

AN
INAUGURAL DISSSERTATION
ON

Syphilitic Fever.

SUBMITTED TO THE
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BY

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OF

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Syphoid Fever

Syphoid fever a common endemic disease of both of the United States & Europe, has many appellations & common day names such as Gastro-enteritis Continued fever Common continuous Nervous fever abdominal Syphilis Enteric, Cutaneomesenteric Follicular Syphilis Nictior Syphilis-Gravis. Which common day names are uncertain & perplexing Syphoid is not a suitable name or common day name for the word Syphoria is derived from Syphous Stupor or like typhus But who ever has seen either of the diseases will immediately recognise a material difference that is hear a description of the other typhoid being a disease of the bowels & Syphilis being a disease of the blood supposed to

originate in dark caves & cloudy holes
more frequent than any other place or in
crowded Hospitals in the holds of ships
and all such places and especially where
impure atmosphere existed to a great
extent And on the other hand Typhoid
fever has been known to exist & prevail
to an alarming extent where it would -
it would hardly look reasonable to sup-
pose any impurity of atmosphere or any
known cause could be conceived to exist - But
we know that filth will aggravate the disease
Inflammation from action pusule & enterous
intestine In fact we have no very appropriate
name And as many have expatiated largely
upon the one best suited I shall leave
it for others to call by whatever ever
they think best with the privilege of doing the-

same myself, Symptoms & course. It is generally ushered in with a dull slight headache or dull heavy leadeness But before the disease has fairly set in the patient will complain of a bodily shortness of breath a partial loss of appetite Bowels disposed to run off giving a good deal of trouble experiences a good deal of uneasiness smarting of his limbs or tetter an aching in different parts about his person as dress at other times fitful feverish his bowels frequently moved to an excess by the use of some slight laxative. The disease now having fairly set in all the symptoms of fever ordinarily, are present such as heat dryness of the skin frequency of pulse thirst & sweat. Checks the symptoms are somewhat pre-

- lies pulse from Ninety to One Hundred,
in a minute and of considerable strength
and fulness often amounting from
One hundred & ten to a hundred & twenty
the flushing of the face is more of a
dying tint or hue than any other fever
and when absent the countenance presents
a sadness or dullness of peculiar heaviness
Not infrequently bleeding at the nose
is a good diagnostic the headache is
seldom absent if but a short time the
tongue has a short white fur with
the papillæ projecting, frequently then
there is an intermission or remission
the exacerbation subsiding with perspiration
But this is much less frequent than is the
case of previous intermissions. These symptoms
continue for several days increasing in

- violence, the pulse becomes more frequent & less strong the tongue is covered with a thicker coat having a tendency to dryness, the skin acquires a heat and aridity which is often described as being aerial & languid transient pains are felt & especially upon pressure over the right pleural region a cough frequently sets in with a dry & sometimes mucous expectoration the urine is slightly changed sometimes scanty high colored frequently having to use catheter and when asked says just urinated and when he did came away in dribbles other symptoms void superadded the tongue before rather moist now becomes of a dark red and shining appearance, the bowels being disturbed

When percussed Sore & Squamous, then
up to this time if the Sputum have not
ampliorated the tongue will become dry and
dark the teeth having dark Sores just
When the teeth enter the gums the tongue
assumes a shining red appearance not un-
frequently choiced then up to this time the
pulse become exceedingly quick and
feeble the surface universally hot & dry
Sudamina appear upon the lower portion
of the Chest an abunmous also the rose
coloured Spots a good augurie, however
classed among the Exanthematos by some
authors the patient frequently lying upon
his back slants down in the bed unable
to retain his position picking at the bed
Clothes imagining himself able to walk &
will often make an attempt at walking

failing to let the bed side completely exhausted &
 willing to stay wherever he is placed. When the
 disease is about to terminate unfavourably the
 pulse will become quick feeble involuntary
 discharges from the bowels the extremities
 becomes cold & clammy. When a favourable
 termination is about to take place the
 tongue becomes moist and begins to clean
 from the edges & tip, the pulse becomes less
 frequent the appetite returning or not so
 much disgust for food and exhibits solicitude
 for himself. Generally the disease is uncertain
 sometimes terminating fatally within six
 days again lasting for weeks and months
 Dr Borrow mentions a Case he records
 of lasting two years. Not unfrequently you
 will come across a Case having all the
 appearances of Convalescence and yet

taken suddenly with pain in the bowels
 especially the last pressure great torments
 caused by perforation of the intestines setting
 up inflammation of the peritoneum and
 death ensues immediately But such Cases
 does not always prove fatal for I have seen
 several Cases, that recovered but taking
 many months

Anatomical Characters

As I have but little observation & experience,
 in this particular but little can be expected
 I have seen several Cases said to have
 died of fever and the whole intestinal cause
 found to be involved not only the glands
 of Peyer & Brunner but the mesenteric
 the brain having the appearance of
 Phlegmasia according to Lown, the
 ulcers are of two kinds the soft & hard

the former being soft to the touch the latter hard & having a shining appearance having the same appearance as Jetrius or resembling it very much the hard may undergo resolution the soft always the duodenum not so much affected as some other parts the Colon is always ulcerated to a considerable extent The liver spleen kidneys Aorta heart affected very much the blood when drawn has no peculiar mark or sign except Coagulating at sometimes at others not - at all

