AN INaugural Dissertation
ON
SYPHILoid Fever

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

1851.

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
Nashville, Tenn.
To

W K Bowdler M.D.

The following dissertation is most respectfully inclosed as a testimony of high respect for his labors on the subject of French

and

as an acknowledgment for his assiduous efforts in the advancement of pupils under his tuition.
Typhoid Fevers

No subject in the wide domain of medicine has received more attention than that of Fevers, and none, after years of study, presents a more fertile field for investigation. Hypothesis has led the medical minds at random, conducting them into difficult labyrinths only to be extricated by getting into others still more intricate.

But a brighter day is dawning, the cloud which has so long obscured Fevers, is just being dispelled by the close examinations and investigations of modern philosophers, from which will result a more just view of the disease and a more rational treatment.

Typhoid Fever, a form of the general Fevers, has received more attention in the last few years than any other. It does seem to be taking the place of our miasmatic fevers and of our bile in the opinion of many physicians of the present day. It is
very nearly the only disease met with
30. common has the name become that
the Bums now seem to know it and
dread, and the Doctor who is so fortunate as to overcome the monster must
surely rise. Now it is our opinion that
many cases of Typhoid Fever exist only
in the pretended imagination of practitioners
and many are so called to answer their
selfish purposes; yet it is of sufficiently
frequent to claim our whole attention.
We choose this subject for an inaugu-
ral thesis, not with a view of throwing
any new light upon it, but merely
that we may prove—
Typhoid Fever was long ago very accu-
ately described by Hourani, Hillard,
Foraya &c others, but was first minutely
investigated by the French pathologists
Lais, Cheval and others. They not only examined
into the symptoms but went into the
peripheral anatomy, causing P. Louis contends
for its distinct separate and specific na-
ture, depending upon an inflammation
and ulceration of the glands of Peyer and of the mesenteric glands. While the British pathologist, absent that it is only a modification of Syphilis or the intestinal changes are only incidental. Our authors generally taken sides with the French Jackson, Gerhard Stewardson and Bartlett believe it is precisely the same. Dr. Bartlett has written at large on the subject and to him are we greatly indebted for our knowledge of the disease. This term can boast of as many names as any other; each author appearing to think fit of the utmost importance that it should possess a name given by himself. It has been called Théïtis, Théïn-sentitis, Follicular entitis, Fraxon, Simons. As the French pathology has been generally received in the United States, so has its proper name, Syphilis Simons.

The disease makes its onset very insidiously. The patient complains of feeling unwell for several days suffering from headache, dizziness,
great muscular weakness, anorexia, thirst and diarrhoea. The extreme prostration and loss of strength are almost pathognomonic. The diarrhoea is not generally urgent, the patient has two or three large liquid evacuations during the day without any nausea ended with pain. These symptoms are usually followed in a short time with a chill, which is uncertain in its duration. Sometimes this chill occurs daily at other times twice a year. During the same day, after the chill has passed off, we have the febrile reaction, increase in heat of skin, frequent pulse, thirst, headache, throbbing of the temples. The skin is usually hot and accompanied by a pungent smell in the touch. It is here found that the actual heat is not so great as it appears. The pulse is not otherwise unnatural except in frequency. The tongue is clammy and dry and has a peculiar narrow snake-like appearance. (Dr. Bonding) The diarrhoea continues, the evacuation are frequent and of a
thin yellowish fluid something like soap-suds. The abdominal muscles are hard and resisting; pressure on the abdomen scarcely ever gives unceasing except it is on the right iliac region. There is likewise frequently a gurgling sound produced in this region by kneading the abdominal wall. This is no doubt caused by a mixture of gas and water in the intestine.

The physiognomy in this disease is almost peculiar. He generally finds the patient lying on his back; his countenance apathetic, his sensibilities blunted; apparently sleeping, but is aroused by the least noise answer question very slowly; if one ask him to put out his tongue it is with difficulty he can do so; frequently can’t do it until after several trials. Then it is impossible for him to hold it. The pulse is quickened, occasionally accompanied with spongy and sibilant respiration. About the end of the first or beginning of the second week the peculiar rose-coloured eruption makes
makes its appearance. It is generally confined to the abdomen and chest, but is occasion- 
ally found on the back and arms. They are small pimples, not larger than a pin's point, of a bright red color, sharply 
raised above the skin, appearing on pressure. Sometimes there are very few of them, but frequently they are abundant. Accompany- 
ing this eruption occasionally are the sub- 
anaena of auricles; they are small vesicles, 
filled with a transparent fluid, and are found in the region of the neck, arms, and groin. The duration of these 
erythematous spots vary from three days to three 
weeks; more frequently pass off in a few days. Delirium is the almost constant concomitant of Typhoid Fever; it usually commences during the second week and con- 
tinues until the patient begins to recover or dies. At first it is only at night that it is present, but seems to be more acute. The mind is wandering, the thoughts seem to be of distant things, but if the 
patient is addressed in a loud voice,
he aawoke up as if from a deep sleep answers questions rationally but immediately drops back into the same state ofList undisturbed. In a few days the delirium becomes constant generally it continues of a tranquil nature the patient seeming unmindful of surrounding objects muttering disconnected sentences of events which he can not time long since; imagining that he is away from home and friends, and arise, to be carried to them his countenance seems like one who is perplexed; eye is dull; hearing is frequently expanded; he is constantly picking at something which he imagines is on the bed clothes, or in the air. Sometimes, the delirium is of a wild nature; the patient can hardly be kept in bed, talk, and walk; but this is rare.

