AN INAUGURAL DISSERTATION
ON
Spleen Fever
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Fevers are the most numerous and mortal diseases the physician has to contend with, they in one form or another destroy by far the greater portion of mankind.

The great fatality of fevers has been attributed by some to the active antiphlogistic treatment practiced before. And one writer even goes so far as to say "that within a hundred years from Sydenham's time, the indiscriminate use of the lancet, and the antiphlogistic regimen, so highly recommended by him, was the cause of more premature deaths, than all the wars that ravaged Europe during that period."

The above assertion we cannot accept, for from the time of Sydenham to the beginning of the present century, all diseases were characterized more
or by their great phlogistic tendency, while since that time there has been a gradual change to a typhoid tendency and consequently they do not require the active anti-phlogistic treatment as during the days of Sydenham and the century and a half following.

Hippocrates taught that every fever ran its course. This is strictly true of the fever under consideration, but there are some that may be aborted in the mithine incipiency.

There has been nothing added to the theory of fevers since the time of Fordyce a Scotchman who graduated in medicine about one hundred years ago. He said fever was an inflammation of the whole system.

Typhoid fever is a malarious
idiopathic fever. It is not found further North than the Southern boundary of Greenland nor further South than Cuba.

It is said to be the characteristic form of New England; but so far as our observation has extended (which has been in Massachusetts and vicinity) it is certainly the characteristic form of Middle Europe. Any one who has lived to the age of thirty years and has not been visited by an attack of this formidable disease is the exception rather than the rule. This fever was not known prior to 1633 and was first described by Dr. Hall of Boston.

Symptoms—This fever has a longer coming stage than any other disease, cannot be precisely at what time it does begin, it is so gradual.
It comes on insidiously and insensibly gradually. The patient is uncomfortable, Campbell's, perhaps of vomiting and easily fatigued. The appetite is gradually suspended; there is swelling of limbs and swelling. There may be slight burning of head, pain in the neck, slight elevation of pupils. This may last from one to four weeks.

There is busing and flushing of the face. During this time the tongue becomes nummer longer and more pointed, resembling the shape of a prism. After this there is a distinct chill, followed by fever; but the fever does not go near so high, nor lasts as frequent as in intermittent fever. Puts generally from ninety-five to a hundred beaks in a minute. The temperature is not equally diffused throughout.
the opium, there is generally a
petition of chill for two or six days,
followed by peculiar reactions,
but the fever does not entirely go
off. There is a red flush in
one cheek, the other cool and
pale. The flush in the face is of
a more purple tint than in most
other cases of fever, where it is
that there is frequently a dusky hue of
the congestion, with a heavy dark
mark of hyperemia, slight in some,
but very striking in others.
During this time, the tongue
continues to become more rough, sharper,
coated and red around the edges.
There is pain in the back, head
and limbs; patient is delirious and
watchful.
These symptoms continue with
little other change than a gradual increase. The stools became more frequent and weaker. The obtuseness of countenance and dizziness of complexion deeper. The stomach though often sensitive is大纲的 insensible.

Drumbecia is frequent, if not purgatives will act powerfully. Transitory pains are felt in the abdomen, increased by pausing. Indurating

Water there is a peculiar gurgling sound like pouring water into a jug. The urine is often scant and high coloured but sometimes Copious. There is dyspnoea in some forms of this disease; cough is intimately associated with it; the sputum is peculiar, it is very white, foamy, purulent and tenacious.

These are staring characteristics.
manifestations, headache is one of the earliest symptoms, it is not so acute as in intermittent fever but more persistent.

Pain in the head will often a while increase and pain will then gradually fade out. In the beginning there is mental languor which, as the disease progresses, deepens into delirium. wholly different from any other delirium. Some times low muttering then phantasmal, coming like a maniac. There is more at the time. Manomania, when this is fully developed. Manomania, the disease is almost certain to prove fatal. The disorder and mind will become sight after preceding.

The buzzing and ringing in the
ears are changed into hoarseness of hearing and sometimes deafness.

The eyes are injected and often the sight disturbed.

There is difficult deglutition and sometimes painful discomfort.

Abdominal symptoms are almost pathognomonic. There is a peculiar tinnitus, glutinous exudation from the tongue, teeth and lips; the tongue and mouth cracked and often bleaching.

