AN INAUGURAL DISSERTATION
ON
SYPHILIS.
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BY
Lyman B. McKaveny
OF
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The following remarks will be devoted to one of the febrile diseases, which is very variable in its symptoms, but having certain characters, which constitute the same disease in its various grades and forms. 

**Syphoid Fever**

SYMPTOMS. This fever is so very insidious in its attack, that the patient cannot mark the precise time of the attack; he feels uncomfortable, with soreness of the limbs, and a great depression of the nervous system, which amounts to great lassitude, and languor, attended with a gradual loss of appetite. In the course of four or five days, he is seized with a chill, which is followed by more or less fever, which is marked with slight remissions for a few days but becomes more continued. The tongue has a slight white coat at this stage of the disease. After the chill, he complains of severe headache, and pain in his back and limbs. The face is flushed on one cheek and pale on the other, and if the face becomes flushed, the first turns pale, so it is thought, that one never have them both flushed at the same moment.
During the incipient of the disease there is generally some disposition to diarrhoea, and the mildest cardellhos when given, have a great tendency to purge, even in very small doses. Generally at about the eighth day the disease is fully formed and shows all the common appearances of fever: viz., a frequent pulse, dry and hot skin, loss of appetite, more or less, and thirst with a continual headache and pains of the limbs and back. In some cases the pulse is not more than 80 or 100 per minute, while in others it ranges from 110 to 130 or 140. In the former it may be full and strong and in the latter weak and compressible. The former will assist much in a favorable prognosis, while the latter condition of the pulse is very unfavorable.

Frequently there is restlessness with inability to sleep, some time pains in the limbs and back with headache are almost the only complaints made by the patient; and in this condition the symptoms are the same for several days with the exception of a gradual increase in the severity of the disease. The pulse becomes more frequent and weaker; the skin dry and heated; a dark face, with a livid or clayey countenance instead of the flushed complexion.
The tongue coats itself with a thick fur, and is dry and clammy with the tip and edges of it, at the same time, becomes thick and narrow, and the patient cannot be induced to spread out the tongue flat, because of the inability to do so. In a short time the fur turns from white to yellow and then black, and dry, which begins on the median line, spreading out until it covers a greater part of the upper surface of the organ, these conditions are accomplished by the ninth or tenth day. And about this time there is a tympanitic distention of the bowels, with pain in their accompanied if not before with diarrhoea. Frequently there is cough with diagnostic signs of pulmonary disease.

From the tenth to the fourteenth day, small red spots are to be seen upon the abdomen, also small white called subaemia, upon the neck and other parts. At this period the nervous symptoms become more prominent, the headache passes into delirium or stupor, with hardness of hearing, and the tongue is protruded with difficulty, and if the patient is not reminded for gets to draw it back. The disease continuing becomes more fully developed in its typical conditions. The tongue
Still remaining dry with compact encrustations firm and
festoons, which sometimes intersect each other, with dark
spots upon the teeth and gums, pulse becomes more
frequent and pubic, the skin hot and dry for hot and
cold on different parts of the body at the same time, and
trickling of the facial muscles and subcutaneous tendon
are present also. The patient now in delirium
speech incoherently, muttering half-formed sentences,
speaking to imaginary objects either on the bedclothes
or in the air or else he strives to get out of bed
declaring that he is well and not sick, and if none
of the above symptoms are present he may sink into
complete coma. Involuntary evacuations, and reta-
tion of urine take place, also hemorhages from the
bowels or nostrils, with petechiae upon the body and
then the gangrenous eschars are soon seen upon the hip
and sacrum, showing the loss of vitality in the skin.

When the disease is about to terminate
fatally, the pulse gives way, which first becomes
very slow and scarcely to be perceived, or else very frequent
and fluttersings and the extremities become cold, and the skin is bathed in a clammy sweat.

