AN INAUGURAL DISSERTATION
ON
SYPHILIS REVER

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In choosing Typhoid fever, as a subject for discussion, I have consulted, rather the advantage accordingly to myself, by fixing more permanently in my mind its peculiar diagnostic signs, than with a view of offering any new thoughts relative to its mode of access, course, termination or means of cure.

A disease that is becoming every day more common, and that is threatening to supplant the common measurative form of fever, (according to the opinion of some of the learned) should not only arouse the minds in the investigation of disease, but should awaken the attention of those master spirits of our profession, that can stand as sentinels upon the watch tower, ready to sacrifice their health, fortune, and even their lives to relieve the distresses and afflictions to which flesh is heir.

To Louis and Claude of France, especially the former, we are principally indebted for the first elaborate
description of this frightful malady. He did not rest satisfied with giving a mere description of its more prominent symptoms, which might be confounded with its kindred disease, Typhus fever, but he has shown the lesions incident to the disease that distinguish it from all others: thus shedding a light upon a subject which the brightest intellects had failed previously to unfold.

Our own country can also boast of a Smith, Jackson, Gerhard, Bartlett and Sutten whose labors in investigating this subject are scarcely excelled by those of the renowned Louis and Escholt.

The different appellations which Typhoid fever has received, has tended in no small degree to embarrass the minds of the student. Thus some describe it under the name of Enteric, Mesenteric, fever, Dittmer's enteritis, follicular enteritis, nervous fever, intestinal ulceration fever &c.; while some make no distinction between Typhus and Typhoid.

The mode of access of
Typhoid fever is not always uniform; occasionally it is sudden, but in a great majority of cases it is slow and insidious in its commencement. The patient feels some slight indisposition, slight headache, muscular dulness, loss of appetite, which is from one to six a day, will be followed by chilly sensations, occasionally by a distinct rigor. The pulse in the initial stage differing but little from the natural, except in frequency, becomes more frequent and fuller as reaction is established, but rarely ever manifesting much resistance on pressure.

Reaction in the majority of cases is not complete; heat is irregularly diffused over the body, the face and chest being warmer than other parts. Occasionally a bright red spot as large as the palm of the hand will appear upon one cheek, shifting in a few hours to the opposite one. On being called to a patient in this stage, and you rarely see him before, you will find him extended in bed, with a listless indifferent appearance, his eyes dull and gazing, answers questions indifferently, respirations easy, but interrupted at indefinite periods, by
slight hacking cough. The skin is hot, and has an unpleasant brawny feel, imparting a sensation of hardness; occasionally covered with perspiration, which may be slight or quite profuse. The peculiar odor characteristic of this disease is a mixture of the musty with the cadaverous, and is more marked in those cases when there is considerable cutaneous transpiration. The tongue in this stage is not much altered in the consistency or color of its coating, but will be found lengthened, pointed and protruded with a trembling motion.

As the disease advances, the various symptoms become more marked, mental labor augmented, increased muscular ability with subsultus tendineus, attention difficult to fix, passions rapacious from one subject to another, though entirely disconnected. Frequently he imagines himself from home, and is anxious to return, complaining bitterly of his friends not fulfilling their promises to take him home. In one instance I witnessed a severe and protracted attack in which the patient
retained the full force of her intellect.

Vigilance, an almost constant phenomenon, and greatly to the patient's disadvantage, favoring chanciness and muscular cedibility.