The bowels are almost always affected; if diarrhoea does not set in from the beginning, there is peculiar susceptibility to cathartics. Occasionally there is hemorrhage; this occurs about one case in ten. There is generally not much abdominal pain. When there is sudden severe pain attended with signs, the bowels are perforated and the
The patient is very certain to die. There is often swelling of the abdomen in proportion to the tympanitis; in the severity of the disease, it is accompanied by a gurgling sound on pressing on the iliac or coccygeal region. There is no disease, in which there is so much emaciation as this. The duration is very variable. Death may take place during the sixth or seventh day, but more generally during the second or third week, sometimes not until the end of 14 weeks.

The period of convalescence is equally variable. It may begin at the end of the ninth day, though seldom before the end of the second week, and often not until the expiration of 21 weeks; indeed,
I have known a patient to recover after lingering for twenty days without any marked convalescence.

Anatomical lesions—There is a tendency to softening in all the tissues. Sometimes one can penetrate the heart with the finger. There is often found a clot in the right ventricle of the heart. This has no agency in causing the patient. There is a diminution of fibrin in the blood and it becomes thinner as the disease progresses. The blood sometimes gravitates to the lower portion of the lungs, producing something like pleurisy.

I have never observed any lesions of the brain in typhoid fever. There are certain
anatomical changes which are especially characteristic of this fever. Peyer's glands are elliptical patches of aggregated mucous folds in the ileum, commencing at the ileo-caecal valve and becoming fewer as you go up. These become inflamed and necrosed and by obliteration of these glands, the contents of the intestine may enter the posterior cavity and sprediely destroy the patient. Sometimes there is only irritation and purpuration of one of these glands destroying the patient. But in every case of typhoid fever there is more or less obliteration of these glands indeed "obliteration of these glands" says Dr. Woods is as characteristic of the disease
in question as the peculiar
specific eruption is of Variola.
There is a variety of opinions,
as to the cause of the ulcerations of
Bayon's glands in Typhoid fever.
The theory of Stokes, of Dublin
has been received with more uni-
animity than almost any other.
The days that during an attack
of Typhoid Fever there is a depo-
sition of a peculiar vitriated malle
in the follicles of Bayon, called by
him "Massa typhosica" or "typhoid
malleo" which produces inflam-
mation and ulceration.

This fever is not contagious,
but it is believed to be so by many
and there are many facts going to
prove that it is contagious. Our
able proof of theory and practice.
Days "all eruptive forms are contagious, noncontiguous noncontagiously. Another peculiarity of the fever in consideration is a person is not liable to a second attack."

Causes — The aetiology of this disease is very obscure. It is not caused from heat or cold as some declare. For the Eskimos, living in a climate ranging from 10° to 60° below zero, are equally healthy and exempt from this fever, as the suffering Arabs that roam upon the arid and prochill desert of Africa.

The antecedents of heat and cold may do produce inflammation of the mucous membrane, causing a phlegmonic fever but not Typhoid Fever.
Eating too much does not produce it, even putrid flesh. It is not produced by malarial fever in those regions where malarial fever is endemic, as are the but little changed Eben Dr more abundant upland rolling communities with a greatly disturb, is more prevalent in crowded dwellings with no atmosphere circulation under the floor.

The following is Dr. Wood's opinion in regard to its etiology, as expressed in his able work on The Practice of Medicine. "The most rational view, in view of the etiology of intestinal fever, in the present state of our knowledge, seems to be, that an inherent predisposing state in many to this disease, analogous in some measure, to the tuberculous,
gaity and rheumatic predisposition, which is liable to called into action by various exciting causes, perhaps by almost any cause capable of disturbing the vital function; but that all persons do not have the predisposition, and that it is generally shunted by one attack of this disease, how its occurrence often fatigues, exposure to heat and colds, mental anguish.

Prof. Larno informed Prof. Bounding, during his visit at the Immigrants Hospital, New York in 1859, that all the Typhoid Fever that occurred the winter previous, were in those Wards in the Hospitals without ventilation beneath the floors.

It is said that the matter deposited upon the walls of crowded rooms be injected into the veins of a dog.
will produce all phenomena of Typhoid Fever. From these facts, the effects of bad ventilation must be a great source of this fever.