When a favorable turn of the disease takes place, the tongue cleans off, either gradually, from the tips and edges, which is indicative of a speedy cure, or else the tongue cleans off in flakes and looks very red and smooth, and if it remains moist, convalescence may take place slowly, but if the tongue should again become dry and coarse, which may be done time and again before the health is restored, under such circumstances the disease may become as painful as ever and an impending death will be near at hand if relief is not obtained. If the symptoms are not aggravated in the two conditions just specified, the pulse becomes less frequent and stronger, the skin regains its moisture, is cooler and relaxed, while delirium, stupor, or coma subsides or gives away to sound sleep. Hypostasis are no longer noticed. The patient, and neither pain nor irritation is felt in the bowels, while a desire for food returns. Sometimes while the tongue is free of its encrusted coat of fur, very fatal symptoms appear, which may have been caused by eating in moderation, or even exceeding; they are those of pneumonia, profound
sympathetic or through an ulcerated agency.

The duration of this fever is about three weeks, some
may be longer, others, some shorter.

Some few symptoms may be noticed as diagnostic signs.

Diarrhea is a constant symptom in the greater number of cases,
but occasionally wanting in a few cases, though the bowels are easy
infected by medicines, diarrhea occasionally exist before fever, but
more frequently comes on afterwards. The stools are generally natural
in color or rather brownish, sometimes tinged with blood or
actual hemorrhage from the bowels. The diarrhea is depended on irritation and inflammation of the mucous membrane
of the bowels, and the abdomen is painful upon pressure.

Sympathetic is always present, more or less in every case;
when very great, it disturbs the respiration, which is very injurious to the patient. Its cause is a collection of air in the colon,
while the smaller intestines are distended but little.

The vesicular eruption is frequently seen, it is rather
prominent, disappears under pressure, but returns, when it is
removed; the eruption is seen during the second week, though
varying in number of spots, the eruption appears in crops, the first
on the fourth day, while a new rash makes its appearance; it begins upon the abdomen and passes to the chest and upper extremities.

Subcutaneous transverse striae, and are seen upon the neck; they occur about the last of the second week.

Hemorrhage occurs in most of cases, from the mouth and frequently from the bowels; the former frequently becomes very troublesome and sometimes dangerous, the latter becoming not only dangerous but a sign of an unfavorable prognosis.

The nervous symptoms are always perplexing and very severe in nearly all cases. The first of these, is headache, which is dull and heavy rather than acute, and it usually gives away in the course of a week or two to stupor or delirium, and it is almost certain when they cease to exist.

Delirium is common and commences very early; it is known by the blank and detached expression of the countenance, a disposition to remain unmoved and speech when aroused; it generally terminates in stupor or coma. The patient is frequently delirious, tossing himself about in great restlessness and uneasiness.

Delirium appears in the second week but may occur earlier.
or later. It is generally mild in most cases, showing the want of a due amount of stimulus or activity in the brain, than an
invitation; it is more of a slow wandering of the mind, from
one subject to another, than an active delirium. The mind can
be made to act correctly on any subject by fixing the mind the
supposed. Sometimes the delirium is frantic and acts
violently in some cases. Sometimes it is historical with
imaginary cares and occupations. Hardness of hearing is very
common but varies much in degree.

The skin turns easy from blisters, and pressure, which
is said to be caused partly by the false powers of the cir-
venation, and the deranged powers of the nervous system.

Retention of urine is frequent, in advanced stages, the
sensibility being defective, the bladder is unable to give that
impression to the nervous centres, though acting on the nervous
vanes such circumstances the urine remains unvicharged.
the musculature becomes more and more dilated and as the dis-
tention increases, and the contractile power of the muscular
fibres, is more or less lost. When the mind feels the impression
or want to micturate. When there is complete insensibility
No examination is made by the unconscious mind, but if some sensibility still remains the patient refers it to the region of the bladder or the rectum. Involuntary retention of urine takes place under such circumstances.

Occasionally there is nausea and vomiting with decided gastric and hepatic symptoms as is shown by tenderness in the epigastric region and belching vomiting.

Frequently febrile symptoms are the leading characters such as pneumonia or bronchitis.

