AN

INAUGURAL DISSERTATION,

ON

Syphilia Fever

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BY

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Typhoid Fever

This is a common febrile affection presenting a diversity of symptoms, having certain characters of recognition and in all its forms constituting one and the same disease. It is the ordinary Endemic fever of Europe and of those parts of the United States where none of the Miasmatic Fever prevail and it is found more or less mingled with Miasmatic Fever within its own limits. It is to be found in all the inhabited portions of the Globe in all ages of the Human Family being exempt from its ravages. The nomenclature of this Disease is very much unsettled and perplexing. It is the continued
Fevers of Waton the Centuries River
of West and many other names might
be added but having selected the name
mentioned in the outset the following
comments will apply to what is com-
monly termed Tephroid Fever.
This disease shows itself under various
forms and does not always commence
in the same way. It often happens
that for several days before the Disease
assumes its distinct and proper aspect
the patient is affected with certain
morbid symptoms which may be consid-
ered as premonitory of the Disease rendering
it difficult to mark exactly the comm-
encement. Tephroid Fever may occur
at any season of the year but is
more common in the spring and...
Autumn. It has been and is now
thought by some to be a contagious
Disease and many have been the facts
put forth in proof of the contagious
ness or non-contagiousness of this Fever
found in Europe and the United States.
Nothing is known of the cause of the
Disease. It is often generated when num-
brous are confined in ill-ventilated apar-
tments and their food being of an
unwholesome nature.
It appears to originate in prisons and
in hospitals not properly ventilated.
This Disease often occurs in those visiting
hospitals and it is a well-known fact
that young men coming from the
country into the city are liable to
be attacked with this Fever, while the
inhabitants of the place are more
safety far from its attacks than
others are also find many individuals
much more predisposed to it than
others. It is a Disease that is said
not to occur twice in the same person.
but numerous of cases are reported
in which it occurs a second time
in the same individual. It rarely
attacks persons above the age of fifty.
being more common between the
ages of thirtieth and thirty than
during any other period of life,
Every person that has a predisposition
to this form of fever will probably
be attacked before he reaches the
age of fifty, the cause of its freque
nency between the periods above

mentioned seems to be that the predisposition is more easily hindered from the great exposure at this period of life to the vicissitudes of the weather. These vicissitudes being amongst the exciting causes of the disease.

As to the true nature of the disease, we are yet uncertain as we are in relation to all other essential causes. When there is inflammation in theullet, it has a tendency to assume a low form analogous to Typhoons in the end. This probably owing to the debilitated condition of the patient caused by the long continuance of the fever.

It is our intention to give
The symptoms principally as we have collected them from the best authors, our own experience and opportunities for observation in this disease having been rather limited. The symptoms of Syphoid Fever vary as the Disease advances, and we will for the sake of convenience divide the course of the Disease into the first, second and third stages. We do not adopt this plan because the Disease runs its course in three weeks or in two weeks but the symptoms are somewhat varied.

Syphoid Fever often begins with a chill followed by the usual symptom of fever, but it more frequently
makes its appearance in an incurre-
ating, accursful manner and gra-
dually increases. The patient com-
plains of toxamia and t'neur
of the limbs with Headehe:
the tongue is coated with a thin
white film. The pulse is acceller-
ated to ninety or one hundred times
per minute; the skin is heated;
the appetite is impaired.
These symptoms may continue for
three or four days during which peri-
on, the patient may have small
rigors, alternating with jibeline
sensations. Though sometimes the
patient complains of no chill
This is the forming stage. The chill
of previously present now ceases.
and is not again experienced unless perhaps on account of the preciosity of some inci-
dental inflammation.

Diarrhea is a common symptom. Being according to Land almost
imperceptible varying from March
or different cases both in dur-
ation and severity. It is more
common and severe in long
continued cases than in mild
times. The number of discharges var-
ing from two or three days to twenty
shaking twenty-four hours.

