AN INAUGURAL DISSERTATION
ON
TYPHOID FEVER
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Influenza Fever

Of all the diseases to which the human system is liable, few are more distinctive in their character, or more rapid in their course, than influenza fever. It destroys as many, or more men, than all the diseases and accidents of parturition. Great discrepancy of opinion, regarding its pathology, treatment, etc., has existed, from its earliest notice, and this discrepancy has been the cause of doubt and indecision, on questions of vital importance. Physicians formerly regarded child-bed fever, as a kind of typhus, depending upon a peculiar taint or constitutional disturbance, but late writers have demonstrated, most conclusively, that there are decided lesions in nearly all cases. It should
This appeared at all strange or surprising when we reflect that the uterus, after delivery, is a kind of wounded organ to which inflammation may be imparted. When we consider the peculiar condition of the blood, the presence of the feta upon the surrounding organs, the injury done to the parts, and the congestion that must necessarily arise, can we wonder any longer at inflammation being set up and propagated from organ to organ until the whole abdominal contents are involved in the consuming flame? But febrile fever may be sporadic, epidemic, contagious, or infectious; and under these forms require different treatment.

The organs implicated are said to vary with the season, locality, and variety of diseases prevalent, but in some of
The worst case no change has been found except fluid, and altered condition of the blood, similar to that of persons killed by lightning or hydrocyanic acid. It has been said there is scarcely a fever or inflammation but what it has to some extent resembled. The disease as it appears in this country is generally inflammatory, and should be treated by antiphlogistics, but in those cases where the altered condition of the blood is the only change found antiphlogistics will not act well but if wanted to should be in the incipient stage of the disease. The intern, its appendages, and the peritoneum are generally found inflamed. The is usually found in the veins after suffocation begins, but this must follow unless the abscesses be obliterated.
Symptoms. Puerperal fever may show itself previous to, or during labor, but usually appears between the second and fifth day. It is usually ushered in by a chill, often very slight, but in some cases very severe, followed by universal hot and dry skin, argent. Thirst and patient will swallow all fluids as if famishing for water. These are usually accompanied by oppression at the precordia, bounding beating in the sternal region or in one of the iliac fossa, or both, soon diffusing over the whole abdomen, which is tense, turgid, and tympanitic, and considerable anxiety of mind. The tongue is usually moist, and covered with a whitish coat, and in some cases looks as if it had been...
recently dusted over with a fine whitish powder. But as the disease advances it often becomes dry, rough, and sometimes covered with dark or brown fur, and in some cases is clean, smooth, and red. Respiration is hurried, short, laboured, and disturbed by short, dry, cough. Falls from 120, 15, 140, and in some cases rise to 160 per minute.

In the majority of cases, soft, and comfortable, sometimes hard and resisting, and in some small, and dry. Skin usually hot and dry, but in some cases covered with profuse perspiration. At first the face is flushed, but soon becomes pale and livid, with sallow and excited expression. The eyes are sunken, have a livid stripe under them, and in some cases, suffusion takes place
in one or both. The lips are pale and parched. Secretion of milk checked, breasts usually sunken and flaccid. Lochia generally suppressed, or flow in large quantities, thin, scanty, high colored, and passed with difficulty. Bowels usually constipated, but in some cases diarrhea comes on very soon, usually after two or three days. Stools generally large, and have a dirty white appearance, and often mixed with scybula. Profuse sweating is a common and distressing symptom. The sweat, and breath, has a peculiar, greasy, disagreeable odor. Dyspnea is one of the most common, and distressing symptoms, and soon rises to such an extent as to interfere with the action of the heart, and diaphragm. Echymoses occasionally appear. If the disease
Tack first sets all the symptoms become aggravated. The face is pale, the skin is bathed in cold damp perspiration, lips livid, and tremulous, features contracted, dilatation occurs, and coma brings the final jest. Black vomit sometimes attends, and generally when the uterus has been ruptured. Abdomen extremely tender to press. After the disease has continued for some time collection of the may appear just under the skin, or may collect in organs of vital importance, and cause congestion in these organs. Anatomical Character. In this disease the seat of disease is undoubtedly in the peritoneum, uterus, its appendages, &c. Inflammation extends over the peritoneum which covers the
intestines, and the other sub-diaphragmatic viscera. The intestines are
distended with gas, diminished in length, sometimes appear as if they
were glued together, and when they become violently distended, cease to
make their turns by arches, and bring on angulation, or complete closure
of the intestine. The diaphragm,
stomach, liver, and intestines, are
often found inflamed. The tissue
of the intestines are generally changed in appearance. Sometimes the tissues
are red, injected; lacerated, and infil-
trated with pus; at others the organ
is softened, intransient, or there is abso-
lus in its tissues, or in the broad
ligaments. The ovaries are often red,
softened, infiltration, or filled with
pus. The sub-peritoneal cellular
tissue of the sternum is infiltrated with a small quantity of white, or yellow, fluid, and often the surface of the organ ramifies lymphatics, from the size of a thread, to that of a wire grill are seen. They are seen at the neck, and on the inner surface, in the substance of the organ, in the broad ligaments, along the ovarian vessels, and in the cellular tissue of the lower pelvis. Very often the uterine veins are found inflamed, and this may extend downward to the hypogastric, iliac, and femoral, and upward to the hepatic, and vena cava. The downward inflammation will give rise to phlegmasia dolens, and the upward, to abscesses in the lungs, liver, spleen, purulent collection in the joints, collections
Of pus under the skin, and Grizzle, had often observed fulness in many such cases. The gradual and terminal stage of the fever erupting in a very insidious manner. The abdominal inflammation being masked by an oppressive languor and diminished sensibility of the nervous system. In these cases there is more plebitis than peritonitis, or phlegmasia has gained the ascendency. After delivery inflammation begins, and is propagated from organ to organ until the whole abdominal contents are implicated in a violent inflammation, accompanied by tympanitic, which continues its fatal course until respiration is in a great measure obstructed. As the blood cannot sufficient quantity of...
oxygen to change venous into arterial blood, consequently venous blood must be purified into the arteries, hence the remarkable color of the skin, so often signalized in this disease.

