AN INAUGURAL DISSERTATION ON

SYPHILIS. HEVER

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Typhoid Fever

Although this form of fever has long been under the severe and acute penetration of enlightened and scientific minds, as always to direct its violence, or render it uninteresting either to the philanthropic practitioner, who sympathises with suffering humanity, or to the community at large, the most frequent subject of its invasion. Notwithstanding experience and research, from time to time has thrown so much light on the nature and management of this disease, as to enable the man of science to meet it with such weapons as generally to effectually overcome it, and make it succumb to the power of medicine, it nevertheless occasionally appears in
farmidable a shape, as to baffle his utmost skill, and render the best directed treatment abortive. After the most enlightened investigation of the subject, by the most learned of the professors for ages past, it would be more than presumption for any unaided by observation and experience of his own, but deriving all his information from the experience of others, to attempt to offer anything original: such is not my intention. But should I be able to arrange my ideas in such a manner, as to succeed in convincing the Professors, that their instructions has not fallen on little ears, or are inappreciable minds, and that I am not ignorant of the disease now under consider
disease. Occurring in all places, and at all seasons of the year, but often in the fall and winter, it makes its appearance more frequently where there is an impurity of the air, and where numbers are crowded together. The excretions of the human body in a state of decomposition is said to generate the poison, often due to its springing up in isolated cases where the air seems to be as pure as nature could make it.

The contagiousness of this disease has for sometime attracted the attention of the profession. It is now believed by a majority of the investigators not to be contagious. Age is said to have considerable influence over the disease, attacking those from the age of twelve to twenty five, often going
beyond this period. The contagiousness of this disease should be remembered by every honest practitioner, as he will sooner or later be called upon for an opinion.

This disease is said to prevail as an epidemic in some countries in the South and South-west. It is known not to be the fact, as we see numerous cases springing up in these places as if it was communicated from one patient to the other. This can be accounted for by the fact, that it only requires for the patient to be exposed to the poison and the system to be in a proper condition to receive it.

Persons once attacked with this disease need not fear of ever being attacked the second time. Although some have
supposed that they have seen the disease twice in the same individual. I do not think this is true, and shall believe that it was not the disease under consideration, but that the practitioner was deceived.

The complication of this disease are supposed to occur, however strong may have been the argument in its favour, yet it has not ceased to have its rivals. It is thought that there is a disease closely allied to the one that is now being considered. called Typhoid Fever. The recent researchers contend and I think justly that this is but a form of Typhoid Fever. If there be two distinct forms of this disease, their symptoms are so closely allied to each other as to deceive the most scientific observers. Some contend that it has been known to
end in an Intermittent, whereas this occurs it is from the fact, that the patient has been exposed to the cause that could produce each disease, and that the Dyspeptic fever has ended, and the patient is instantly attacked with the other, this has been known to occur frequently not only with intermittent fever, but in Measles, and Scarlet Fever. There may be a Malarial diathesis existing in the system at the time that the other disease is present.

There are quite a number of marked symptoms in the fever under consideration which should demand our candid attention. This disease generally commences with muscular, and mental debility. The patient cannot fix any definite period when the disease first made its attack. Sometimes it is ushered in with
a chill. and followed by fever differing from that of intermittent fever, there seems
to be an irregular diffusion of heat over
the body. The cheek often flushed and
heated while the other is cold. There
is not any desire for food; the appetite
having almost failed. The pulse if examined
will be found accelerated, numbering
ninety beats, gradually increasing as
the disease advances, up to one hundred
and two, and in bad cases as high
as one hundred and fifty. If the
tongue be examined, it will be found
covered with a white fur, or a glazy
appearance. Fitted and thickened, often
of a dark brown and sometimes
nearly or quite black, with fisheyes
over it; this coat will fall off and
is soon renewed by another. This
seems to be a peculiarity in the
Tongue of patients laboring under this disease so much so that some have supposed that they could diagnose a case by this one symptom. Cough of a barking nature is often present in this fever with scarcely any expectoration. Diarrhea often makes its appearance about the commencement of the disease. The discharges are very offensive followed frequently with hemorrhage from the bowels with grunting pains. The hemorrhage is often so profuse as to jeopardize the life of the patient. Hemorrhage from the nose is a characteristic symptom, the discharge being so great as frequently to cause death. A peculiar swelling of the abdomen, called tympanitis, is seen to occur, the bowels being so distended as to preclude ...
upon the diaphragm and cause respiration to be interposed in it. The
cause of this disturbance is a collection of gas in the large intestines.
A pressure is made on the iliac region
a gurgling sound will be felt very
distinctively, when this gas can be dis-
carged it is known to be of great rel-
ief to the patient, and will generally
recover.