The abdominal
and digestive symptoms furnish the practitioners valuable signs in this disease. As a diagnostic sign, I attach more importance to the tumorous state of the tongue than to its different states of未曾 and moisture and the peculiar color and consistency of its coating. In the mild forms of the disease the tongue is but slightly altered, the edges being a little redder and covered with a whitish fur. In most of the cases that I have seen, the edges of the tongue were red and fissured. The center covered with a light brown fur varying in consistency. In two or three the coating was dark and deep. In three latter the process of cleaning commenced on the back part of the tongue and continued in flake, leaving the organ beneath, smooth, red and glossy, apparently without papillae. Nausea and vomiting are spoken of by most
writers as often occurred, I have seldom witnessed these phenomena, except in the advanced stage of the disease, then the matter thrown up exhibited great alterations from the normal state. The stomach will almost always be found tender upon the application of pressure, which I think accounts in a satisfactory manner for the slight dyspnea and cough. The descent of the diaphragm being interfered with,

Diarrhea is present in the greater number of cases; occasionally however, there will be constipation during the entire course of the malady. In some instances it will be the first symptom that arrests the patient's attention. More frequently its appearance will be postponed to the commencement of the second week, and occasionally as late as the end of the third. The nature of the evacuations are variable; generally thin, and yellow sometimes dark, mucus and slime, emitting a very fetid odor. Hemorrhage from the tube rarely occurs, except towards the termination of the disease, and in these the harbinger of
approaching dissolution. The abdominal
pain elicited by pressure upon the bowel
over the ileo-cecal valve is almost a pathognomonic
sign, especially when accompanied by a gurgling
noise. In one case that I saw this pain was
unusually severe for the first three or four
days, then disappeared until the twelfth day,
when all the symptoms became suddenly
aggravated. The pain rapidly extended over
the whole abdomen, accompanied with tympanitic
distention, evidencing intestinal perforation and
peritonitis. There is always more or less tympanitis
the abdominal pain is being rarely found
in a relaxed state

Examination in this disease
will be marked, whether there be much
diarrhoea or not. The skin upon the face
will have a slightly appearance like a
piece of stretched parchment.

The urine appears
but little altered. The secretion is generally
increased and of a lighter color than natural.
The catarrhal deposit is rarely observed even
in favorable terminations of the disease.
The cutaneous eruptions spoken of by most authors on Typhoid fever has escaped my observation in a majority of the cases that I have had the pleasure of seeing. I have found the cuticular rose-colored spots upon the chest, and abortion of more frequent, occurred than the sudamina. These latter, I think, rarely occur except in contusions initiated by confined air and unwholesome food. To attempt to delineate the anatomical lesions incident to this disease, would protract this humble dissertation beyond its proper limits; I will therefore content myself by giving an outline of the more prominent and important ones.

The heart is described, in the majority of cases, as being soft and easily taken down with a pale and flabby appearance; in consequence, I think of insufficient nutrition. The function of assimilation, being nearly or entirely suspended in this disease. The occasional weakness of the heart and aorta is thought by Sirius to be occasioned by the intimation of the coloring matter of the blood, which accords with relaxed
condition of the organs. The principle alteration of the blood, consists in a diminution of the relative proportions of the fibrin. I have noticed some cases, (so far as ocular inspection is concerned) in which there did not appear to be a deficiency of fibrin, but its intimate diffusion through out the mass of blood, giving rise to an odd coagulum, without the buffy coat, looking more like a mass of soft red flecks than blood. The alterations in the brain are not at all proportioned to the mental disturbances manifested in the disease. The arachnoid is occasionally found red, with effusion between it and the Pia mater. As in the heart, this state may result from relaxation and diminution of consistency. The most frequent alteration in the stomach is in consistency and color. The mucous membrane being red, soft and thin and the muscular coats also want consistence.

The small intestines furnish the most constant and characteristic lesion in this disease. That portion of the ileum in which are situated the glands of Peyer, can always be regarded, as possessing diagnostic
marks which distinguish this disease from others. The glands of Peyer will always be found in a state of congestion and ulceration. I have regarded this lesion as being so constant, that, if I should fail to detect ooziness in this region upon pressure, I should hesitate in pronouncing this case to be Typhoid fever. In a very early examination we might fail in the discovery, but in my judgment it would be a rare exception. The mesenteric glands corresponding to the glands of Peyer are uniformly altered, being red and thickened.