Abdominal inflammation may terminate by effusion, which fluctuates under pressure. When inflammation continues any length of time pus is found in the blood, in the degrading organs, in some cases under the skin, and in the joints, and this is more common in phlebitis, as the pus is thrown out from the endangering immediately into the circulation and propagation to these organs by the current. Violent distention often terminates in incomplete obstruction of the intestines. If the inflammation does not subside, enteria
continues, the lips and nails become blue, all pain ceases. The pulse grows small, tender, and vermicular, ceases at the wrist, elbow, and axilla, and finally the heart ceases to pulsate.

Diagnosis: The diagnosis in this disease is generally very easy made. The woman has a chill, followed by hot, and dry skin, abdomen tympanitic and tender to pressure, pupils and excited expansion, eye sunken, with livid stripes under them, pulse quick and rapid, respiration quick, short, and labored, and the woman is very indifferent to all surrounding objects. There may be some difficulty in the commencement in deciding whether it is periperal, or phrenicat fever. In milk-fever, there is throbbing, irrita-
tum, and enlargement of the limbs, while in purpurial fever, the limbs are contracted and flaccid. And in purpurial fever there is more lassitude, purgant sickness, nausea, and quicker pulse than in otherfever.

In after-aids, the abdomen usually bears a superficial, but in purpurial fever, the abdomen is free in all sleep in those masked cases. The abdomen is not tympanitic, pulse so quick, and rapid, heat of skin so great, nor so much suppuration, as in purpurial fever.

In masked cases profuse when the abdomen will often give evidence of inflammation. If the patient lies on his back, with feet drawn up, and if straining himself down give pain, accompanied by the other symptoms, you may be sure of the
inflammation. Armstrong relates a case in which the flesh was universally sore as in typhus. Wolf says when he has a case, when the stools are of a dark color, resembling coffee grounds, very offensive. If the consistency is thick gruel, and of a fish smell, that he is confident it is one that requires more than ordinary activity of treatment. Cholera may be complicated with stomachal fever, but this is known by burning, throbbing, pain, fulness, and oppression in the region of the stomach, frequent and difficult micturation, with violent pain in the back, thighs, and groin, very much increased by the erect posture, and confined to the lower part of the abdomen. When the disease assumes
The form of phlegmias, it will be more rapid in its course, at vital depression will come on much sooner, or it is so insidious in its nature, that the physician cannot determine until the golden moment has passed. This is ushered in as the other pains, but tympanitic, abdominal pains, flatulency of stomach, and angulation of bowels will not be so great. But the nervous shock will be greater, and fatal collapse will come on much sooner as the poison is thrown immediately into the circulation, and propelled by the current of blood, scattering the poison through the whole system, and often collects in vital organs, when it appears in abscess of various sizes, and in many cases make thedating of the
Symptoms.

