An Inaugural Dissertation,

On

Bilious Remittent Fever

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Bilious Remittent Fever

Remittent fever like intermittent is periodical assuming the Quarti
form. But sometimes there are duplications. Remittent fever is defined to consist of febrile phenomenon
ecoming of exacerbations and remissions generally occurring once in twenty-four hours. It thus occupies an
intermediate space between intermittent and continued fever resembling the former "regular recurring fever"
years, and the latter more closely being incomplete apyresis.
It remits at regular inter
tervals. The fever is present
a given cause and reach a crisis, whether we give or withhold remedies and here the cure depends upon preventing a return of the parasyns and not in arresting in mid-career. Causes authors are not agreed relative to the causes of delirium fever, some are Febrile in their views, others seem to confine their views to incrustation confined and acted on by solar heat. Those in favor of the former give the following strong holds in favor of delirium being the most prolific cause. The stench arising from low grounds could with decaying vegetable matter stagn
ant plants known in Mendeliae described and discussed under the generic

title Monnus or Ballarat and this probably the cause of our autumnal

fevers. There seems to be no difficulty

in accounting for its insistent origin In early spring the decaying or

half decayed vegetable matter the leaves of trees and of plants and shrubs

of all kinds produced during summer during and decaying during the intervening

winter are ready to receive and are

promptly acted upon by the influence of the annual drain of "sway. There are in

many contingencies which frequently are

in bringing on attack. Exposure to the

heat of the sun by day and to the damp

in chilling influences of night succeed
also to sudden alternations of temperature and getting wet by a shower of rain or and thus being exposed to the chilling influence of the atmosphere, Fatigue and exhaustion of bodily or mind and exposure of all kinds prove to be exciting causes. Morbid anatomy shows that the brain is found frequently disorganised and blood found effused into the ventricles. We also find increased vascularity of the membranes and substance of the brain. The liver is generally congested and it is commonly found loaded with blood and the portal system obstructed. It is often so disorganised that portions of it soften between the fingers and appear resembles gummy blood.
It is often discussed in all fatal cases exhibiting the bronson hue bordering up on an olive color. The same hue is described upon making an incision into the substance of the organ. The two substances generally found emerged into and the recherches 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 Tumefacition of the spleen occasionally comes
in very sudden and on a few day the
enlargement shews externally extending
into the left lumbar region.
The Stomach is generally found
inflamed in fact the Stomach is the pri-
cipal seat of diseased action the inf-
lammatory appearances are generally co-
 confined to the lower part of the Stoma-
chy, and in some cases extending through
the pyloric orifice and seldom failing to
occupy a small portion of the duoden-
un immediately around the entran-
ce of the ductus commun pars cholae
which into the intestinal tube, the
duct being ordinarily choke up by a
dark bile-like
Mortality Remittent fever frequen-
tly proves fatal in tropical regions
Though I have ever seen it prove true in upper Georgia, when my practice has been confined. Varieties Remittent fever presents itself under three different grades. 1st. The simple inflammatory and the congestive and the nervous symptoms in the 1st form symptoms of febrile excitement slidable, or closely associated with disease of some of the chyloptic tissue or as themselves. This form is generally inflammatory and runs its course without many changes until a favorable crisis takes place or ends in death. In the 2nd form there is congestion of some one organ or congestion in all the chief cavities with symptoms of oppression.
and inequality of temperature, and
shills without much worked heat
of surface in the 3d the nervous system
is greatly affected. There are obscure
effects for days before the parotymn,
which is sometimes adhered on with.eye
and followed by delirium with inc
these and struggles to escape from
and alternately with stupor. There is of
the great heat of the skin. The Physi
cian may meet with all the varieties
the same reason, they also present diffe
ences which will escape the exper
 sometimes one variety has the as
 tendency 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
prescribed for three cases where it will exhibit examples respectively of the simple inflammatory the congestive and nervous. The difference depending on age temperament constitution or prior habits. The domination Remittent fever may terminate in early convalescence or in a low continued fever. In intermittent remittent fever it death. If it assumes the low continued or indolent form we have the following train of symptoms. It is ushered in by a chilliness either with them by a chill which is sometimes followed by great and diffused heat pain in the head and back and weakness of the limbs 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 yield to a moisture 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 are very hot and dry. The tongue is red and yellow. Thirst interior the fever generally abates once in twenty four hours at a fixed time in each day, but there is no distinct return. After a short time the parotids increased with its former violence accompanied with delirium and pain in the
A bout the fourth day it begins to abate and gradually declines by
the seventh or ninth cases in some cases there is scarcely any currence for two
or four days after which there is generally a distinct currence, which may
end in complete apathy, which currence continues from day to day
till the fever subsides. The young and
robust and those of athletic frame
or pungent temperament, and who
are new comers from healthier ege
are most subject to this disease
When the Stomach and liver deeply
affected in the latter part of the sum-
mer in unhealthiy situations while
the fey still retains its inflammatory
character it assumes appearances
of engorgement of the Biliary apparatus with a yellowish discoloration of the skin approaching to yellow. Its analogues to the above mentioned types are prominently exhibited. The causes and history are the same, yet it differs widely from continued fever. The chief seat of disease is in the Stomach and duodenum and here with the inflammation of which the Brain generally sympathizes and hence in addition to the pains in the back there is often excruciating pains in the head most fixed in the supraventricular Region. Here the obvious stage of belligerent concentric to one of delirium and great irritation. It is sometimes said emetic in unhealthy regions and
and of all classes the European who has not been residing in tropical regions suffer worst. Armies situated in unhealthy localities are often attacked and suffer desperately especially in latter part of the summer. The symptoms on with the Bilious Remittent fever of an epidemic type are the following: an indescribable uneasiness of the stomach soon followed by languor and weakness to the extent of bluntness or dullness of various degrees, vertigo, nausea, and violent pains in the head and back. The skin dry and wrinkled, eyes languid and hollow, pulse frequent and small. The breathing and very moist interrupted by spits. These are the symptoms corresponding
with the Cold one in intermittent.
with the continuance of the paroxysm blending of the sensations of
cold and heat; but the latter requires
the ascendency and the face becomes
flushed. The eyes fill and inject with bloody streaks naevus and vomit
coming on and brown bile is ejectet, and sometimes passed by stoak.
The pulse is full and sometimes
rising and hard, but often yields
to pressure, and beats from sixty to
about hundred and twenty in a minute
of breathing.
The difficulty is very much increased, 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 central
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
covaginous aggravated. After a peri-
of indefinite length a slight more
stirring shows itself in face and for
chill and gradually extends out the
surface and brings with it slight
remission during which time the
symptoms are slightly mitigated.
After a short- and sometimes triv-
ly perceivable remission a fresh onset
again commences one which is now
rushed in with a chill which is
followed with an aggravation of
all the above named symptoms
there is a change in the color of the Patient
combs same authors describe as resembling a mixture of curdled milk and limewater in some cases
the matter is rather of a glairy color
mixed with or other dark bilious
matter. The phlegm becomes greenish
thick—also it turns the tongue becomes almost black with sooty also
the teeth and insides of the lips are covered with the same matter. The second
symptoms also mitigate into a fresh
remission which is however short
and more unpleasant than the
first—and is soon followed by a renewal of the exacerbation which is also followed by an aggravation.
of symptoms and includes gray
erysacular weakness, and prostr
ation. The vivid flush of the face
is now replaced by a dirty hue.

