AN INAUGURAL DISSERTATION,
ON
Typhoid Fever
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.
BY
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Olephoid Fever.

There is no disease perhaps, common to this or any other country, about which there are more conflicting opinions among medical men relative to its nature and treatment than Olephoid fever; affording sufficient evidence to my mind that it is not clearly understood by the Profession; that is, that its pathology and treatment are not clearly and practically defined, as may be inferred from the various opinions of medical men upon this disease.

I do not expect to throw any new light upon its pathology, or claim to introduce any specific, any new remedies, anything original, enter-
ily credited by the opinions general of
the Preceptor. But my aim is, to
contribute something, let it be ever so
small, to the general stock of matter
that is in store for future investigation
which will ultimately define the nature
and treatment of this disease as clearly as any disease that afflicts the human
family. Will much talking, lecturing,
writing and in disseminating
knowledge upon this or any other disease
I answer, that if the matter be
practical, out of a rude map of ma-
terial the elements of this, or any other
disease may be found, that will
establish its nature, as clearly as any
immutable law of nature.
Themselves to experience, facts not hastily drawn from superficial observations, without discounting or much upon fanciful theories; matters in question would be more easily solved.

Paying over the general digestive portion of this disease, I shall come at once to those symptoms only, which I consider characteristic and invariable which are to be found in every case of typhoid fever, and then pass to its treatment. In doing this I shall be governed principally by facts which have presented themselves to me in the treatment of this disease.

My experience I know when compared with others is quite limited, but then its experience of more or
left saltant. Of the anatomical
character of this disease I can lay
nothing, never having performed a
post mortem examination. And as
to the nature of the fever, there
seems to be nothing more definable
in this than in any other fever.
The first invariable symptom, and
one that is always found upon close
examinations early in the disease,
and more particularly in its latter
stages, is a diseased condition of the
small intestines of more or less ex-
tent, confirmed as I believe to the
mucus coat of the bowel, from the
fact of the extreme susceptibility
to cathartic medicines, and from the
diarrhoea which is nearly always in
attendance from the commencement of this disease. But it is not always confined to the mucous coat, but extends to the muscular, from the constipation that sometimes exist, yet there being all the symptoms that constitute Typhoid Fever. I shall say nothing of the inflammation and suppuration of the glands of Beier; these glands are involved, but I think not from the beginning, this is only secondary, and not a primary symptom, brought about by the general condition of the bowel, and from the peculiar nature of the disease. This disease presents in many instances, all the symptoms of acute enteritis; and unless the Practitioner
new be on his guard. Such cases will be very apt to terminate fatally.

There is a marked peculiarity in this disease which distinguishes it (not by the ordinary symptoms, but by actual experience) from all diseases purely inflammatory of the mucous or muscular coat of the bowels, which is a tendency to debility - a hybrid condition, which if he use any of the active antiphlogistics is sure to frustrate the patient before he is aware, beyond recovery. This condition of the bowels is generally very easy detected; either from the faint or diarrheal that exist, as if these be wanting, pressure over the abdomen especially in the ileac region is almost
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due to detect it. I say nothing of the tympanitis, and the gurgling sound heard in the iliac region, there are not always to be found. Another, and one of the most characteristic symptoms of this affection is, epiplontis. This is an invariable symptom according to my observation, and generally occurs as soon as the third or fourth day after the commencement of the disease. It is never copious, though I have seen it in certain pregnant females become alarming, requiring the intervention of remedies. This hemorrhage is generally slight, of an active character, caused by local determination to the head, and is to be distinguished from
That hemorrage which is liable to occur from all mucous surfaces in the latter stages of this fever, being a different pathological condition of the system, showing a total want of tonicity in all the vital functions of the animal economy, in which the machine is rapidly running down and will soon become moribund. If these two symptoms are wanting, I should hesitate to pronounce any case Sifilis.

There are other symptoms, such as eruptions upon the surface, supposed by some to be connected with a similar internal eruption; yet I have never been able to discover any connection between the eruption and the internal affection; nor have I been
able to detect, but in few cases then described, and these not before the thirteenth day of the disease. Another symptom, and one that leads me to a prognosis in many cases with some degree of certainty, is, loss of appetite—a lasting for all kinds of food. This is universally true, that whenever the contrary—an appetite for eating amidst the general wreck of the system, I look upon it as very unfavourable, indicating a general perversion of the nervous system; and in truth the pathological condition of the system is more serious, being that of acute gangrene, added to the other symptoms. Treatment. Much has been said in relation to the treatment of
This affection—whether it can be interrupted, cut short in its course; or
whether you use “inactivity,”
or the life rational “active remedies,”
or whether you employ remedies according
to symptoms, regarding always a certain
pathological condition—a tendency to debility. I am not led to no
particular method of treatment, but
rather prefer the latter. I am candidly
of the opinion though, that many
cases of this disease when taken in
its incipient or early stages may be
cut short, absolutely broken up by
proper remedies, and thereby prevent a
long lingering six weeks confinement and
perhaps death. In many cases
where there is diarrhea, thirst, dyspep
of the skin, no central excitement, 

do generally begin the treatment with 

from the sixth to the fourth of a grain 

Dulphate Morphia added to four one to 

two grains Dulphate Quinine, given 

every three or four hours, as the nature 

of the case may require. 

A copious 

perspiration is produced after the first 
or second dose is taken which always 

thirst and fever, promotes rest, 

without exhausting the vital energies 

of the system too much; for I must 

say that I always look forward with 

fear to a lingering course in which 

mortality inactivity will be the only 

remedy. By a continuation of this 

course, with an occasional laxative, 

cataaplasm to the bowels, I have
been able in many cases to have the patient convalescent in five or six days; whereas I have been in other cases similarly affected under a kind of stiff saline osage powder treatment, run on to a fatal termination in from one to four weeks. It is not all the cases that will yield to this course; the Physician may not see the patient until after the period proper for the adaptation of the above remedies, or the brain or other important organs may be so involved as to contraindicate them. Colonel I regard as being posatively injurious except in a few cases, it not being adapted to the peculiar condition of the bowels.

The End