Tortured patient. Sometimes the cordals
are so severe as to mask the pituitary
disorder. Under this form the disease
assume a lower form, or is sooner
brought on than in other forms of
the disease.

Prognosis. This form from its earliest notice
has been regarded as one of the most
fatal diseases to which the human sys-
tem is liable. We are told of many epid-
memics in which nearly every patient
died. The celebrated P. R. Hittner saved
one patient out of 32. Slate lost 15,
out of 19. Gordon lost 23, out of 27,
and Haley of Lucid, lost 10 out of 12,
but afterwards resorted to antiphlogistics,
and lost only two out of 30. The mor-
Mality in the great hospitals of Vienna
has been reduced in a few years
from one in 10, to one in 74. Of the
The statistics of England and Wales from 1847–55 show that 2,550 mothers died in childbirth. Of these, 1,844 died of puerperal fever. Others die annually of this disease. It is much more fatal under its epidemic than its sporadic form. When the patient can be seen in the incipient stage, and the proper remedies prescribed, the disease can be regulated, but from the insidious nature, it is too often the case that the physician is not called until the disease has run a fatal course. When pain leaves the abdomen, and fluctuation can be felt, the patient's doom is almost necessarily death. The earlier the disease comes on after delivery the greater the danger. Rigors after the disease has continued twenty-four
Hours are alarming. Pneumonic condition of the bowels, either previous or subsequent to delivery, is a favourable symptom, and often mitigates the paroxysm of the disease. Nicolini, in The Dublin Lying-in Hospital, says in the epidemic as it prevailed then in 1853, he regarded the tongue as one of the most valuable prognostic symptoms. He says with one exception he never saw a patient recover when the tongue became dry, and a brown or glazed. When pulse is down, inspiration becomes slow, and easy, tongue clean off, tympanitic diarrhea, or subsides, collection of milk appear, so that begin to flow, the patient may be regarded as in a favourable condition, but even then every attention should be paid as the disease may be renewed.
and death be the consequences, or some
fatal sequels be of it, and hectic
with all of its horrors be the result.

Cause. The cause of spiritual fever
has been and still remains a vexed
question. In most of the epidemics
typhus, or some of the convulsive dis-
tease, prevailed at the same time, and
in some they have been noticed to
commence together, arrive at their
acme together, and decline together.

The cause of these epidemics is some
peculiar atmospheric change, and
now that the blood and organs, are
in an inflammatory condition.

This may ignite the inflammation
in some of these injured, and infec-
tious organs, and then the inflam-
mation may be propagated by cont-
iguous sympathy until the whole
abdominal contents an implicated. Like Typhus, these epidemics usually appear during cold and wet seasons as ventilation is then very bad, especially among the poor and curved, when these miserable creatures are all crowded together, and are compelled to close every opening through which the putridating air can reach their ill-clad bodies. Sporadic cases may be caused by collections of putrescent matter in the rectum, or vagina, retained coagula of blood, putrescent livings, injury to the parts, morbid retention of feces, too much heat of the parts, stimulants taken internally, and by rising from bed too soon. It is said that it has been caused by the effluvia arising from dissecting rooms, persons making autopsies.
and delivering women soon after, and by exposure to typhus, erysipelas, hospital gangrene, phthisis from throat, &c., after which it may become contagious and be conveyed by the accoucheur from patient to patient whenever he may be called to deliver women. Some writers say it will cause phthisis from throat, or phthisis, &c., in the male attendants, and Dr. De la Bédoyère relates the case of a woman a virgin who attended a woman in puerperal fever and died with all the symptoms of that disease. She died in forty-eight hours, and at the autopsy the changes usually observed in cases of this nature were found. The first fever under peculiar circumstances does become contagious, and may be conveyed by the clothing of the physician, but these have been removed, every precaution...
Take, and till the disease appears. In explanation of these cases, Mr. Dylin Smith, a convict in St. Mary's Hospital, says the blood of the accoucher acts as the medium, that the air breathed unites the circulations and renders them as it were one. So evidence he refers to cases of smallpox in the State in 1875, when the mothers have had the disease before and during their pregnancy, no evidence existed that they were in the slightest degree affected. In those cases the blood is the only medium by which the virus could be conveyed, and why not spiritual force be conveyed in the same way as it is an analogous case?