In a foreign gun a rapidly to the disease that I now remember is accompanied with such an evacuation except Ophias, Pelm nelix and some chronic affection. Unless the disease take a favorable turn now.
all the symptoms become aggravated. The pulse becomes more frequent, sometimes amounting to 120 or 140 per minute; small is palpable; at times it has a double stroke. The diarrhoea is more urgent; and froth is rapidly formed. The stools are very offensive and pop off involuntarily, the tongue becomes dry, cracked, and very dark; dark spots are collected on the teeth. The breath is offensive, and the body exhales a peculiar odor; thedelirium fast subsides into a stupor from which the patient cannot be aroused; easily: there is subsisting tendency. The extremities become cold; the patient sinks into a coma from which he can not be aroused; soon death closes the scene. The attack does not always come on so slowly as above described but like an avalanche it overwhelmsthe patient at the commencement. Epistaxis frequently attends its course, and generally affords relief to the headache and delirium. Hemorrhage from the bowels also occurs sometimes, and is attended upon by elevation.
The pathological anatomy of Syphoid consist in a change of the texture of nearly all the organs of the body; but no one change is constant except the inflammation, cellulosis of the elliptical, patches of Peyer and an enlargement of the corresponding mesenteric glands. These glands are found principally in the ileum and are made up of a number of mucous follicles. They are more numerous toward the lower extremity of the ileum & diminish as you go up. The first change in the patches is enlargement, so that they are more clearly seen than in their normal condition. The mouths of the little follicles are enlarged and open. The whole taken together presents very much the appearance of a creature from vaccination, as the disease advances the follicles elaborate into each other producing a large ragged ulcer with raised edges. This surface is usually red but is frequently colored by the contents of the
the gland. These elevations in men are
frequently found near the ileocelecal valve and
are part of advanced flat tym, but one
or two are affected; men often many
are. The corresponding mesenteric glands
are enlarged and enlarged. Doubtly on
account of imitation from the bowel
The solitary glands are likewise affec
ted; they become large and hard, or
at length elevated. The ileum is small
but deep. From the fact that delirium
almost always accompanies the disease
it would naturally be inferred that
some marked change would be found
there always; but such is not the case.
Ohmsted says that out of thirty-eight
cases fifteen presented no miliary appear
ance; in 12 there was fluid in the rectum.
in 7 there was an effusion in the muscles
of the pia matter; in 6 slight softening;
in 2 altered density and in 5 a spotty
appearance of the central matter. This proves
then that there is no certain or constant
change in the pia mater.
The lungs are generally found in an atonic state in nearly all of the cases there is congestion of the posterior parts of them; but this is nearly mechanical. Sometimes these same parts are found in a state of hyperatization and as it is generally confined to the posterior part of the lungs it is doubtless its origin to the same cause as does the congestion my stairs of blood in the depending parts. It is found not be inflammatory first by it being confined to the lower part but it diffuse in other being of a deep brown and was firmer than usual; and from that it did not present the granular appearance of Pneumonia upon tearing and yet the fluid escaping from the cut surface is different.

The pleura do not generally give much evidence of recent disease. Sometimes there is an effusion of fluid into their cavity.

The heart is sometimes found
softness, of a livid red color; it will then and easily broken down. It is
more frequently it is healthy.
The liver is generally of natural size
frequently of a pale color and very much
softened.
The kidneys are generally healthy
sometimes soften and larger than
natural.
The spleen is almost always affected: being thickened enlarged rendered to a more pulse; in other words, it is
perfectly rotten.
The stomach is not ordinarily diseased
sometimes its mucous membrane is thin
and softness; and mamilloata
easily ulcerated.
The large intestines were generally
distended with gas. The crypt upon
its mucous membrane are rounded not
perceptible, sometimes elevated
The genital organs are generally
found free from disease.
The muscles are likewise unattuned.
The duration of the disease varies from ten days to two months. It does not run to course rapidly nor can it be cut short like many diseases. Its usual duration is between 20 and 25 days. When it exist longer it generally depends on complication.

