AN
INAUGURAL DISSERTATION
ON
Syphoid 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
Seneca

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Respectfully Inscribed

To Dr. W. S. Briggs
Typhoid Fever is a disease of recent origin; at least, it was not recognized as a distinct disease, and so described by our fathers. The first intelligible description we have of it was given in 1864 by Prost. Soon after this the medical world was completely revolutionized by the discovery of the wonderful pestilence, that arose in France, and held men and nations spellbound before him, while he forced them to admit that all fevers are dependent upon local inflammation. During the reign of this Augma the study of Continuous Fever was entirely neglected; what was worse, was most ignorantly misused and crippled. But the false teachings of Prowa's, this great man in medicine, were finally overthrown, and successfully uprooted by
(Chronic Ascend. Fever. When
May 1834, fever was again investigated
and accurately described by Louis
and at a later period by various
English and American authors;
among whom may be enumerated
Barthéz, Luspen, Smith, Jack
and Bartlett, who have thrown
into the field of medical literature
monographs on this disease of
immeasurable value.

The mode of attack in this disease
is by no means constant. It may
come on in the midst of apparent
health, by a marked chill followed
by profuse reac neon, just
as an attack of malarial fever.

But this chill is more commonly
preceded by a series of premonitory
symptoms}
The patient complains perhaps of dull pain in the head, back or limbs. Says he is not sick, yet feels unwell. Moves about, sometimes in bed, some time out. Complains a chilliness in the bowels, and no appetite, but no nausea or vomiting, does not care whether he eats or not. Complains occasionally of some chilliness, some abdominal pain, attended by slight diarrhoea, more early bowels constipated. These symptoms may be aggravated and others developed, sometimes until the disease appears in its full hematoctical aspect. An indefinite illness may continue for some days, then a shun chill ensues and jieta occurs action as in the first instance.
The symptoms that follow in this case, varied and numerous, are to distinguish, with sufficient precision, this from all other diseases. After the chill and during the fever, when it is repeated, there is irregular pulse, rapid. Mottled heat of skin, general or partial. Stucco of one cheek, or of both cheeks, sometimes circumcised, resembling Othello's suffering. Skin, sometimes prematurely dry, again moist, or in some cases bathed in a profuse perspiration. Some observers speak of a peculiar, tremulous, unconscious, form of the patient; others have failed to recognize it. Pulse may be but little excited.
As it (May run up to 140. It is common) 

most compressible; sometimes 

short and justling.

Symptoms occasionally occur from 

syphilis, or from many Pneumonia. 

Respiration commonly increased, 

quick, sometimes shortening. 

Cough common, with slight 

expectoration, mucus boils 

by blood from the lungs or from 

Pneumonic complication. 

Socoms thus 

generally present, occasionally 

unconsciousness. The disease 

generally marked by more or less 

mental insubordination, mostly of a low 

muttering form, though sometimes 

amounting to wild Mania. The 

Mental Arrangement occasionally 

remaining after Convalescence.
The countenance is most commonly a very good index to the state of both mind and body. A distressing vigilance may occur and is to be regarded as a dangerous symptom. In the opposite state, persisting profoundness may be present, which may wear away with convalescence or end in coma or in death. Subnormal are frequently attained or persisted. Muscular activity is a prominent symptom, disappearing and with commencing convalescence subsiding immediately and new ere voluntary are frequent phenomena in grave cases.

Tongue, covered with a slight film, death, or black; eruptions, transverse
Lip and edges red, tremulous, points prominent, with much difficulty attaches to the lips, causing aspiration. This coating is thrown off in flakes, leaving the tongue dry; which is soon covered by another coat similar to the former to be expected in the same manner. The teeth are covered with a black tenacious coating. Graminia Communis. Thirst, proportionate to gastric excitation. Pain in the stomach occasional ly present, rarely attended with nausea and vomiting. Diarrhea is present in most cases, fetid evacuations. Profuse hemorrhage from the gums occasionally occurs. Frequent abdominal pains, especially in the night. Skin green, hypogastrium
sometimes during apparent convalescence the patient is evidently attacked with severe pain, first in one part, soon extending over the entire abdomen, attended by tympanitic sound, pulse rapid, labored and flushed, consciousness soon followed by death, and post-mortem examination reveals perforation of the bowel. We generally find considerable emaciation, owing doubtless to the protracted length of the disease. It is not uncommon when the disease terminates fatally at an early period. 'The urinary deposit,' says Nathan Smith, 'is at first increased, foams in the vessel. Later it is high colored, and still later a deposit follows it.
This subject (we think) has not received that attention by Pathologic observers which its merits demand. Epistaxis is common, especially in the naso part of the canker; some times requiring the tampon for its suppression. During the second week, we discover an erosion of the patient, especially on the abdomen, a specific eruption, small rose spots, very little elevatid, one fourth of a line in diameter also a particular eruption may be seen about the neck, called Eucalmax. From the poverty of the blood, general absence of the vital functions and protracted confinement, fragunt alterations occur on parts subjected to pressure and on the head surges.
Post-mortem examinations reveal many pathological lesions. Some that are constant, others that are found occasionally.

