AN INaugural dissERtation
ON
SYPHILIS.
Submitted TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.
BY
BENJAMIN LEWIS HOLLAND
OF
FRANKOPOLIS, GEORGIA.
1857.
MEDICAL JOURNAL OFFICE,
NASHVILLE.
Typhoid Fever

This name is objected to by some as it implies other febrile affections. The English Authors confound generally this title, with proper Typhus fever. Typhoid fever runs its whole course sometimes without having any symptoms of Typhus fever.

The intestinal affection is as characteristic of this fever as anything can be. It presents considerable diversity of symptoms having a recognizable character and constituting one and the same disease. It is common in Europe and the United States. The probability is that it belongs to the whole human race. Its identity in these forms was not understood until the researches of Louis Pasteur, who, by determining its anatomical characters in connection with its exterior...
Typhoid Fever

character - give us the ability of knowing it in any form. Typhoid fever begins sometimes by a chill followed by the usual symptoms of fever and at other times, comes on dexterous and increases gradually so that it is nearly a certain fact that an individual can not tell the commencement, he feels uncomfortable, perhaps of lassitude, little head ache the thin heated, feeler, quelled, quelled. The Tongue if looked at will be lengthened and red around the edges with little fur on the middle. These symptoms continue slowly for several days and even a week, before the patient feels sufficiently ill to take his bed, sometimes the patient complains of no chill whatever. When the disease is formed the chill or regimen cease entirely and never return unless at some incidental inflammation.
Typhoid Fever

There are frequently during this beginning stage some looseness of bowels amount often to diarrhea and this is not the case. Cathartic medicines produce more affect than usual, even in small doses. The disease being now formed, expresses the symptoms of ordinary fever, frequently of pulse, heat and dryness of skin, pains in the head, nearly a loss of appetite and thirst and constitution debilitated. Pulse in robust persons not more than ninety or one hundred. But feeble persons it ranges from one hundred and five to one hundred and twenty five. The blush in the face is purple tint, greater than in other fevers and after that spears off, theirs is a dusky hue on the countenance. The symptoms continue the same for several days, pulse becomes frequent, and the tongue begins to coat itself with thick
few and red at the tip and border after the disease is thoroughly set up in the intestines; a cough begins either dry or with a slight mucous expectorant, urine scanty and dark colored. The patient begins to find out that he is very sick. These symptoms follow to the tenth and eleventh day. The symptoms of the disease now seem to be aggravated. The tongue, before little moist, now becomes dry and the patient can not swallow without a great deal of difficulty. Small expectorations can be detected under the chin, called indigmina, one side of the face cool, the other warm and if you examine the abdomen closely, you will find small splashes scattered about over it, sometimes extending up to the chest and likewise subcutaneous hemorrhages.
ringing in the ears and followed by deafness, the patient becomes somewhat delirious and remaining in one position so long that eschars are produced on the back, when convalescence is to take place the tongue becomes moist and begins to clean itself around the edges, the patient pays more attention to things around them, emaciation is more evident at this time than before. But if unfavorable, the pulse gives away, gets slow and scarcely perceptible, abdomen distended, though some time occur and should it be a protracted case the tongue will become scaly and will begin at the middle if convalescence continues the tongue will become moist. But if the tongue gets dry it is a
Signs of aggravation of the disease. Sometimes the patient at this stage, seems to be improving and all at once the symptoms are aggravated, and the patient becomes delirious and violent pains within the abdomen, the extremities get cold. He has syncope, bowels constipated, circulation fleeting. The cause of this is that the intestines are perforated, and the liquid contents escape into the cavity of the peritoneum, causing it to take on inflammation. It occurs nearly always in the mild form of the disease and most universally fatal. This disease is a protracted one. Sometimes it will run the whole course in eight or nine days, generally about the fifteenth and twenty-first day, it has been known to terminate...
fatal as late as the seventh week.

Convalescence generally takes place about the twenty-first day. The mild form two weeks, the average duration of convalescence is from fifteen to thirty days. It is a self-limited disease, commonly recovers in nine weeks. The disease occurs just as slowly as it takes five to develop itself.

Anatomical character. There is hardly an organ in the body that does not take on inflammation in Typhoid fever. Inflammation of the organs is a characteristic sign of this disease, there are certain anatomical changes that take place, which are so seldom wanting, should be considered as essential as the peculiar pustule eruptions are of Small-Pox. Those which are considered characteristic of
Diphtheria fever, however, are the thickening, softening and ulceration of the glands of Peyer, it is regarded as a necessary post-mortem test of the extent of the disease. Louis deserves the credit of fixing its precise relation to this form of the disease. Peyer's glands have been seldom seen at the commencement of the disease, but have been examined at all stages from the seventh day. At first they are discovered to thicken, elevate and then lengthen, the longest diameter being in the direction of the intestines. Louis describes two varieties of them, the hard and soft. Those near the ileo-caecal valve begins first to ulcerate, and then they continue to go upwards. Those near the ileo-caecal valve are in
high state of ulceration, while the upper ones are just visible. After these glands are in a high state of ulceration, the surface becomes ulcerated and constitute one and the same ulcer. They generally spread and then the ulcers burst the muscular coat away and it penetrates the peritoneal cavity. Louis examining fifty-five cases found eight perforations. The opening is found in the middle of one of theseOLUTIONS and supposed to be done by the force applied in the bowels, the ulcers are not certainly fatal for post-mortem examination has proof that they have a tendency to heal, and also enlargement and ulceration of the mesenteric glands. These are other lesions met with in typhoid fever, nothing of the heart
Spleen, liver, and kidney and inflammation of the meninges of the brain. The blood is also changed, the fabric is diminished, the best pathologist say that the softening of these organs, is not inflammation but rather the result of a direct loss of vital connexion in the organs from debility.