The glands of Brunner in the duodenum, and the solitary glands in the large intestine, as well as the sympathetic generally, present considerable alterations from the normal state. The spleen is increased in volume and diminished in consistency.

The only alteration in the liver as observed by Lewis was softening. The biliary secretion was natural.

Having given a hasty review of the more prominent lesions of Typhoid fever, it becomes necessary to say something with regard to its
cause, symptom, diagnosis and treatment.

As to the cause which develops this peculiar form of fever, but little is really known. Putrid vegetable and animal exhalations have alike failed to generate the disease as now. I entertain the opinion that the cause is a peculiar poison, which gains access to the blood. The entire organism soon exhibiting signs of its influence. The venous apparatus first then the muscular system, and then the glandular structures, especially those of Peyer and the mesentery.

It evidently owes its origin to civilization as it rarely occurs in newly settled countries. For this reason, I apprehend the disease is now prevalent in the Northern states. It appears to me also, that Typhoid fever becomes more common in precisely as the causes which generate malaria are removed; for we frequently see families living on the margins of streams or in the neighborhood of ponds affected exclusively with malarious fever, while those only a few miles distant will be seized with the Typhoid. There being but very few cases
of malarial fever in the Necho, while the Typhoid fever is endemic, furnishes strong corroborative evidence of the fact.

The duration of this disease will vary from eight to fifty days, being determined more by the nature of its complications and the nature of the cause, than the peculiar treatment adopted.

The diagnosis of Typhoid fever is more than usual in our country, between these latter days, since every disease of grave nature is looked to be gashed in its hallowings. In this country, Gastric and Billirious Remittents are the only diseases that may be confused with Typhoid. In some instances, the points of analogy are so very marked, that autopsies are the only certain means of diagnosis. Nor can I altogether persuade that the two diseases cannot exist in the patient at the same time. For we frequently see patients complaining for one or two days with slight headache, loss of appetites, mental languor resulting in a chill, which is followed by vigorous reaction.
and acquired pain in the head, subsiding
in a partial establishment of a crisis—gentle
perspiration being observed on the forehead only,
which pressure may be repeated for three or
four days.

When we subject such a patient
to the antiperiodic treatment, the chills
are removed, but we have on our hands an
apparently new type: a well marked case of
continued fever. The pain which hitherto
could not be produced by pressure on
the termination of the ilium, is now distinctly
felt accompanied with gurgling and
stomachic. The tongue is red at the
canals, fissured, and covered with a
dark or yellowish, tenacious fur, to which
will be added subacute tenderness, showing
great arrangements of the venous system.
This case is not amenable to quinine. But
in the contrary, the symptoms become aggrav-
ated by its administration. The case is now
a very surprising one to the young practitioner.
He is compelled to call it Typhoid and
treat it as such. Attention to the drained
Phenomena in typhoid fever, as they regularly appear, will generally lead to a correct diagnosis. The initial stage is much more protracted than that of malignant fever. The patient exhibits great avertedness to confinement, says he does not feel sick enough to go to bed, nor can you force him to do so for several days. But when he does take to bed, it is a hard matter to drive him from it. The reaction, which follows the rigor or cold sensation is very partial, and irregularly diffused. The face and chest exhibiting a flushed appearance, and imparting a burning sensation to the touch, while the lower extremities have a temperature scarcely above the natural. These cold sensations followed by reaction may be repeated two or three times during the twenty-four hours. But we rarely ever see any manifestations of the crisis, however, after the chilliness sensations and exacerbations may be repeated. Muscular ability is very great, the patient generally preferring to lie on the back.
The tongue will be found lengthened, red at the edges and protruded with a tremulous motion. The color and consistence of its coatings are not of much diagnostic value.

The gastric distress and disgust for food are not so great as in the malarious fevers. There is rarely any vomiting except in the decline of these cases, that terminate fatally.