The brain is sometimes, though not frequent, the seat of all pain, delirium or stupor attracts the attention, while they may be associated with inflammation of the membranes of the brain, or else they may be the effect of a want of action on the brain dependent either on a loss of power or an altered state of the blood.

The continued fever and long duration, produce enteric inflammation in many of the organs. The glands of the legs are found inflamed and lubricated in all cases yet examined after death, which shows that there is something peculiar existing between the fever and inflammation.
The glands of Typhus have been found in a diseased state as early as the sixth day. At first, the patches are seen to be thicker and raise two or three times the largest being from one to three inches long, and about half an inch wide, they are situated in the ilium of the pneumatized and their longest diameter lying in the direction of the intestines.

There are two kinds in the same case, the hard one soft, the former scarcely ever ulcerated, but undergoing resolution, they look yellowish and white, and hard to the touch, and always found beneath the mucous coat, resting on the muscular.

The latter do not look white, nor elevated only when the mucous membrane is found thickened over them in the advanced stages of the disease. They do not all originate at once; the first that make their appearance are near the ileo-caecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain. The ileocecal valve, they mature and ulcerate, while others still remain.
The solitary mucus follicles of the diaphragm and mesenteric glands frequently show signs of inflammation and ulceration. The lungs and brain are sometimes found congested and inflamed, though they were not produced by the fever but only accidental, during its course.

The cause of epidemic fever cannot be well understood. It is thought to be some peculiar poison, existing in the atmosphere, or else, a peculiar condition of the system, which absorbs this peculiar poison, when brought in contact with it. An ill condition of health accompanied with fatigue and late hours at night, all combined, have a tendency to lower not only the physical but the nervous system likewise, which renders the victim more susceptible to the poisonous influence which no doubt is produced to some extent, by badly ventilated sleeping apartments, whether ships, hospitals, or other places of confinement, of large numbers of individuals. Buildings so constructed that air cannot circulate on the floor, is said to be a peculiar cause of this fever. It is found mostly to exist in the Mountains and high land.
though occasionally it is seen in malaria districts, 
New England is said to be its endemic home, yet 
an emigrant to any locality when it can. The 
peculiar effluvia upon which it subsists, which may 
not be the uncleanliness of any description, 
changeable weather, exposure to the sun and mental 
anxiety are exciting causes.

There is nothing definite known concerning its 
nature; it is supposed to have some relation to the 
exanthematic disease, on account of the appearance 
of urinary glands, rose-colored spots.

The slowness and insidious mode of attack is characteristic.

Terrestrial this fever diarrhea and emesis are frequent 
in most cases; the cough, with the dry brown or black 
tongue, with red tip and edges between the eighth and 
tenth day, are all sure signs of typhoid fever. The tympanites, 
sore throat, headache, delirium, delirium, stupor and 
paralysis, which always occurs, still more confirm 
the diagnosis. Typhoid fever is known from bilious 
constituent fever, by the shorter duration of the latter, and
More marked remissions; bilious remittent diarrhea.

Induration nor vesicular spots, and very little if any
swelling; while gastritis is a frequent symptom
of bilious fever, but never in typhoid unless accidental.
The glands of Peyer are never diseased in bilious fever.

Hemorrhage is never a symptom in bilious, but may
always present in typhoid; and may yield symptom.

The prognosis thought to be favorable; it cannot
be suddenly stopped in its progress, but it can often
be conducted to a favorable termination; and no
case should be looked upon as being beyond the reach
of remedies. The favorable symptoms are diminished
heat of skin, the pulse less frequent and stronger; the tongue
becomes moist and begins to clean off its dark colored gloss,
while the secretions are being restored to their normal
action.

In the beginning of all cases, there certainly can
be no objection urged against a mild cathartic. The bowels
are loaded with the foul secretions of the mucous membrane,
which give much irritation and is the cause of frequent

Stools. Therefore a small dose of castor oil or saline cathartie will act very beneficial, combined with two or three drops of carbolic acid if the bowels are painful.

