AN
INAUGURAL DISSERTATION
ON
Intermittent Fever
SUBMITTED TO THE
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In speaking of this class of fevers so generally known throughout the whole Southern country, it would be needless to enter upon all the minutiae as we should necessarily have to do in describing a new disease. But that we deem it important to notice some of its most prominent features, and the supposed cause, and effects together with the treatment, we hope to bear satisfactory evidence before concluding our inaugural thesis.

I believe it is generally conceded that the cause of intermittent fever, or at least the prominent cause, is owing to a specific toxic agent, supposed to be generated in marshy localities, or in the decay of vegetable matter and other noxious effluvia, mingling with, and impregnating the surrounding atmosphere, with its deleterious properties. The true properties of this miasma have hitherto...
to escaped the untiring research of chemists.
But of its existence, and influence, scientific research, and common observation, has established the fact, discovered its physiological action; and assigned the cognomen; therefore we have no right now reason to deny its existence, yet this agent in its mysterious operation upon the human system, should be charged as the sole cause of the well-known intermittent fever.

We might quote instances, and authorities of innumerable localities, and causes, operating upon the subject; but that we may not be tedious in arguing a point in which there is so little discrepancy of opinion, we will enter more directly upon the history, progress, and termination of the disease; the remedial agents employed in effecting a cure &c.

