

An Essay on  
Intermittent fever and its complications

Respectfully submitted

to the  
Faculty  
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by  
William Scherzer

of  
Savannah

Georgia

## Intermittent Fever.

In selecting my Thesis I consider intermittent fever as a proper subject especially as I shall locate in a country which is surrounded by low and marshy ground, and within a short distance of a large and navigable river, which is subject to overflow the low land producing decomposition, and by the action of the sun on the peptizable matters that poison, which is the most disastrous to human kind, and which is known under the name of Miasma, or Malaria. Malaria is a specific poison producing specific effects upon the human body. It is impure or bad air or at least air form or gaseous, being involved in the atmosphere, of its chemical

and Physical qualities we know nothing,  
but we know it by its various effects.  
Malaria wants a certain degree of tempera-  
ture, as it is very seldom traceable beyond  
the fifty sixth degree of north latitude,  
and it is supposed to require for its  
development a continuous temperature higher  
than sixty degrees Fahrenheit, it requires  
also a certain degree of moisture, wherefore  
it is always more noxious before sun rise,  
and after sun set. Since the time of  
Lancisi it has been supposed that vegetable  
substances were necessary to the production  
of Malaria, and that they accelerate the  
putrefactive process, was Dr Bancroft's  
and many other pathologist's opinion.  
It never crosses the waters, and takes its  
course always near the ground. Malaria

is moveable by the wind, it may be carried from the spot where it was generated to places where Malaria was never known before. It will also occur sometimes on high land, by long and successive rains. Here as well as in low marshy land the action of the sun on the vegetable matters will produce Malaria. And this poison is the exciting cause of Intermittent <sup>the</sup> Fever. Intermittent fever resembles other maladies, which belong to the nervous system, in being paroxysmal. There are three distinct stages, the cold, the hot, and the sweating stage. The cold stage, or Ague, commences with sensation of distress and debility about the epigastrium; the patient becomes weak, listless, languid, begins to sigh, yawn, and stretch himself, soon feels chilly in the back along the

spine, the superficial capillaries are deserted  
from their blood. The features shrink, the skin  
becomes dry and rough, little prominences will  
appear, such as are produced by cold, which  
have the appearance of goose skin. The  
creeping along the back becomes more general,  
the patient feels very cold, trembles, chatters,  
and shivers all over, his lips, face, and nails  
turn blue, respiration becomes quick, pulse  
frequent, but feeble, pain in the limbs, back  
and head, the secretions are diminished, urine  
pale, bowels confined, tongue white and dry.  
After the general distress has lasted for some  
time, it is succeeded by an opposite kind,  
shivering begins to alternate with flushes of  
heat, which generally commence about the face  
and neck, coldness ceases, the skin recovers  
its natural colour, its reaction does not stop

here it goes beyond the healthy state. The surface becomes hot and dry, face tinged and red, another headache is induced, pulse strong and full, breathing oppressed, urine high coloured and scanty, the patient becomes restless, another change comes over him, the skin becomes hot and smooth, recovers its natural softness, moisture appears on the head and face, a universal sweat breaks forth, urine plentiful, pain ceases, pulse natural, sweating terminates and the patient feels well. —

The period between the termination of one paroxysm and the commencement of the next is called intermission.

The period between the beginning of one paroxysm and the beginning of the next is called interval.

There are three types of intermittent fever, which are Quotidian, Tertian and Quartan. Some authors enumerated more, but I will confine

myself to these three. When the paroxysm occurs every twenty four hours, it is called Quotidian when every forty eight hours it is called Tertian when every seventy two hours Quarten. The peculiarity of these types are as follows: the paroxysm of the Quotidian commences in the morning, of the Tertian at noon, and of the Quarten at evening. These rules will vary sometimes. The Tertian is the most common amongst these three types. The paroxysm is sometimes incomplete, so heat and sweating will occur without previous chill. All persons are susceptible to intermittent fever, from infancy to old age, when influenced by the exciting cause. Dr Russell in his history of Aleppo recorded a case of a pregnant woman, which had the Tertian ague, but she could hear the Child shake on the

on the alternate days when she was well and free from fever. Intermittent fever prevails in Spring and Autumn. After a hot and dry summer the autumnal fevers are frequent and fatal.

### Malignant or Longative Intermittents.

Examples of dangerous complication of ague were once very frequent. The Italian writers down to the present time are rich in observation, illustrative of their prevalence and fatality.

The brain and its membranes, the viscera of the abdomen, and those of the thorax are the seat of the complications, the affection of the brain and its membranes sometimes takes place very suddenly, without previous symptoms of the remittent, to indicate to the patient any peculiar danger. The symptoms



distinctly referable to the brain and its membranes, are of two orders, those of spasm or convulsion, and those of oppression or coma. Of the former there is not merely the ordinary subsultus of fever, but well marked convulsive movements, such as the rapid contraction of the flexors and extensors of the forearm, convulsive twitching of the fingers, occasionally tonic spasm of the same parts of the lower Extremities, so that the flexors and extensors are balanced. The signs of <sup>diminished</sup> sensibility, are stupor from which it is difficult or impossible to arouse the patient, immobility, incapability of swallowing, eyelids wide open, pupils occasionally dilated, pulse sometimes strong and compressible, and stertorous breathing. Sallmand would consider the first set of symptoms, those of convulsion,

to arise from inflammation of the arachnoid membrane, communicating irritation to the healthy brain, or at least to one, retaining its functions to a certain degree or extent, in the second he would suppose that inflammation of the central substance itself existed. The appearances found in dissection of the first, i. e. inflammation of the arachnoid coat are vascular congestion, effusion of serum between the arachnoid and pia mater, adhesion between these two tunics, so that they form but one thick membrane.