Diagnosis — The characteristic symptoms of this disease, are the slow and insidious mode of attack, the diarrhea at the beginning or a peculiar susceptibility to colds, the hallucinated consciousness, and claustraphobia, loss of the complexing tendency to epistaxis, a peculiar flush of one side of the face and a corresponding pallor of the other, the paralyzed tongue, its tendency to become morrow and prosomatization, the subcutaneous rhonchi, and after the seventh or ninth day the dryness of the tongue, the general diuresis, irritation of the secreting epithelial...
abdomen, raw colored eruption, deafness, want of respiration determined. All of these symptoms, however, are not present in every case. Sometimes the disease presents no other symptoms than those of moderate fever with the characteristic dearth or towards it perhaps a few raw colored spots. Occasionally there are cases in which dearth is the leading symptom. Sometimes the pectoral symptoms are most prominent. Instead of the dry mucous cough, there is tenacious bloody expectoration attended with great pain and dyspnoea. In other cases the cerebro-spinal symptoms seem to take the lead and there is delirium and stupor from the very beginning.

One of the fevers with which
Typhoid Fever is confounded intermittent or bellies fever. The latter may be distinguished by its more regular and decided maimed billings vomitting, yellowing of skin, not suffering of the patient; and an absence of the diarrhoea in the incipient stage, norrows and purpurea tongue, reddened of expression, stupor, delirium, rose-colored eruption etc.

The fever in considering not infrequently begins like a simple intermittent, with regular chills followed by rapid reaction. The diagnosis in this case may be easily made by judiciously administering quinines, and if the fevers do not succumb to the great material antidote, may jermann...
Dysphoid Fever. In a genuine Dysphoid Fever the hair will always fall off.

Prognosis—In this disease, there is no condition so low, nor symptom so fatal, that death should be considered inevitable. On the other hand, often in the most flattering cases, the patient apparently in no danger, he suddenly sinks from hemorrhage of the bowels or is carried away by acute peritonitis consequent upon the perforation of the glands of Blyn. The most unfavorable and alarming symptoms are complete delirium, tortuous inspiration, profound coma, epileptic spasms, utter disregard of persons and persons, rigidity of limbs.
and eyelids, wasting, diarrhoea, hemorrhage, involuntary discharges from the bowels, colliquative, sweat-gout, typhus fever, intestinal perforation. Perforation of the intestines is not necessarily fatal. When the pulse continues about a hundred there is little hope. Extensive delirium is a very unfavorable symptom. In proportion to the typhus fever is the gravity of the disease. Whose there is enuric, spasms, the case is almost certain to prove fatal.

In hemorrhage of the bowels about one half die, in attention of urine about one third die. Children seldom die of this disease, it is almost fatal among negroes. If a stranger is attacked, his chances
are diminished; this is the cure however, with all diseases.

The favorable symptoms and diminished frequency of pulse and heat of the skin, are interest on the part of the patient, in surrounding objects, gradual return of healthy practice, cleaning and moisturizing of the tongue.

Treatment—Before speaking of the treatment of Typhoid fever, it is necessary to inquire whether it be possible, by a vigorous employment of measures in the early stages of this fever, to cut it short. The question has been much agitated and many of the profession cannot that it can frequently be effected. Some have declared that hooe
Cut it short by heretioine class of quinine, but this we cannot believe. Quinine is a powerful motarial antidote and cannot have much potence in Typhoid fever unless the fever attacks a Malarial deatosis.

There is very great mammuthia in regard to the treatment of this fever among physicians. There is complete medicine indicated. The oil of cassafras has been highly lauded by some; but spirit of turpentine seems to be a medicine peculiarly adapted to this disease; indeed, our able professors of the theory and practice of medicine say that "turpentine is as much a specific in Typhoid as quinine is in malaria," the doc
is gtt 15 to 20 gtt every three hours.

The following is the preparation used by Prof. Bowling (Wig):

By Gum Arabic 3

Compounds Spsd. Founder 3

Sps. Turpentine 3

Shake well and give a teaspoonful every three hours. The turpentine acts in some measure as a stimulant but chiefly as an alterative to the irritated surfaces in the intestinal mucous membranes.

Dr. Woody, who I believe, first introduced turpentine as a remedy in Dripid fever, says that it is strongly indicated when the tongue is very dry and fails to cleanse off, continual tympanitis, weak pulse etc.

But it should be given in the way
beginning of the attack,

The proper remedies for the various
local affections, or incidental
complications will naturally suggest
to the practitioner as they arise,

The bowels should be kept gently
open by the mildest laxatives or
enemas. The greatest attention
should be paid to cleanliness and
ventilation; while the atmosphere cannot
be purified by these means, recourse
may be had to some of the charac-
terine preparations. Patient should
lie upon a straw mat or
and permitted to drink as much
cold water as he wants.

The ebullity attendant upon
the advance stages of the disease,
generally requires the use of tonics
and stimulants,
The most suitable stimulant is wine whey, of which a tablespoon full to a wine glass full may be given every hour or two,