AND

INAUGURAL DISSERTATION,

ON

Typhoid Colio Rectitis

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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OF

Ala.

1855-7

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Syphilis, Molo. Neculis.

This disease from Many Considerations claims our attention as much, or more, than any other disease common to our Country at the present Time.

In the first place, from its Malignancy and great Lødality in the regions of Country where it has prevailed, and in the second place, from the great variety of remedial agents urged upon the practitioners for its Cure, by the more pretenders in Medicine, thirdly, the great diversity in the treatment instituted for its Cure, there are a thousand or more specified, offered. Every one you may chance to meet when the epidemic is raging, has his Specific, which has cured its Number. And strange to say, that some of the professors who claim to be doctors, and who assume to themselves the distinguished honor of supporting the dignity of the profession, will stoop so low
as to resort to; the use of many of the quack medicines that may chance to meet his eye in the publications of the day.

Thus we find the patient's doom is to go through a thorough drenching with such medicines as, Puris Davis', Pain Killer, Badaway's Balsam, Jacob's Cordial and a host of others that would scare my patients to speak of.

There is quite a diversity of opinion in regard to the proper treatment of the disease among the respectable medical men. Some contending for a salve treatment others for a mercurial and others for an astrigent with Opium.

It is not my purpose at the present time to discuss the different modes of treatment, I will leave this for those who are more in the habit of writing than myself.
I am aware of the great fatality of Typhoid Fever, having met with as many as those epidemics, and participated in the treatment of the disease in its various grades. I now propose to give the different character of the disease as I have seen it in the above epidemics and the treatment that seems best adapted for its cure.

This disease usually makes its appearance with diarrhoea and griping pains in the bowels. The patient complains of languor and delirium, the tongue coated with a white or yellow film, skin dry, with exacerbations of fever. These symptoms continue but a short time before the genuine flux discharges commence, which is mucous streaked with blood.

As the disease proceeds, the actions
become more frequent and the terminal
more severe, with an increase in quantity
from the bowels, consisting of Mucous and
blood. The blood at this time largely pre-
dominates, whilst the Mucous tends to
decrease, until the stools then almost
easily to consist of pure blood.

At this time the febrile symptoms
seem to be more fully established, the
fever increasing towards evening, pulse fre-
guent and small, ranging from 115 to 120,
tongue more dry and rough down the
middle, thirst increased, actions from
the bowels more frequent with severe ter-
mina.

The Stomach seems but little distur-
bled, in some cases there is at times Nausea
Vomiting, with slight pain on pressure
over the Epigastric region.
The spleen. This organ seems to be more or less implicated; in the majority of cases, there is engorgement and tenderness on pressure.

The liver. This organ is generally drained in its actions, being more or less torpid throughout the whole course of the disease.

The kidneys. These organs are disorderly, their secretory functions partially suspended, the urine high colored and scanty.

At this stage of the disease, the symptoms become aggravated, the tongue assumes a dull brown appearance, with spots on the gums and teeth, and a tendency to prostration of the general system, with tympanitic of the abdomen. As these symptoms proceed, the discharge from the bowels become very fetid and somewhat charged in character, a lighter color from the admixture of fecal matter with the blood.
If the disease progresses the tongue becomes very dry and cracked in various directions; the patient swallows with great difficulty, and if he takes a liquid of any kind it only relieves his thirst for a short time. Then some symptoms of delirium may ensue, with hacking cough showing a lesion of the lungs. The evacuations still frequent and extremely fluids.

The pulse still frequent ranging from 120 to 140, though feeble at this time the patient begins some anxiety when advanced, the symptoms still growing worse, the extremities become cold, the surface generally bathed in a cold clammy perspiration, the stools become involuntary; the pulse at the wrist begins to give way with all the internal signs of impending dissolution.
These are the symptoms common in typhoid fever as I have observed them in a number of cases in the epidemic spread of this disease modified by some cause in the early part of the malady.

In relation to the cause of typhoid fever, there is various notions, from the fact that it makes its appearance in a complicated form.

The typhoid symptoms making their appearance first, and then followed by agenstic, and the patient complaining of malaise of the general system, forces one to conclude that the cause is the same that produces this disease that produces typhoid fever.

Hence I regard the disease in its essential elements, typhoid fever, with the agenstic symptoms as a complication.
Diagnosis

This disease may be readily made out from the general depressed condition of the system—a weak and frequent pulse, delirium—with the characteristic symptoms of dysentery, such as gripping pain, tenesmus, mucous and bloody stools, which may be regarded as certain signs of this affection.

Prognosis.

In making a prognosis in the above disease, it would be generally unfavorable in the majority of cases.
Treatment.