Inflammation of the brain is shown by the cortical substance, being of a deep brown or reddish colour, of which the examiner becomes at once conscious, if he has an opportunity of making a comparison with the brain of a patient who has died from some other disease.

Abdominal Complication. The symptoms found in this complication are great pain of the abdomen, increased by pressure, vomiting of bilious matter, frequently bloody discharges from the bowels of the same bilious or bloody appearance, tongue dry and of a yellow brown or bright red colour, urine scanty and high coloured, yellowness of the conjunctivae and skin, pulse generally small, sharp and contracted. Delirium frequently takes place during the progress, it may be further complicated with coma or convulsion.

On examination after death extensive lesions are discovered of the viscera of the abdomen, the mucous lining of the oesophagus towards its lower part is occasionally inflamed, or has a false membrane adhering to it. The mucous coat of the stomach is

thickened and inflamed, colour varying from  
rose to reddish brown, mucous follicles are  
inflamed and elevated <sup>so</sup> as to resemble Miliaria  
eruption. The mucous lining of the intestines  
resembles that of the stomach, the submucosa  
constrictor are red and swollen. The liver is  
found so engorged with blood, that its parenchy-  
matous structure is almost entirely lost. The  
ductus choleochicus is often thickened by in-  
flammation. The gall bladder is occasionally  
inflamed, and lined with firm albuminous  
concretion. The bile it contains is generally  
as thick and black as tar, the spleen some-  
times weighing six or eight pounds, its  
ordinary volume resembles a capsule con-  
taining blood or grayish pulp.

Thoracic complication. This complication  
is more rare than the abdominal and

central affections. It may display itself in the form of Bronchitis, of inflammation of the pulmonary tissue, or of Pleuritis, in<sup>d</sup> great many cases the mucous lining of the Bronchi, is closely allied to inflammation, the stethoscope has made manifest a strong sonorous rale in this stage, which has totally disappeared on the breaking out of perspiration. Respecting the pulmonary tissue, the congested state of the lung which exists in the cold stage of ague, is as Dr. Stokes has intimated, closely allied to the first stage of Pneumonia, but we should not consider ague to be complicated with either Bronchitis or Pneumonia, unless the symptoms of one or the other of these affections were persistent through

all the stages of the disease, and perceptible in the intermission.

Diagnosis. Intermittent fever is liable to be confounded with hectic or remittent fever. Hectic fever may be distinguished by the irregularity in the recurrence of its paroxysm, by the frequency of pulse throughout the interval, the frequent want of gastric derangement, less on the tongue, and the serious organic diseases of which the hectic is usually a mere symptom. Remittent fever is distinguished by the continuance of fever during the whole interval, and it is sometimes very difficult to decide whether the case belongs to one, or the other.

Prognosis. In the uncomplicated form of intermittent fever without Malignant

tendency the prognosis is almost always favourable. simple cases are never fatal if there is a disposition to cerebral disease with the brain perhaps already softened, fatal apoplexy may be induced in the paralytic either from the nervous congestion of the cold stage or strong determination of blood in the stage of reaction. fatal effects from congestion and rupture of the spleen have occurred, secondary effects of intermittent may become very dangerous, which results from its neglect, as chronic enlargement of the Liver and Spleen and Dropsy. If the apoplexy is complete the more readily will the disease yield, the postponement of the paralytic of three or four hours or more at each recurrence is always a favourable sign, so is the appearance

of herpetic eruption about the lips and also  
nose. The cases which occur in Spring yield  
more readily than those in Autumn, the  
winter type is the easiest, and the Spring  
the most difficult to cure, but will kill  
Malaria.

Treatment. To place the patient in a  
good ventilated room, to move him from  
the side of the house fronting marshy  
land.

Signs. Yellowish colour of the face and  
skin, redness of the face and disturbance  
of the veins of the head during chill and  
heat. Shivering during the chill with  
palpitation of the heart, dry cough, full  
quick pulse during fever, thirst before and  
after chill, vomiting in the evening, confusion  
of ideas, and sleeping during the paroxysm



and anorexia.

Asenic. Face usually colored and puffed, drawing pain in the limbs during chill, burning feeling of the skin during fever, drowsy, prostration, scanty urine, night sweats, face red in fever, great thirst or none at all, attacks regular, mostly in the evening, ringing in the ears, confusion of ideas, gradually increasing until perspiration breaks out.

Specaculum. Great uneasiness, yawning, and prostration, previous to chill, with cold sweat on the forehead, thirst only during chill, nausea and vomiting during, or previous to chill, pain in the head and back, dulness of intellect, and prostration before chill.

Sulphuris officinalis. Thirst sometimes

before and during chill, paresthesia in the hands  
stiffness and paresthesia in the fingers more  
severe shaking than chill, vomiting after  
drinking and at conclusion of chill in the  
morning.

Paratyphus Album. Cold and clammy  
sweats on the forehead, nose and neck  
cheeks in fever, pulse very slow and full  
tongue dry, great coldness of the whole  
body, chill not very severe, vertigo,  
nausea, thirst before and during chill, fever  
with external coldness, urine dark colored,  
very profuse sweat with thirst and sleep.

Quinine. Intermittent quite regular in  
apoplexy, heat, sweat and thirst also when  
attended with spinal irritation, pain in  
the legs, high and lower extremities generally  
slight cramps, depression and oppression of

the chest, arises in connection with vertigo, and  
debility of intellect.

Chills decrease preference when there are  
obstruction in the portal circulation and  
disturbance in colon and caecum, congestion  
of the spleen and liver, such of blood  
in the head, pain in the stomach,  
after eating disturbance of the abdomen  
or flatulence.

Also as Remedies, Nutt. vomice, Puls, Ac,  
Bry, Bell, Phosphorus.