Heart, commonly soft, filled with blood and sometimes pale; more commonly livid, containing blood. Arteries likewise red within containing blood. The blood is nitrogenized, does not exude from the skin, coat, flesh, and fluids after death. The mucous organs present no constant lesions. Most dependant portions of the lungs sometimes carmine. The brain generally presents less abnormality than would be expected from the nervous phenomena that arise during the progress of the disease. Occasionally some supersensibility, circumscribed effusion or slight consolidation is present. Though less than indicated by the symptoms.
The pathognomonic lesions of this disease are well found in the digestive apparatus. We generally find the mucous membrane of the stomach, more or less removed from a healthy condition. It is round, soft, and sometimes flattened, and in a few instances, peeled off. Its thought by the best observers that there is a want of correspondence between the gastric lesions and gastric symptoms. And indeed, this is remarkable of almost every ulcer common to the disease. Passing into the small intestines, we still find similar alterations in the mucous membrane of one end and ordered in patches on the other. As we travel across the canal, the lesions become more striking and constant, till we approach the duodenum.
Cecal ulcer, where we find that
mottled condition peculiarly charac-
teristic of the chronic inflammation
or ulceration of the glands of Peyer. This
may be found in various conditions, sig-
nificantly elevated, or abscessed, or ulcerated in
different degrees, including the
mucous membrane alone, or the submu-
cous or muscular coat, or extending
through the serous coat itself, con-
stituting that horrible complication
perforation of the bowel. In the
submucous tissue about the gland
is to be found an infiltration of
granulated matter resembling tubercles.
Corrosion is said to occur most
frequently in mild cases, which can
be accounted for only as Dr. Bartlett
suggests mechanically. The Patien-
having a greater degree of muscular strength, makes more movements, muscular efforts than he would of prostration, and thus subjects the bowels to a force that prostrates them at the joints weakened by ulceration. The large bowels are sometimes the seat of slight ulcerations; and frequently of flatulent distension, giving rise to the marked tympanitic enlargement of the abdomen, so often found. The spleen is most commonly found enlarged and softened. The liver is also softened in most cases. Of the remote cause, the specific and producing in the human economy that train of morbid actions known as syphilitic fever we are profoundly ignorant. We know nothing of its
As we approach old age, the system becomes more susceptible to certain extraneous influences, which will favor or contraindicate the specific action of this poison. For instance age has much to do in rendering the system susceptible to its influence. Early childhood is comparatively exempt from the disease. As we approach manhood the susceptibility increases, and the system is most liable to the disease from the age of 80 to 30. Few cases occur after the age of 80, and scarcely ever seen in an individual over 50 years of age. Recent residence is also a predisposing cause. Emigrants are always more subject to the disease than those accustomed to the
Climate and locality. We cannot say that this disease manifests any special proclivity for one locality more than another. It is, in truth, a cosmopolite. The world is its habitat, and the human family, wherever dispersed its victims. The Nigger, the Chinese, and the beggar on the street, the gentleman of pleasure in the city, and the farm laborer in the field, the cold mountains and the humid fen of the valley, are subject alike to its attacks. The cold alpine north, or the hot burning south, can present a barrier to its resident muskhs. Nor is it influenced more by season than locality. It is the disease of all seasons. The scene of all climaxes, the dread of all localities.
It is a migrating disease, infecting for a few years one vicinity, then without any apparent cause subsiding there to break up in an adjoining neighborhood. The most common aspect is epidemic. Sporadic cases occasionally occur. Though we think a large majority of the so-called sporadic cases are but cases of Mallanoc fever under misinterpretation.