It will not be to give tartar emetic for two reasons, first, because of its power of producing derivative, and secondly, it diminishes the relative proportion of the fibrine of the blood and must be remembered that this fibrin always decreases the fibrine of the fibrinon it cannot be rational treatment to diminish a drug which will produce the like result. And for the like reasoning we would refrain giving quinine as greatly diminishes the fibrin and produces much fever and delirium, which are two results we wish to prevent.

The main treatment should consist of hot fomentations and to counteract the same that produces the fever. The sick room should be thoroughly ventilated, the floor should be scoured every day and the walls ought to be white-washed at least once or twice a week. Hot fomentations should be kept on the room at all times. The bed and clothes should be changed every day, and clean linen put on the patient every day.

*With a damp or wet rag*
The patient should be washed or plunged with cold water, every day, over the entire surface of the body, it cools the skin, and lowers the temperature of the whole body. Where there is much tenderness or soreness in the hands, dry cupping, or large blister poultices may be applied to the abdomen, and continued for many days; they will be likely to mitigate the tenderness very much. It is probable, blister might be of benefit in obliterating pains and tenderness in the right iliac region, by counter irritation, but they should not be neglected when applied, for fear of serious ulceration of the blister surface. The blisters should not be allowed to become too exhausting; opium and sugar of lead should be used in proportion to the result arising, though moderate diaphoretics should not be interfered with, more than to mitigate the pain.

Nervous symptoms may be treated with narcotics, with the preparations of opium, poisons or snuffs may be useful in headaches or delirium.
The patient should be allowed to drink cold water whenever he desires it or to let pieces of ice dissolve on his tongue. Refrigerating drinks such as the quencher of thirst, small quantities of the suffering powder or soda powder with the essence of lemon or lemonate may be given every day, which will perform a double purpose, cooling and refreshing to the patient, and they will act as a mild cathartic also.

The oil of turpentine is an invaluable remedy in this disease, we have found none more therapeutic agent half so useful in peppermint fever as it is, but it cannot be said to be a specific in this disease though its action is very favorable to such a conclusion.

The oil should be given from the very commence ment to the end of the disease. It should be given in doses, from five to ten drops every four hours, mixed with gum arabic, mastic, and sugar.

Its mode of operation is not well known as yet, though it is thought by some therapeutists to bring about an elimination, through the action it has on the kidneys, of
some peculiar poisonous products of the disease. These latter in the solids or fluids of the body, thereby restoring the system to its normal condition, which is favorable to convalescence. It also exerts a beneficial influence by being thrown off out of the circulation into the vessels, coming directly in contact with the minute superficial glands, thereby stimulating them and producing resolution. And it acts also by its stimulating qualities, which supersedes the use of other stimulants. Strengthening produced by the use of terpentine is only a favorable symptom, and we should still persist in the use of the terpentine.

In retention of urine, the catheter should be used day after day, until there is no further need of it.

The debility, when it comes, should be attended to; stimulants are to be given in proportion to the debility in each individual case. Whiskey is the best stimulant, but it must be a pure article. Carbonate of ammonia is sometimes given also.
brandy or nothing else can be had. Opium is a fine stimulant in debility where there is no fever or delirium or when it does not augment such symptoms, but on the contrary dispel them, promote sleep and produce rest. The patient may probably be used in some cases.

Hemorrhage from the bowels must be treated with wine or sugar. But, with opium, but all remedies some times fail in this condition. Hemorrhage from the nostrils should be treated by plugging up the posterior and anterior ones, when the rest fails.

In peritonitis produced by perforation of the bowels, large doses of opium should be given, with perfect rest enjoined, but no indication can bring any advantage and but little hope for the recovery of the patient.

The patient should have a mild and easy digestible diet, such as vegetable jellies, and arrowroot, in the beginning, and afterwards farada and milk may be allowed more freely, and still later in the
disease, animal broths, as chicken soup, beef tea, and soft boiled eggs, or eggs beat up with wine. Must be given in proportion as the ability increases.

It is not necessary to give the treatment of the inflammatory disease, which accompanies typhoid fever, and are more accidental. They must be treated according to general antiphlogistic principles.