The Diarrhea Commences at different
stages of the Disease, but rarely after
the second week. In mild cases it
makes its appearance generally late.
The Disease and sometimes is altogether wanting; in some cases it is protracted four or five weeks and in fatal cases late in the Disease. The discharge is involuntarily escaping without the knowledge of the patient. The stools resemble peasoup and sometimes an yellow containing also portions of streaks of blood. This however rarely obtains before the second week. Headache is another symptom that is generally present during the first week of the Disease, being as common an accompaniment of the mild as of the severe cases, but subsiding earlier in the severe than in the mild ones. We often mark the,
commencement of the disease by
headache, the pain being generally
confined to the front head and the
temples, its severity being greatly
increased during the febrile exacerba-
tions. Epistaxis is quite a common
symptom of this disease. It may be
met with at any period of the
disease and is more frequent in
grave than in mild cases. The quant-
ity of blood sometime is very great
and others it scanty.
Having now gone through the first
week, we will examine the char-
acteristic symptoms of the second.
Symptoms as the first symptom
brought into notice in the second
month, which however may be sometim
noticed during the first week but it is more properly a symptom of the second. The delirium varies from slight to extreme-greatness of the abdomen. Delirium is another symptom making its appearance generally during the second week of the disease. Sometimes being very great, it most commonly noticed in the patient after being aroused from disturbed sleep. The Delirium at first is only present during the night. The exacerbations of the fever greatly increasing it, so much so that the patient will sometimes endeavor to get up and if not restrained and halted about the room declaring that he is well. He is troubled by visionary objects; is continually
Picking at the surrounding things and it is populated with the imaginary objects around. The muscles of the face are twitching or we have substantial tenderness. The patient is now dead and this is the time when she sinks into a deep coma from which she may be aroused by loud speaking. She now slips or slide down on the bed. She next we propose noticing on the eruptions that make this appearance during the second. They are rose coloured and are first discovered upon the abdomen and chest sometimes however being seen upon the back but less commonly than upon the abdomen and chest. These spots appear in crops or patches
Varying from half a dozen up to fifty in number. According to some toxics these spots will vanish under pressure while others continue that they are not affected. They are circular in form, scarcely raised above the skin, and in Brunettes they often escape notice. The next and last we will notice are the Indiana which make their appearance about the last of the second week. They are transparent, circular vesicles varying from the size of a pine head-up to a quarter of an inch in diameter and cannot be seen unless in an oblique direction. These Indianas are of short duration generally disappearing after the third
or fourth day. It is about this time that we notice sores upon the teeth and lips. The tongue is of a brown color and gashed across its middle. The pulse is more rapid and frequent. The symptoms of the third stage are as those of the second being aggravated or abated according to the nature of the case. The diagnosis of this Disease is difficult at the beginning especially from Bilious fever when it is inclined to assume the Typhoid form. In Typhoid fever we have diarrhoea, headache, and appearance of the patient, and after the first brush we have Sympathetics. Bellirium, red coloured Eruptions and the
The glands of Kefir are morbidly enlarged, this enlargement commencing near the terminus of the ilium and extending upwards. The mesenteric glands are sometimes enlarged and also softened, the liver, spleen and lungs are affected, and thickening of the mucous coat of the intestine with softening of the heart-take place. The mucous coat of the pharynx is changed also that of the esophagus.

Treatment: The treatment of Typhoid fever varies as the case advances. In simple forms of the disease, very little treatment required. Give some mild casting...
use castor oil to evacuate the bowels, if there be diarrhoea as is generally the case we may give twenty or thirty drops of laudanum along with the oil, and if the diarrhoea should become too protracted, give opium until you check the discharge. The patient should have at least one full evacuation daily and if he becomes constipated, the exhibition of one salicylic powder be of benefit by correcting acidity of the stomach if any is present, and evacuating the bowels. If the stomach should be irritable and the patient is unable to retain the medicine given, we may affect our object by Ernesta, which should be mild.
After evacuating the bowels, our first attention is to the fibrin symptoms. If the patient is seen early in the disease and the pulse is full and strong and there is determination of blood to the brain, we may take blood from the arm. This should not be carried too far and should not often be resorted to.

After the third day cups and leeches may be applied to the head and if the pulse remain full and the skin dry, the Jeffreying or dried may be given. Throughout the disease, hanging the face when hot and dry will often alleviate the fever. The gastric symptoms may be treated with cups Lucas and Warm
catastrophes, during the second day
the tongue and skin are dry. The
fevers more frequent but not so full.
with gymnastics we may administer
Calsin to unlock the secretion
of which small doses are prepared
of 8:6 the mass are give one grain
every two hours until fitsalisms is
produced. Camphor may be given to
relieve the flatness. Ammonia also may
be given in doses of four or five
grains. Should the symptoms not
yield to the mercury, we may ad-
minister the All of Surantaine in doses
of fifteen or twenty drops.

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