When the has continued for several
day with increasing debility, the
skin and eyes are apt to assume
a dull yellow color at the same tim
the features shrink and sallow.

The yellowness following the diar
age of bile has given rise to the
term bilious, by which Remittin
of warm latitudes are distinguish
ed. In many cases the strength is gra
tely prostrate from the bicing in ot
has it decreases gradually in the in
course of the fever. The sensation
of heat is severely interrupted in the
latter remissions although the patient makes no mention of it himself. The aberrations 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 first paroxysm or remissions is subsequently cut-perceptible, but replaced by a cold clammy condition of the aberrations. The secretion of urine is variegated character with the successive changes of the disease at the beginning of the paroxysm it is thin, fluid and copious at the high, high color of deep reddish brown, decy and cloudy. At the decline still by high color and lets fall a breath.
dust sediment- and again it
becomes 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
lent- and intermittent is cut-off
is difficult-in the former we have a com-
plete Intermission and in the latter
only a remission. There are certain
phlegmonous which might be mislead-
me for intermittent fever, gastrectis or
duodenitis sometimes resemble fe-
tional derangements of the liver
so much were it not for the past
symptoms. In Pneumonia they might
be mistaken for the latter disease.
But the paroxysms the reason of
The year. The jaundiced condition of
the urine, the diseased condition of
the liver, and among other constant
circumstances, to add us in this
difficulty, the purging of bile. e.
The Prognosis is generally favorable
in temperate regions when properly
managed. The motions becoming
more distinct and a warm sweat
following and diffused over the surfa-

c e are favorable symptoms also a cop-

ious deposit in urine, and a regular
condition of the bowels. A moist

tongue and diminution in the frequen-
y 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 fevers for the inflammatory symptoms bleed freely and repeat if necessary followed with laxatives and antimonials salts and cooling drinks. CAUTION: The commencement of diarrhoea is to give an emetic and encourage emesis. After a free discharge of bile the patient finds immediate relief. Calomel as a cat|ure tonic excels all other purgative combinations, but frequent purging is not attended with the best effects. For local determination local blood letting and cold applications act finely. Cold drinks slightly acidulated are soothing. Cold anemias are good in reducing febrile heat and settle the stomach better than
all the antimonials. But Quinin
is decidedly the best remedy, in fact it is impossible to manage a
case of Peritonitis save successful
without it. After the burning of
the disease has abated from the use
of antiphlogistic Remedies, give
quinine in from five to twelve
cases every three or four hours
until some forty or sixty grains
are used then diminish. In some
cases the symptoms are so urg
ent that quinine must be given in instantly and promptly and let the purgatives follow, or combine them and give together.
When the congestive symptoms do
donate symptoms to the a
Tranquilizers, 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 frequently by acts like a charm in bringing on a remission it quiets the nervous system and brings on a calm and refreshing sleep, without which no patient can ever recover from a severe attack of Remittent fever. It frequently allows easier respiration, muscular contractions and often mitigates the pain in the head and back. In the healing process forms the treatment of the
 completamente con la resolución de otra persona. En este caso, se debe considerar la situación y tomar medidas adecuadas. En general, es necesario actuar con prudencia y seguir las recomendaciones del farmacéutico. En caso de un adelanto o estadio avanzado, cuando el fracaso y debilidad de las funciones son considerables, especialmente si el paciente comienza a disminuir, se requieren medicamentos que se consideran favorables. "Los autores hablan favorablemente del uso de esta tira de vinaga Donz Anc y una de las formas de asma son comunes en estos casos. Las vendas frecuentemente son de gran servicio al aplicar el fluido en el suelo de la zona. Se debe evitar que queden oscuras, pero perjudiciales, y de un fluido natural. Así, se sigue en el último estadio.

Ganado 1857.

Joseph Anderson