Sulphuric or minute vesicles are to be
seen making their appearance
upon the neck and chest about the
fourteenth day. They are merely or
quite transparent and when rubbed
with the hand are easily ruptured.
A very unfavorable symptom is to
find the patient in a comatose state
and an being aroused and interrogated
as to his condition will insist.
that he is not sick but entirely well. This is known to be a very unfavorable symptom and nearly all die that are thus attacked.

Spasms of an apoplectic nature often attacks the patient. He will get out of bed and walk about the apartment, and seems astonished at his whereabouts when his proper consciousness returns. Tenderness in the right side region is seen when Impure is applied caused by the gland of Peric being diseased; in some instances causing perforation of the intestine; the contents of the bowels being forced into the peritonitis, causing the patient to die from acute peritonitis. A cold clammy perspiration with a chill that lasts sometimes occurs in the latter stage of the disease, when
The patient seems to be doing remarkably well and instantly grew worse; it is known that all die when thus attacked.

Cerebral disturbances are not absent as a general thing, in some cases very mild in others of an aggravated form, with pain in the lumber region and legs.

There is a number of symptoms often present which time will not allow me to consider fully, but will give only name them; such as Subsultus Tentinum. Retention of Urine. Hoarseness of Hearing, congestion of the lungs, disease of the Parotid gland and Sloughing off of the Skin. Etc.

This fever frequently runs its whole course without producing any alarming symptoms. Others suffer
severely and yet recover.

The duration of this fever is from three to six weeks, mild cases generally terminate in twenty-one days. The prognosis is favourable if properly managed with judicious treatment, still there is symptoms already mentioned that is known to terminate fatally, but some recover under the most unfavorable circumstances. It was thought formerly that one in every four died that laboured under this disease, but this is known not to be the fact now when we have so much light upon the subject. The diagnosis is not always easy but it seems clear to my mind that if the above symptoms be present, that the diagnosis would be easy; still if doubts should be
Entertain: energetic treatment should be withheld until the disease is fully
formed.
However much that has been said and various plans of treatment employed
yet the fatality of this disease has been great, and not until a recent date has science made progress enough

To adopt a successful one; still it is known that there is no medicine
that acts as a specific, and that the
disease is a self limited one; there-
fore the practitioner should be guarded
in this treatment.
In the commencement of the disease
if the bowels are castive a mild
laxative should be given; enemas are

very beneficial to unload the bowels.
Emetics might be given if the stom-
ach is loaded; they should be mild.
and not irritating or such as would produce gastric disturbance. Diluent drinks should be given freely if there is much. Especially should they be given if the patient demands them. Sialitiz powders seem to act finely when there is dysentery and should be given every three or four hours, according to the amount of discharges. Enemas of starch and water or cold water alone are valuable remedies, astringent injection should not be given as they do harm by causing an accumulation of foetid matter in the intestines thereby producing irritation. It seems to be an effort of nature to throw off the morbid matter of the body and should not be interfered with. The patient should be restricted with...
deep and water every day in the
summer and every other in winter
followed by clear liquor for the patient
at and bed.

When there is profuse hemorrhage
from the nose as to endanger the life
of the patient, external means should
be employed; if these should fail plug-
ing the nose should be resorted to.

Warm applications to the abdomen when
there is gripping of the bowels, are
highly indicated. They should also
be employed when there is pain and
tenderness in the right iliac region
and in cerebral disturbances. If retent-
mion of urine occurs it should be
drawn off with a catheter when
there is a scarcity of urine diuretics
are highly desirable, also if the skin
be inactive, diaphoretic should be employed.
When cough is troublesome a small quantity of the elixir opium given at might do good in allaying cough and procuring rest for the patient. The main reliance in this fever seems to be the Oil of Turpentine, given from the commencement of the disease until it ends. The prescription of Professor Bouling is a good one consisting of Gum arabic mucilage three drams and a half, Comp. Pl. Lavendar Oil of Turpentine each two drams given as indicated.

Mercury Subacquah and bleeding are of but little service and are never indicated as they do them no harm.

When perforation of the bowels takes place, Opium is the main reliance, and persevered to a considerable extent of digestion should become obstructed.
The patient should not be abandoned but nourished by the cook. Nutritious food of easily digestion should be employed through the disease and mild stimulants should be used in case of debility.