The cause or causes which operate in the production of Typhoid Fever are involved in a great deal of mystery. Without detailing the many causes assigned by various authors we may say that it is our humble opinion that the disease is contagious, slightly perhaps, but sufficiently so to stamp its character; that it is an exanthematic disease, running a definite course unchecked by medicine; affecting all ages and sexes, and not regarding seasons or climate.

There may be sporadic cases, but there are only exception to a general rule; and I should judge from my little experience there exception to be rare
The prognosis of this disease is always involved in much doubt. Dr. Physician can say in the beginning of an attack what result will be the result. Even the mildest cases sometimes take a sudden change in any tone; and on the other hand the most grave cases, contrary to the expectation of all, recover. It is only by taking each symptom separately and studying it in all its various relations to the disease that one can even approximate the result. It is most fatal among the slow oldsters; those whose case is pitch to who are confined in little, mean ill-ventilated houses. Other things being equal it is more fatal in those who have been previously ill or who are naturally of weak constitution. This rule is not always held true. Its attacks seem to be worse in some localities whether it be owing to some peculiar local cause or to the treatment adopted.
I am ignorant. The symptom must to be depended on in the progress of the pulse. Should the pulse not become much quicker and now not fear be if it run from 120 to 140 over the progress will be unfavorable. The albumin occurring early & continuing is also unfavorable. Should the tongue become dry & black at an early stage an my expect something bad. The diarrhea urgent accompanied with hemorhage is not an frequently passing off involuntarily as bad symptoms: The early existence of the subsulte, Tenderness or not favorable. Evidence of great muscular weakness such as a constant tendency to slip down to the feet of the bed, indistention to any motion to argue bad results. Then if a patient has frequent pulse say 140 a 160 constant delirium dry & black tongue diarrhea urgent with hemorhage great muscular weakness subsulte Tenderness & hiccups we may suspect a bad result. On the other hand
The pulse becomes slow, the delirium ceases or is life constant, the diarrhoea subsides, strength returns, and may see just a change for the better.

Epistaxis has been looked at as a very favorable circumstance; but, than relieving headache, I should not regard of any importance. Swelling of the Fontic gland has been spoken of as a good sign.

I now come to the treatment of this disease and the question naturally presents itself: can it be cured? I answer unhesitatingly, No, and why not? Because it is a self-locative disease— an exanthematous— having certain steps to go through as dox micosis a small pox. Our object then in its treatment should be not to attempt to cure it but lead it to its termination adopting the purely expectorant plan, meet the symptoms as they arise and complications as their nature in diets and watch the game against.
The tendency to death. The patient should be placed in a large well-ventilated room. Should the bowel have not already been cleaned by purgation, a mild purgation may be administered. If on the other hand a evacuation is urgent we restrain it with opium. Should there be headache with delirium accompanying, with a small bleeding may be of be possible or perhaps a dose of Belladonna to the temple or cut cup may and will. If the fever is high mix hot dry skin. The extract of potash in the form of effervescing mixture with boiling the surface with sugar and water, will subdue it. Something should be administered in the form of nourishment from the commencement, such as gruel rice water &c., if we put nothing in the stomach for the abdomen to act upon, they will take up the same secretion &c. for an additional irritation on the system.
This treatment will be sufficient during the first week or two proceed there be no complications. Should any arise they should be treated as their nature indicates. He should be now be on the lookout for the tendency to death and counteract it. The most frequent tendency is by afebrile. As soon as there is a tendency to sinking it should be opposed by stimulants. The strength of which should correspond to the amount of the affection. The Compelling Quinine Wine Brandy and Anemone or may each find an appropriate place. At the same time we must not neglect to give nourishment of the most supporting character. During the affection the patient is insensible and the nurse is negligent or as often to neglect the secretion of urine by which the bladder becomes enormously distended fixed being much damage to its structure.
The practitioner should pay special attention to this point and not rely on the statement of the nurse but examine into it personally. There is another point which deserves attention. Patient, after going into the third stage the almost constantly on their backs, in consequence of which the projecting parts are liable to slough. This can be remedied by lashing the parts in brandy and water or passing wet lint, cotton or other soft material or with strips of adhesive plaster. Should some exuirement of the scalp be found to be covered with a large blister, if there should be a perforation of the back, and effusion of its contents into the peritoneal cavity the termination is almost always fatal but one should make an attempt to save life. Be sure to do this by giving large doses.
of opium, by which the head is kept in "splits" as it were, until nature can remedy the breach.

The treatment during convalescence is almost as important as that begun. Relapses are nearly always fatal. The patient should not be allowed animal food but be contented exclusively to gastric diet. He must not get up too soon.

Bowels should be kept regular. The salt and soda should be eliminated from the treatment and, to mitigate the violence of the symptoms, for an interval or two, but not that the disease, to arrest complications and to support the failing power of the system, care was necessary.