are quite simple.
This disease prevails at all the seasons of the year, but it is much worse among the spring and fall than at the other seasons of the year. The reason for this I am not able to give. It is thought by many to be much worse in the fall than at any other time of the year. I believe this to be correct, judging from what has hitherto been in my own neighborhood and cane run under your own observation. This seems to be one of its phenomena. I am at a loss to account for this, however, I suppose it is owing to its character, condition, or quality of the malaria which produces the disease.
Persons of all ages and all species may and do have this disease, none are exempt from it. However, middle-aged persons are said to be more liable to it than younger or older persons. I believe no one attempts to account for this phenomenon. No one thinks sufficiently pain to attempt such a thing. It is useless and extreme vanity to waste time and paper in telling what it is that produces the disease now under consideration. Even schoolboy knows the answer to this question, and can answer it as soon as it is performed. All will pay, all will clamor malaria with one voice.
The immortal Dr. Gullen and many of his contemporaries had a great deal to say about all of the phenomena which characterize the disease.

A great many speculations were offered in regard to the cause of this periodicity, but all are fruitless. Many have attempted to account for the different changes during the progress of the disease, but all are worthless and evoke no confidence. The changes which occur during the progress of this disease are more remarkable than they are in any other forms of abnormal fever except the digestive fever. Whilst the changes are great and deserve special attention they are
not so fatal in this disease as they (that is, the changes) are in the other forms of fever. This disease itself is not so fatal as the other forms of fever which are produced by the same specific cause. This is the mildest form of the malarial phenomena is regarded as the type of all the other malarial fevers. I shall not attempt to give a history of the character of an ague fit, but simply give the facts as they really are. I offer no speculations whatever in regard to the phenomena of this disease, but will give the symptoms as they are known to occur and also give the treatment of the present day.
This troublesome disease always comes on with an ague fit. Sometimes this ague is very perceptible, then again it is so slight, slight in fact, that the patient scarcely knows that he is laboring under one of these agues. As a general thing, however, these first agues are very slight. Afterwards, they are more severe, last longer, and generally of about the same length.

An ague in the beginning of the disease may come on during the day or night; and as a general rule, they continue from a half an hour to one hour and a half, sometimes much longer. After the ague goes off then a fever comes.
on and lasts generally from three to seven or eight hours.
A person who is just on the eve of taking this disease, first experiences an uneasiness, a sensation of weakness and paresthesia in his legs, he feels very weak, has an inclination to do nothing, gets languid and listless, and does not want to do the least possible labor, either physically or mentally, in short, he becomes entirely stupid and almost helpless. By this time he begins to sigh, yawn, and has great inclination to stretch and 28. For the moment being, this stretching seems to relieve him, but it does not; he grows worse all the time. He soon feels chill, and especially all along his back on both
both sides of the spine, cold chilly sensations will seemingly begin about the sacrum and run up the back to the tops of the shoulders. By this time the blood begins to leave the superficial capillaries, and he becomes pale, and as a general rule his features shrink, his skin is becoming very and quite rough, it begins to look like he had been exposed in the cold for a great while. These uneasy sensations continue for a few moments. When the patient begins to shiver just as though he had been out in the cold for a great while, his very teeth will chatter, it is said that they have been shaken and, but I can’t believe it. His face, lips, nails, and ears turn blue.
his breathing is very quick and his pulse becomes frequent and feeble
by his whole desire is to be near a very hot fire, and wants cold water all
the time.
He now begins to complain of pain in his head and back, and generally all the sensations
become diminished, he has often to make water, but he is able to make
but little at a time, and it is generally pale, as a general rule his features
are cold, and his tongue is dry and coated over with a white coat.
This distressing state generally lasts from one half an hour to one hour and a
half, then it goes off gently with slight flushes of heat about the face
and neck, after awhile the cold stage.
cease altogether and the skin and features resume their natural appearance; but this is only for a few moments. The face becomes hot and dry, the temples begin to ache and throb; the head begins to ache severely; the pulse becomes full, strong and rapid, the respiration is deep, but oppressed, and the urine is very scanty and very highly colored. It is of a yellowish color.

After this disagreeable state of distress has lasted for several hours, it begins to subside entirely away, and the patient begins to sweat and improve in his feelings. The fever is gone, the pain in the head and the headache are also gone, his pulse is again regular, and his urine.
is again plentiful but still retains its high color; it will do this for some hours afterwards.

By this time the patient feels almost entirely well, and the first thing he wants is something to eat.

After he has had a number of these paroxysms his appetite becomes quite strong. It is almost useless to say that these paroxysms are divided into what most authors call species, that is, one of these paroxysms occurring at the same hour every day, is called querulian aqua, when it comes on at the same hour every other day (that is if the patient be well during the interregnum) the patient is said to have tertian aqua, and when the paroxysm comes on at the same hour every third day it is called qu
This disease has been commenced and divided into three stages, namely, the cold, the hot and the sweating stages, and these occur as above named.

As regards the treatment of this disease I have but little to say, as there is but extremely little to do.

Many years ago before Quinine was known to master the disease a great deal was done for the patient during each stage, but medical history and common sense tell us that all their efforts and medicines were spent in vain.

During that time they gave Calomel, opium, brandy, blistering, purgative and bathing the patients in warm water, but all these were fruitless to militate against the welfare of the patients.
Fortunately for the patient and for the treatment of this disease has become greatly modified and is now quite simple. During the cold stage, the patient is always able to go to bed and ease himself up so as to keep as comfortable as possible, nothing ought to be done. When the warm stage comes an give him as much cold water as he wishes, keep him as comfortable as you well can. So soon as you discover the hot stage on the eve of quinine, and the sweating stage comes on then give begin with about one or two grains of quinine for an hour. Keep up this treatment for several hours and the patient will have no difficulty in getting well. Opium or morphia may be given if necessary.