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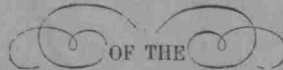
ON

Typhoid 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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Typhoid Fever.

There is no disease perhaps, common to this or any other country, about which there are more conflicting opinions among medical men relative to its nature and treatment than Typhoid fever; affording sufficient evidence to my mind that it is not clearly understood by the Profession; - that is, that its pathology and treatment are not clearly and practically defined, as may be inferred from the various opinions of medical men upon this disease.

I do not expect to throw any new light upon its pathology, or claim to introduce any specific, any new remedies, anything original, entire-

ely unaided by the opinions general of
the Profession. But my aim is, to
contribute something, let it be ever so
small, to the general stock of matter
that is in store for future investigation
which will ultimately define the nature
and treatment of this disease as clearly
as any disease that afflicts the human
family. Will much talking, lecturing,
or writing aid in disseminating
knowledge upon this or any other disease?

I answer, that if the matter be
practical, out of a crude mass of ma-
terial the elements of this, or any other
disease may be found, that will
establish its nature as clearly as any
immutable law of nature. If men
would write what they know, - confine

themselves to experience, facts not hastily drawn from superficial observations, without descending so much upon fanciful theories; matters in question would be more easily solved.

Paping over the general descriptive portion of this disease, I shall come at once to those symptoms only, which I consider characteristic and invariable which are to be found in every case of Typhoid Fever, and then pass to its treatment. In doing this I shall be governed principally by facts which have presented themselves to me in the treatment of this disease.

My experience I know when compared with others is quite limited, but then its experience of more or

less extent. Of the anatomical characters of this disease I can say nothing, never having performed a post mortem examination. And as to the nature of the fever, there seems to be nothing more definable in this than in any other fever.

The first invariable symptom, and one that is always found upon close examination early in the disease, and more particularly in its latter stages, is a diseased condition of the small intestines of more or less extent, confined as I believe to the mucus coat of the bowel, from the fact of the extreme susceptibility to cathartic medicines, and from the diarrhoea which is nearly always in

attendance from the commencement
of this disease. But it is not always
confined to the mucus coat, but ex-
tends to the muscular, from the con-
strictions that sometimes exist, yet
there being all the symptoms that
constitute Typhoid Fever. I shall
say nothing of the inflammation and
supuration of the glands of Peyer;
these glands are involved, but I
think not from the beginning;
this is only secondary, and not a
primary symptom, brought about by
the general condition of the bowel,
and from the peculiar nature of the
disease. This disease presents in
many instances all the symptoms
of acute Enteritis; and unless the Practitioner

ner be on his guard. Such cases will be very apt to terminate fatally.

There is a marked peculiarity in this disease which distinguishes it (not by the ordinary symptoms, but by actual experience) from all diseases purely inflammatory of the mucous or muscular coat of the bowels; which is a tendency to debility - a typhoid condition; which if he use any of the active antiphlogistics is sure to prostrate the patient before he is aware, beyond recovery. This condition of the bowels is generally very easily detected; either from the pain or diarrhoea that exist, or if these be wanting, pressure over the abdomen especially in the iliac region is almost

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sure to detect it. I say nothing
of the Tympanitis, and the gurgling
Sound heard in the iliac region,

these are not always to be found.
Another, and one of the most chara-
cteristic symptoms of this affection is,
Epistaxis. This is an invariable sym-
ptom according to my observation,
and generally occurs so soon as
the third or fourth day after the
commencement of the disease. It
is never copious, though I have seen
it in certain pregnant females become
alarming, requiring the intervention
of remedies. This hemorrhage is
generally slight, of an active character,
caused by local determination to the
head, and is to be distinguished from

that hemorrhage which is liable to occur from all mucous surfaces in the latter stages of this fever, being a different pathological condition of the system; showing a total want of tonicity in all the vital functions of the animal economy, in which the machine is rapidly running down and will soon become moribund. If these two symptoms are wanting, I should hesitate to pronounce any case Zyphoid Fever. There are other symptoms, such as eruptions upon the surface, supposed by some to be connected with a similar internal eruption; yet I have never been able to discover any connection between the eruption and the internal affection; nor have I been

able to detect but in few cases these
retchings, and these not before the
twelfth day of the disease. Another
symptom, and one that leads me to a
prognosis in many cases with some
degree of certainty, is, loss of appetite—
a loathing for all kinds of food. This
is so universally true, that whenever
the contrary—an appetite for eating
amidst the general wreck of the sys-
tem, I look upon it as very unfavour-
able, indicating a general perversion of
the nervous system; and in truth the
pathological condition of the system
is more serious, being that of acute
Gastritis added to the other symptoms.

Treatment. Much has been
said in relation to the treatment of

This affection - whether it can be interrupted, cut short in its course; or whether you use "inactivity," or the less rational "active remedies," or whether ^{you} employ remedies according to symptoms, regarding always a certain pathological condition - a tendency to debility. I am averse to no particular method of treatment, but rather prefer the latter. I am candidly of the opinion though, that many cases of this disease when taken in its incipient or early stages may be cut short, absolutely broken up by proper remedies, and thereby prevent a long lingering six weeks confinement and perhaps death. In many cases where there is diarrhoea, thirst, dryness

of the skin, no cerebral excitement;
I generally begin the treatment with
from the sixth to the fourth of a grain
Sulphate Morphia added to from one to
two grains Sulphate Quinine, given
every three or four hours as the nature
of the case may require. A copious
perspiration is produced after the first
or second dose is taken which allays
thirst and fever, promotes rest,
without exhausting the vital energies
of the system to much; for I must
say that I always look forward with
fear to a lingering course in which
inactivity will be the only
remedy. By a continuation of this
course, with an occasional laxative,
Cataplasms &c to the bowels, I have

been able in many cases to have the patient convalescent in five or six days; whereas I have seen in other cases, similarly affected, under a kind of febrifuge cooling powder treatment, run on to a fatal termination in three or four weeks. It is not all the cases that will yield to this course; the Physician may not see the patient until after the period proper for the adaptation of the above remedies, or the brain or other important organs may be so involved as to contraindicate them. Calomel I regard as being passively injurious except in a few cases, it not being adapted to the peculiar condition of the bowels.

The End