The pain and gurgling sound elicited by pressure over the ileo-cecal valve, spoken of by most writers on this fever, I regard as symptoms sui generis of this malady.

The cuticular rose colored spots, and quinamin are not of much diagnostic value, as they do not make their appearance before the end of the second week.

Subsultus tendineus, a common symptom in this, and some forms of malarious fever, is a valuable sign, being manifested much
earlier in Typhoid. Diarrhea is almost always present in this malady; if not, there is great susceptibility to the action of purgative medicines.

Treatment.

The unsettled state of the medical profession in regard to the treatment of this disease is truly embarrassing. In France one drug after another has arisen, flourished and decayed, to be remembered only in connection with their bold instigators.

Thus various kinds of purgation, excessive bleeding and hyper-catharsis, have each flourished as specifics, but are now sunk into merited neglect.

In the United States like vacillations are witnessed. We have a Jackson theory, Smith theory, and a theory of almost every practitioner who has seen the disease. The most reasonable view to adopt, I think, is the rational plan of treatment, meeting the symptoms as they arise...
A disease so variable, and presenting so many complications, cannot be treated with a specific, or in other words, there cannot be any one plan of treatment applicable to all cases.

If the cause producing the disease is a poison entering and contaminating the fluids of the body, the solids must become consequently affected. The entire organism being thus arran-gerd, no one or two of the natural circumstances affect its elimination. The following plan of treatment will, I think, be indicated in the majority of instances.

The bowels should first be evacuated with a combination of calomel and rhubarb; if there is much inflammatory action, from ten to fifteen ounces of blood should be drawn. While there is much heat of the head and mental alienation the scalp should be shaved and cold
water should be freely applied. A gentle action on the skin should be created by a quaevis mixture composed of citrate of potassa, ipecacuanha, and sweet spirit of vitri. This combination fulfills two very important indications: allaying nervous excitement and inducing perspiration. Sleep can best be procured with small quantities of sulphate of morphia and sulphuric acid or where there is much mental excitement, aqua ammoniac, will best fulfill the indication.

If the tongue is constipated, recourse should be had to hyoscyania, aebledron, cold or tepid, as indicated by the surface. It will be found beneficial. If the tongue should become dry, showing a want of secretory action, mercury in small quantities continued until the organ becomes moist, is of vast importance.

If the tongue should commence clearing in flakes, leaving the organ red and glossy beneath,
The oil of Tarrectine promises more good than any other remedy: vomiting is very apt to be induced by it, if not sufficiently garsted by more palatable articles. I have known it discontinued on account of this unpleasant symptom. Professor Bowling of the Nashville University, recommends the article to be well inturated with loaf sugar, gumacatic and water, as follows.

Oliven Tinbirtinazzi i
Saccharum album zi
Gum acatic zi
Agua — f3i

given three or fours times a day until the nausea presents evidences of improvement. To control the elevation of the glands of Pezer and check the diarrhea, the oxtide of potassium contined with opium, and iodine ointment rubbed upon the abdomen seem to exercised a very beneficial influence exceeding, in some instances, our most argium expectations. Professor Bowling recommends, aubriteate of Bismuth in 20¿ on days.
If life seems to be sinking under the prostrating effects of the disease, the patient must be sustained by stimulants. Wine and brandy are to be used in small quantities, repeated at short intervals, and the body sprayed with warm brandy and water.

The patient should, if possible, be placed in a large, well ventilated apartment, and his clothing changed as often as every other day. In country practice where we have three or four patients crowded together in a small ill ventilated apartment, the chloride of lime or soda is an almost indispensable agent to correct and neutralize the offensive effluvia.

The complicated cases will require a modification of treatment according to the particular organs or organs implicated, whether it be inflammation of the brain, spinal nerves or the lungs.
nurishment is a very important consideration. The patient must be nourished with the handiest articles, vegetable gruel, and animal broth, properly alternated, will be found most palatable to the palate, and weak digestive processes of the patient.