When a typhoid epidemic is prevalent it spreads its influence on all others in cases in its vicinity by engendering or evoking organisms in its range. A typhoid or agysmic diathesis we find cause typhoid pneumonia, typhoid jaundice, and in fact all the local phlegmasia will assume the typhoid aspect. At such times we find...
case of Malarial Fever degenera-
ting into Typhoid, which are supposed
is erroneous, absurd. The Malarial
fever attacks the man whose
vital forces are in abeyance, the body
improvisated and the whole organ-
ism putrid by the Typhoid element
in the atmosphere about him. He
is treated without reference to this pre-
ceding disturbance, sinking and dying,
the poor Physician to save his repu-
tation, which, to his own shame, is fre-
genously more sacred to him than the life
of his patient, says 'The disease degen-
erated into Typhoid Fever & passed
the goal of Medical Skill.' The Physician
commits a grievous error who fails at
such times to recognize this peculiar
factor in who treats inflammation, as
cases with the same symptoms it
is about to do under these circum-
stances.

As to a contagious element in this
disease the medical world consider-
ad experiments are yet insufficient
to give data for a conclusion.

Some historical facts, also some
analogical truths, in connection
with the disease tend to prove that
it is contagious. The disease has
been known to appear suddenly in a
healthy community immediately on
the introduction of a patient from
another neighborhood laboring un-
der the disease. Again if quietly
over attacks the system but once.
Almost all diseases that attack
the system but once, are consid-
to be contagious. Typhoid Fever is a self-limiting disease, all other self-limiting diseases are said to be contagious. Yet there is very slight tremor and even a majority of the profession against the position. Such experiments are necessary for the establishment of either theory. The duration of this disease is vastly protracted compared with other acute disease. Rarely does it terminate beyond the end of the second week. Most commonly continues for 4, 5, 6 or even 8 weeks. It is not found to end in hemorrhage or prostration, either for better or worse. It rises, culminates and declines. And we think, more commonly, too, independent, and frequently
in a manner of the remedies put
in requisition for its cure.
The dogmata are frequently to be
accepted, especially in a teresful
habit. Where it is apt to be followed
by Tubercula Afflueo, that quickly
come its excess to a fatal termina-
tion. Painful or dullled convulsion,
of arm leg, and inflammation of the
Parotid gland are complications
that frequently arise during conva-
lescence from this disease; and
should receive some attention; but
need not produce any great alarm
as they most commonly terminate favorably.
The Prognosis of Typhoid Fever will depend
upon the aggregate of a variety of circum-
stances, which must be considered
seriously, and a conclusion drawn
from the devour of the probabilities.
A final attack is unfavorable.
Riled over 1980s; 1930, with noisy breathing, respiration are alarming symptoms.
Delirium, if early; vivid and vivid responses are ominous of evil; if transient and rapidly anticipated not dangerous.
Strong presages of the mind, as our rule, ominous, grave symptoms, that there is very little to think it is almost certainly followed by death. Early prolonged, and profound coma or asonance is indicative of eventual termination; also constant vigilance. Predisposing agitation, sub.
Dullness and rigidity of a limb are symptoms almost invariably followed by death. Early and extreme grevelation is indicative.
of a grave attack. Pinched countenance, cankered and hypostatic densis approaching dissolution. While returning chagrinnness and indigion of extremity, returning recognition of friends and increasing interest in known condition and things about him, almost a favorable crisis in the disease, even amidst very grave symptoms. Exit dysphagia, strongly marked lymphadenitis, urgent and continual diarhoea, purulent discharge from the bowels and evacuation of urine are all considered grave symptoms.

In our diagnosis, as in the Prognosis, it is necessary that we take a general review of all phenomena.
individually and collectively.

As a result, if not all the symptoms may be seen occasionally in other diseases, thought not in the same association.

By a careful analysis and study of all the phenomena occuring in the progress of the disease, I appear to think some can be but little difficultly in diagnosing a case of typhoid fever from all other maladies. The peculiar rose spot, juggling in the right side green, pointed tongue protruding with difficulty and the character and period of action leave no distinction in -from meningitis and from encephalitis with which it might be confounded.