Intermittent Fever, is always known by
febrile paroxysms, recurring at stated periods, and the absence of fever, between the paroxysms. There are three ordinary types, yet they may all vary in character and intensity, and in fact, I have seen a few cases that seemed to defy some of our best agents in medicine, that only recur regularly every twenty one days, thus leaving an interval of three weeks of apparent health, and quite according to the established division of the three types, namely, the quotidian, tertian, and quartian; the quotidian occurs every day, with an interval of about twenty four hours. In the tertian, the paroxysm recurs every other day, interval of forty eight hours, and in the quartian, which is every third day, an interval of twenty two hours. Two of these types, the quotidian and tertian may be double, that is, two
paroxysms recurring within the time allotted for one, yet in all the cases, I have seen of these classes, the patient seemed less distressed in every feature of the disease, than when the paroxysms recur in regular order, and even these varieties are subject to interruption, in a triple degree, but as mentioned, in double quotidian and tertian, the colic and hot stage, has less tendency to annoy the patient, and is much more liable to change in the type, than either of the preceding types. Intermittent Fever, whenever it assumes a grave character, is generally preceded by languor, weakness, lassitude, uneasiness of the joints &c. This is shortly after proceeded by the chill, and may last only for a few minutes, or may continue for several hours, if the chill is attended with severe rigors, such as a general shaking, shivering, and chattering of the teeth.
and coldness of the extremities, the hot stage will not be so excessive nor of as great duration, as it would if following a chill with features less distinct, and distressing. The hot stage after a period of one, two, or four hours, is succeeded by flushes of heat, then follows the sweating stage, when the patient usually falls off into a quiet slumber and awakens refreshed, free from troublesome feelings until the next period approaches, this and each successive period appears in a more aggravated form, interrupting the harmony of the system by the loss of appetite, restlessness, general debility. The urine is generally pale and copious, depositing on cooling a quantity of watery, sediment. The tongue is often pale and moist, the patient craves water, but loathes food, not unfrequently we have nausea and vomiting.
zing of bilious matter, a hot head and hurried breathing, the pulse is full and frequent, sometimes confused, delirium, and coma, as a general rule the paroxysms are longer in a quotidian than in either of the other types, and it is due to observation and well-founded authority, to state that the return of the paroxysms, be irregular in their course and termination, often approaching and near some or other than the time anticipated, in such cases, it frequently, if not arrested by proper means, assumes an other type. Thus an anticipating tertian may become a quotidian, while a retarding tertian may be changed to a quartian, the anticipating quotidian may pass from the intermittent to the remittent forms; in the majority of cases the time of attack is between eight o’clock A.M. and eight P.M. The quotidian commonly making
its attack in the morning, each type of this disease is liable to return, the quartan, are said to be most apt to return, without any appreciable cause, each form or type of this disease is liable to assume a milder or grave form, according to the condition of the system, or owing to complication with organic derangement, especially of an inflammatory order, as in gastric and enteric disturbances, known by excessive thirst, and pain in the region of the epigastrium, or colic pain in the bowels, and pains on pressure over the region disturbed; one of the features of this disease, especially of the milder form, is its liability to return after once, or even being repeatedly checked; it often returns in enlargement of the spleen, derangement of the liver, etc. In the treatment of this dis-
case, all generally agree that we can do but little towards its arrest during the cold stage, we may add some to the comfort and partially relieve the irritability of the patient's system, by giving a grain of opium, if not contraindicated by cerebral and extreme gastric disturbance, yet the case may be somewhat ameliorated by an injection of 50 drops of laudanum in warm water, these aided by warm bedding, heated rocks, or bottles of warm water to the feet and legs, will often shorten the duration of the chill, I have seen carbonate of ammonia in solution given pretty freely, if the stomach of the patient would allow of it, I will here mention the first congestive chill I ever attempted to treat, it was a case of a negro boy, about nine years
of age, I saw him for the first time, during a protracted chill, with sunken features, hurried and difficult breathing, pulse, small, quick, and hardly perceptible, body and extremities cold, in fact the whole system was icy cold, with a clammy perspiration on the brow, complete coma, the breathing was attended with a distressing rattle in the throat, which I was unable to trace to the lungs, believing it to be a complicated disease, I tried carbonate of ammonia in solution with tartar emetic, 4 gr. of the first to 74 of a grain of the latter, repeated every ten or fifteen minutes, I was able to bring about a speedy reaction, or I may say it terminated in an hour after the first dose, the boy had scarcely any fever, I then left 60
grains of quinine. To be given in six
grain doses every two hours, there was
no recurrence of the chill, having di-
gressed a little from the subject I will
next proceed to the hot stage, in this our
chief efforts would be merely palliative,
yet we are often called on to exercise
our skill and judgement in determining
the most appropriate and necessary
agents for the relief of the distressed
patient; sometimes we find them labour-
ing under the most intense gastric dis-
order, with high fever, flushed coun-
tenance, incoherent raving, or tendency
to coma; in such cases, though not
inclined to use the lancet indiscrimi-
antly, the patient might lose about
twelve ounces of blood, or more if the
pulse seemed to demand it. In addition
to that a stream of cold water should be poured from a considerable height upon the head of the patient, while in a recumbent position, and cold cloths to the abdomen, pinapisms to the stomach, aided by efferveasing draughts, cold lemon or ice water, if the patient possesses sufficient consciousness to swallow them. I would urge attention to this fact, not to rely too little on cooling remedies. I here might add many other remedies that are said to exert a salutary influence when properly given, such as nitrous ether, with a little Tart-eminé, from one to two grains of the first 1/4 of grains of the latter, which may be repeated during the fever at proper intervals. I shall pass over many of the minor agents, and means, that might appropriately come under the head of simple
palliatives, to be administered, and regulated, according to the discretion of the attendant.
Having disposed of the hot stage, I will proceed to the sweating stage, which I consider the most important period for the administration of remedies in arresting and breaking up the disease, and we certainly may claim the sulphate of quinine as one of the most important agents in effecting this purpose, that is known to the profession. Many other articles of less value in a primary sense, have been employed as a substitute for quinine, with doubtful success, such as the bark of dogwood, white willow, and horehound, a decoction of these articles have in many instances arrested the chill, but they are always of doubtful efficacy, quinine may fail sometimes, but it
may be owing to an improper mode of administering it, I have seen cases that would not yield to fifteen grains, and at the same time would give way to five or six grains, with an addition of \( \frac{1}{4} \) gr. of morphia, and at times \( \frac{1}{4} \) gr. of tartar emetic. The mode of administering is not without importance, the manner may be changed with equal effect in a pill or solution. The quantity is divided in three portions, to be given at intervals of two hours, allowing always sufficient time to give the last some time before the expected chill; the vehicle in which this is given, may be a matter of choice with the patient, as its powers are not neutralized, yet I would not contend that quinine, will prevent its recurrence in every instance. previous to the administration of this article, we should give some active
A cathartic, calomel I think is the best. Ten or twelve grains given at bedtime followed by castor oil in the morning. Should you find an obstinate case that does not yield on account of some organic derangement of the liver, spleen or mesentry, the continued use of quinine in solution, 50 grains in three portions. This taken daily for eight or ten days, associated night and morning, with a pill composed of compound ext. colacynth calomel and tart emetic, colacynth and nit hydrarg, or the nit hydrarg calomel and jalap, all of these remedies are valuable in the treatment of this fever.