The cause of this disease is little known although you will find it in prisons, where they are crowded together and the prisons not well ventilated, and may be found on board of ships, but these are not the only places, it visits the healthy places of the country even among the mountains. Generally you will find in wards.
This disease is not contagious nor does it prevail epidemically but it gets into the system just like malarial poison is receiving. The people are poisoned with it and not any person knows how the poison gets in to the system.

It was observed by Louis that persons over thirty seldom ever had Typhoid fever and that it generally played on young subjects, the liability decreased from thirty as long as life last.

This disease has been supposed to be a mere gastro-enteritis, but the stomach is hardly ever inflamed and dissection has shown a distinct difference between Typhoid fever and gastro-enteritis, by showing the disease...
State of Peyer's glands.

Diagnosis. The best symptoms of this disease are its slowness and deceitful mode of attack, dull expression of the countenance, diarrhoea at the beginning, inclination to epistaxis, bronchial rales after the ninth day, generally dryness of tongue, coma and delirium, Tympanitis of the abdomen, softness of the spleen, and other organs, the rose colored eruption called Erythema, duration of the disease exceeding that of other disease. It is very difficult to distinguish the difference between Typhus and Typhoid fever. Typhus runs its course sooner and deadly, if ever have diarrhoea like Typhoid
The eruption differs in Typhus from the extremities, while Typhoid occupies the abdomen and chest. The anatomical characters are different. Typhoid has disease state of Peyer's and mesenteric glands, while there is not any in Typhus fever.

Dr. Jenner states that the spots in Typhoid fever ascend while those in Typhus remain after death. Bilious fever may be known from Typhoid fever by its bilious vomiting and yellowish urine, duration short, dissection confirms the diagnosis in bilious fever, the stomach is inflamed and the liver discolors, while in Typhoid it is never the case. There is no disease of Peyer's glands.
Bilious fever, while in Typhoid it is a characteristic symptom. The most important symptoms of Typhoid fever are so visible to a practitioner's eye that it is not a very difficult matter to distinguish it from other fevers, but avoid a hasty decision and give the disease time to develop itself, for it is a difficult matter to decide with certainty, any disease at the commencement.

Prognosis, This disease is not considered fatal at all times, although the symptoms may be unfavorable. Yet, there is a chance of recovery, and there have been cases reported to have recovered after intestinal perforation.
Yet on the other hand no case how favorable it may present itself, can not be looked on with perfect safety, for all cases are liable to perforation, the prognosis therefore should always be cautiously given. The favorable symptoms are the tongue becomes moist and the patient noticing things around him. Among the unfavorable symptoms an constant delirium, a belief of the patient that nothing is the matter with him, sudden shifting of position, deep coma, profuse diarrhea, hemorage from the bowels, great prostration and frequency of pulse, retention of urine, and want of strength to get the tongue back when protruded. Some of these are bad symptoms.
Treatment of Typhoid Fever.

In the first stage desist from all active treatment, their is often diarrhea at the beginning or the bowels are easily acted on by cathartic medicines, if the bowels are costive give him liquidity powders or oil until they disappear, if the patient is in much pain give the Gastroviv with Salmacianum.

Nathan Smith says keep everything clean about the patient, wash him every day and put clean linens on him every other day if not every day.

I agree with Dr. Bowling in giving turpentine at the beginning, close of the turpentine mixed with gum Arabic 3 oz. 89, Compound pills of lavender 2 & 5 April of Turpentine 2 3.
Mix and give one teaspoonful every three hours night and day never wake the patient to give it to him.

If pulse full, strong, and languorous determination to any organ you should cup and bleed, but always abstain from bleeding as it must be remembered that the disease is debility, bleeding generally prostrates the system, and cause the patient to sink under the disease. Leeches and cups should be used to the back of the neck in cases of cerebral fulness and to the chest and abdomen when the symptoms of inflammation is indicated. Refrigerant diaphorics should be used. Dovers powders, Spicae canth and opium, if the patient
is restless at night give Dover's powder for it is essential that the patient should sleep. Should diarrhoea become exhausting check it by injecting with cold water and give opium. The nervous symptoms is often quieted by giving camphor. Cold application should be used in cases of excess heat of the skin, and the patient should drink cold water at liberty. Tarantula has been found advantageous in all stages of Typhoid fever especially the third week. If the tongue cleans itself from the middle towards the edges and after cleaning help moist convalesce has commenced, but if the tongue becomes dry, increase
of tympanites, and no abatement of other symptoms, these symptoms are best met with the turpentine as they occur from ulceration of Peysers glands in the ileum, turpentine acts as a stimulant and chiefly as an alternative to the ulcerative glands in the intestinal mucous membrane, at the advanced stages of Typhoid fever, stimulants and tonics is considered essential, when the pulse is slow and pulse, skin cool, the tongue and teeth crusted with dark spots, stimulants has been found to a great deal of good, should the stimulants increase the heat of the skin and a frequency of pulse, augments delirium, it should be omitted.
but should they relax the skin and relieve the nervous disorder, they should be considered as acting favorable. Pure brandy is the best stimulant; epistaxis, plug the nose with a cloth cigar, give large doses of quinine when the intestines are perforated. If there is retention of urine, draw the water with a catheter, should strangury be produced by turpentine, it is a favorable sign.

Regimen should be looked after. Give him enough nutritious food to keep up his strength. Dr. Bowling says give the patient butter milk as he can drink it. The bowels should be opened every day. Exhausting sweats at night, should be treated with Quinine.

the patient should be guarded against excessive indulgence in his diet and should be restored back to his strength with perfect quietude.