Prevention. As prevention is far preferable to cure, every means in the power of the physician that will give the
patient the slightest advantage of a doubt should be used to the best advantage. This should commence previous, and subsequent to delivery. Habits should be regular, consistence preserved, apartment should be well ventilated, and excluded from persons suffering from eruptions, glanders, scarlet fever, putrid sore throat, &c. All infected articles should be removed. After the accident has been exposed to the disease, he should change his clothing, expose them to the fumes of chlorine, use daily ablutions, and wash his hands in solution of chloride of lime, or soda, before and after every vaginal examination. Persons engaged in anatomical investigation should not attend surgical wom. Iron, quinine, and sevial of the tonics have been recommended as prophylactics. Dr. Smith
has great confidence in the Salicylate of
Potash, given in doses from five to ten
grains three times per day. The physician's
energy should be unifying, and his
attempts at prevention should cease
only when the disease is established.

**Treatment:** As the disease prevails
in this country is generally inflammatory,
and requires antiphlogistic treatment.
When it assumes this form
and the physician is called in the
incipient stage, the lance is the
great anchor of hope; but every can
should be individualised, and treated
accordingly. In an inflammatory attack
connection should be resorted to at
once and continued until the effect
is sufficient to counteract the inflam-
mentation. If symptoms indicate
it, should be repeated to again and again.
until inflammation is subdued, or
passes into the second stage, after
which will become injurious. The
disease is oftenjugulated by one
copious bleeding. During the venec-
tion the patient should assume the
erect posture, as the effect will be gru-
lar without the loss of so much blood.
One copious bleeding to incipient
syncope, will be more beneficial
than many small ones after sta-
This should be followed by free, and
copious purgation. For this a great
many medicines have been recommended,
but perhaps calomel is best from
its well known antiphlogistic proper-
From 10 to 20 gr. should be administr-
ated immediately after venesection,
followed by some of the saline catha-
stice. Spirits of turpentine with equal
quantity of castor oil produces purer and copious discharges, and often relief of the most distressing symptoms. This medicine has of late years been much used, and it is said with great satisfaction, but I would prefer calomel followed by some of the saline cathartics for the reason given above. Barattum spiritus is undoubtedly a valuable agent in this disease. In those cases where the purges are very frequent, thin but and dry, this can be used to great advantage, and I would prefer it to the antimony. Leeches may be applied to the abdomen, or preferable to the parts themselves. Cupping will not answer in such as the abdomen is too glacia for the purer application of the glases, and they would ca-
unnecessary pain. In some cases emetics can be used to advantage as the patient can scarcely undergo the effort without being thrown into pain and cerebral irritation, and this with its sedative effect may subdue the irritable inflammation. Stipps may be used when the abdominal pain is severe as they often remove these troublesome pyram stones and give ease and repose to the patient. Flannel dipped into warm water and laid over the whole abdomen often gives ease and brings on perpiration. Emolient plasters such as that made of the barks of the slippery elm are valuable. Blistering, doubtless, but when used judiciously is best to apply them to the incision.
of the thigh, opium in some of its forms should be given to allay pain and tranquillize the patient, and for this Laudanum, and Black drop is best. In all cases when Laudanum is given, a grain or two of opium should be added. In some cases opium has been relied on alone in the treatment of this disease. A. R. C. of New York relates a case where the patient took during the second twenty-four hours after the attack, 1,725 grains, and says no practitioner can be better, and that his professional friends have found it equally successful. Emetita are valuable as they discharge the contents of the bowels, and as revalentia, and often give vent to the fumes of gas, which will remove the fatal anxi-
lation. For this subacute nothing is better than one made of an ounce of castor oil, with half an ounce of spirits of turpentine, made into an emulsion with mucilage and water. In the latter stage the patient must be strictly forbidden to rise to evacuate the bowels. When collapse comes on, or effusion begins, the golden moment is lost when the means might have been used to defeat the fatal scour, and the patient must as a general thing account to the fatal enemy, but the physician attempts to cure should cease only with the death of the patient. Stimulants must be administered. Pain be eased, life prolonged if not saved. The nervous system must be assisted. Wine, brandy, quinine, ammonia, ether and animal broth,
must be administered. In the diarrhoea that usually appears in the
latter stage of this disease, starch and
soda and ammonium bicarbonate will be benefi
cial, and will often give to the tortured
patient much ease and comfort,
when life cannot be saved. Chloria
t should be given to tranquilise pain,
and to assist in soothing the
painful joints. Bathing in some
of the aperient solutions, and
for this cholera, I have found
been highly effective. The
collections of pus near the
surface should be
removed, and the
organ, and
collections in organs of vital
importance should be met by
appropriate remedies. A

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