I approach the treatment of this disease with some degree of reluctance, knowing the character of its symptoms and the difficulty the physician has to encounter in its treatment. Typhoid fever alone must be regarded a formidable disease, and when complicated with smallpox, must necessarily make it a disease of more serious import to treat.

The treatment in the first stage is thus be diarrhoea for some time previous to its onset and commencing a torpid condition of the liver and commence the treatment with the following pill:

Blue Mallee 18 grs.
Salm Camphor 20 grs.
Decocitised Opii 2 grs. Make 8 pills.
Give one pill every three hours, the patient rising at the same time mild laxative drinks.
I also apply stimulant poultices to the bowels, and give a purgative every three or eight hour, in order to evacuate the contents of the whole alimentary tract.

This pill is continued until there are signs in the discharge of bilious actions, showing a decided impression on the liver.

When I have attained this object, I continue the pill at long intervals in order to keep up slight actions from the bilious organ. After having produced the above effect, I add to the treatment the following prescription:

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\text{Rp Spts. Tarmiphine. CXX. qtt}
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\[
\text{Aga Mentha Pip. V 3}
\]
\[
\text{Sudanum. LX qtt}
\]
\[
\text{Spts. Lavender. 3 i}
\]
\[
\text{Misev. Sop. Sugar & Spring water 3 i i}
\]
Of the above mixture, 3 give from one to two teaspoonfuls every three of four hours until the flux symptoms have subsided or rather degenerated into a diarrrhea, which they do in many cases in four or five days.

When the disease assumes the form of diarrrhea, in the course of the flux, I suspend the mercurial and resort to a pill composed of the following ingredients viz. 1 oz. gum camphor, xx grs.

1 oz. denatured opium, v. grs.

1 oz. aconite, x grs.

Make 10 pills. One of the above every four or six hours according to circumstances, continuing the tincture mixture as before directed if there be no indications that forbid its use.

This treatment I continue,
with the warm bath to the retromental mucous
slaginous drinks, and subcutaneous appli-
cations to the abdomen.

Should the patient have great
stink, he may be allowed the effervescing
draught, composed of Carbonate of
potash and Citric Acid, or a dilute
solution of Sulphuric acid.

In order to correct the excess,
flux of the stools I give from 20 to 50 drachms
of liquid Chloride of Soda every hour
or five hours.

In the event the above treatment is
not likely to mitigate the symptoms of the disease,
and the patient seems to have a tendency
to prostration and collapse with all
the symptoms aggravated, a weak and
frequent pulse with large watery stools,
swell to mind, the following Pill May
be given, viz.

Opium - x q.s.
Acetate Soda xx q.s.
Gum Arabic - x q.s. Make 10 pills

One of these pills I give every three or four hours, watching their effects, and if signs of Narcotism come on, withhold the pill, or give them at longer intervals.

In connection with the above treatment, a large blister should be applied over the abdomen, which I have known often to have a very salutary effect in removing the tympanitic distention and allaying the liver toning.

At this time, enemas of Starch water and gum opium should be frequently used in proportion of 2 grs of opium, to the ounce of Starch water. The opium should be thoroughly saturated
in the starch water before it is used.

The quantity thrown up by the victim at the time, I conceive to be a matter of some importance, therefore the least quantity you use the better in order not to irritate the bowels by distending them.

Thus unless it direct to be thrown up the lectum after every third or fourth evacuation, unless there are indications that forbid their use, at the same time continue the use of the turpentine according to the formula given at page

With the above treatment,
I give freely really of port wine or French Brandy to support the system and ward off the Collapse. Should I find after trying the stimulant and watching its effects, that their use is fully indicated I will continue its use but if I should find after
trying it that there are symptoms of thirst
and expectoration of the phlegm, it should be
abandoned.

If the lungs become implicated, and
on examination we find there is any lesion
of importance, we should treat it locally,
with poultices or blister, which will be likely
to allay the irritability of these organs,
if we can keep the bowels controlled.

In connection with Murcolemma
drinks, the patient should use a diuretics
to act on the netron the secretions of the
Kidney. Upto Now aules is sp 3 doses.

Should I be so fortunate at
this stage, as to arrest the disease in its
progress, which may be told by
the thickening of pain and frequency
in the evacuations, the coat on the tongue
slipping off and leaving it macerated.
quantity of the patient the following pill may be given viz.

By Sub quinuæ 31

Gum camphor 3 fl. Make strong

pills. One of these should be given every

three hours with the branys. Still continue

the astringent occasionally to control

the frequent actions from the bowels.

These pills I continue every three

or four hours until I am fully satisfied

my patient is convalescing, directing

that the patient keep perfectly quiet

and never make an effort to get up

alone, until his strength is regained.

Wm. E. Harnavey.

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