But some difficulty might arise
in distinguishing it from the
various staves as dysentery in the
latter stages when they are en-
grafted on a Typhoid Disease. Our
Diagnosis in either case must
be based upon a careful examina-
tion of the history of the case from
the commencement. And indeed
it is better to commit an error in
Diagnosis in the former, and treat
these diseases as Typhoid Fever, than to
treat them as Nellaurial Stomach
Dysentery. Pen ic, as this Typhoid
Diathesis must have a voice in
determining our prescriptions, when
it exists, as our patients care.
We think, by a faithful examination
of the history of the case from the which
we must not fail to recognize it.
The theory of this disease has been the subject of much discussion, and is the dispute yet ended.

Some endeavor for its seat in the brain—in the nervous system. There, more plausibly, locate it in the auditory canal, in the elliptical plate of the small bowel. Various other theories have been proposed. All tending too much, I think, to restrict it to some particular organ or apparatus. The most reasonable (though that which accounts best for all the phenomena and lesions occurring in the progress of the disease, is that which supposes the disease to be a pathological condition of the blood, dependent upon a remote cause, a
specific wings; rendering it unfit for the functions of life and effec-
tive the animal economy.

This Poison, the system is continu-
ously endeavouring to eliminate by
the various excretions; especially
by the skin and glands of Pers-
ience (we in the lower reptile and
reptile) creatures, from an inces-
ant action to throw off this offensive
matter.

Varying as the theories may, various
as the myriad names of mild spec-
ulations in Medicine, have been
the plans of treatment proposed,
and put in operation for this
inflammation, in controllable disease.
Proof, incontrovertible, that this
Disease, and (Much more it was
ments are poorly understood. We apprehend that the disease itself requires no treatment, or, at least, in the present state of science, not know any plan of treatment that will always or at least the disease in itself considered. The recuperative powers of the economy, the "Vis Medicatrix Natura," will most commonly be sufficient for the case; unless the system fall victim to some of the various complications that are wont to arise during the progress of the disease. Hence, it is the duty of the physician, with constancy and vigilance to watch, and to put in requisition any means necessary.
of for this delirious - everbearing in mind the allusive character of the primary arcads, the peculiar cast of the primary arcades he had to track. The mind of the profession generally is becoming rather adverse to the misuse of a leading remedy in phthisic cases. We think it has a very great extent will most commonly prove detrimental to the patient. Perhaps under certain circumstances a little mercury in a mild form may have a good influence. There is a strong tendency in the human mind to all extremes. (This we think the profession would at the present stage of mercury him}
really exhibited in this disease may suffer themselves to such embitter it against it; and refuse to administer it when positively indicated. He should be careful lest in shunning this sort of Scylla we are swallowed up in some Charybdis whilst one equally fatal to ourselves and patient.

The mind of the medical world is now being turned, with considerable interest, to Spirits of Tarantula. This is said to be the great anchor 'the fine grignon, in the treatment of this disease. It is most excellent and excellent remedy: But we think in all probability there is more in the attribu
	of to is than it...
We cannot candidly refer to a special case. Nor can we conceive that there is any uncertainty in the numerous appearances, in the symptoms, the action of this drug, to eliminate us to neutralize the remote cause, the specific virus of typhoid fever. But we think its specific influence is entirely local—relieving or tending to relieve, a complication, universally present. The diseased condition of the glands of Pyen. If these glands were not to discharge the onerous labors thrown on them without taking on diseased action, suspense, the spine would be powerless.

So watch and guard any complications that may arise, and
to North aisle to the healthful performance of all the functionaries of the organism, comprises the Physicians whole art.

In the first place, the Patient may be informed that he is not poor to recover. Prepare time for the battle.

If the granular substance circular and the bowels torpid

**R**

Blue mass 10 grs.

**Spice** 10 grs.

Make five pills, one every two hours, followed by all of necessary.

Five drops of Cinchonine 10 grains every four hours—To be continued until convalescence or death.

If troublesome diarrhoea supervenes
R. Subnitrate of Bismuth 1 oz.
Nitrate Silver 4 grains
Opium 6 grains

Make twelve pills. One every four hours or as often as required.

If persistent epistaxis supervenes, use the tampon. Hemorrhage from the bowels is best controlled by the injection of cold water, with an opium, if necessary.

The room of the patient should be pleasant, well ventilated. The clothes of his person, and bed, frequently changed.

Sponge frequently with cold or tepid water, as the sensations of the patient may indicate. Let him take mild nourishing air as he requires it, and cold water 'ad libitum'.