Causes

Nothing for certain has been brought forward to prove the preceding cause it has been found in healthy celebrities as well as in unhealthy persons the Mountain-top as well as in the

Valley among the rich as well as among
 the poor among the well fed as the bad
 and under all Circumstances but
 still having a greater partiality for one
 than another some saying one thing &
 precipitating cause whilst others say
 another But I think all these things
 such as hard badly Clotted Exposure to heat
 & cold Barely exposed Improvement crowded
 hospitals Emigration all having a tendency
 to produce the disease Some constitutions
 naturally more Susceptible to disease than
 others And occurring most frequent in
 young person there are few cases over
 record of persons over fifty years of
 age But I remember a case of an old
 gutterman who was said to have Sphacelid
 fever at least I have thought to aspern

The diagnosis of his physicians, Dr Woods,
 says he has never seen a case, in both his private
 & public practice to have originated by Con-
 tagion in my mind there is a good deal
 of dissatisfaction concerning the meaning
 of Contagion many say that Scurvy feel-
 is come under the meaning while others
 say that touch is necessary to communicate
 the non-contagion does mean of itself Con-
 tagion touched to touch I am firmly of
 the belief that it is Contagious touch certain
 circumstances I have had the pleasure of
 trying it tested in myself that is myself
 and another were confined in a room for
 six weeks while one of us had an attack
 the other did not. Then I can point out cases
 where persons were confined in the room,
 but a week & all the symptoms of fever —

present themselves But I would not be able
to convince some of its Contagion or now,
Contagion Should I write for months they
would take it as no evidence at all,
as I have said I am at a loss to say what
is the predominating Cause,

Diaquosis

It is frequently complicated with Bilious
fever than any other fever my young
Practitioners being Surjole to step forward
and pronounce this or that Sypnoea fever
upon first sight It might answer for
an old practitioner but beware young
men sometimes but not in this Country
it is mistaken for Sypnus But there is
no use of such a mistake in this State
at least such is my opinion at any rates
I will leave this as you see ^{for} point obscure

to decide. But still you may decide tolerably
correctly concerning Ophelias fever the
mode of attack being generally slow &
certain while that of Intermittent &
Feverish makes rapid strides having com-
plete intermission or remission while there
is no complete remission and if any
not perceptible it has been mistaken for
some of the Drawn-out cases where
there is any of those prevailing. But my
plan would be to take into Consideration which
was prevailing most-numerous & when I made
a diagnosis It could not be any thing else,
unless no Circumstances.

Prognosis

Generally not very fatal considering
the number of Cases complicated with
Pneumonia Bronchitis Rubicula Scartifica

Statistics go to prove that the disease prevails with more violence one year than another proving to fatal to a greater extent those terminating fatal most usually Coups located with the above named diseases and where the brain was implicated proving fatal to great extent

Treatment.

In the first stage or commencement of the symptoms abstaining from solid food. Rest - Confining himself or herself to his room being well clothed Some recommend little or no treatment But I think if the disease be taken in to hand at this time you will frequently have the pleasure of seeing it checked in its course if not completely check the symptoms will be ameliorated

The treatment Should not ^{be} commenced
 with a purgative as is customary in
 all other fevers the Bowels Should be
 evacuated Bleeding has been recomme-
 nded by Some When there Seems to be
 a saignious determination to the brain
 But I am of the opinion that young practi-
 tioners Should with hold the lancet in
 Syphoid disease not saying the would
 not be justifiable But be Cautious let
 him not Satisfy with lacerated blood
 Letting for instance Leeching Capping
 Whether leeching does any more good than the
 mere abstraction of Blood, I would without
 hesitation say they do good in some other way
 But I am ignorant as to what it is.
 We Should commence the treatment with
 a Laxative or mild Cathartick as Magnesia Castor

-oil when there is not too much irritation
 I would use a few drops of turpentine
 say from four to ten drops we should
 husband the strength of the patient -
 for it seems to have a great tendency
 to weaken more than any thing else showing
 the impropriety of too great blood letting
 After the bowels have been evacuated so as
 to free them of any irritating the refrigerant
 aperients to obviate the febrile symptoms
 given in the form of neutral mixtures or
 the effervescing mixture being the same
 thing except one is giving whilst in
 a state of effervescence. I speak wine
 sometimes making a good addition. Our next
 object is to try the muscular plan of
 treatment given in small doses the
 Azaraeome Cam Catta being among our

Mild & best - Mucousal or Let Calomel
 be given in combination with Sassafras
 or Astringent to prevent too free action upon
 the bowels. Astringent being given to prevent
 diarrhoea. Turnips &c. The State of the bowels
 should always be attended to with regularity if
 the operations be scanty Measles should be taken
 to get at least one good operation daily by
 injection or some mild laxative taking care
 they are not operated on too fraily.

Blister should not be applied except in
 the early stages. Being inclined to slough
 in the latter the local treatment should consist
 of Cola applications to the head see —
 provided in Bladders a cloth may be
 of Cola water laid upon the forehead & —
 Turnips also Liches applied to the temples
 Sina pismus over the abdomen. Or Mucus —

formulations of Wheat-bran place in
 warm water or warmer Wheat bran may
 be substituted the wet often becoming
Troublesome & the patient will com-
 plain of its weight - But the wet is the
 best - But if there is obstinate distension
 or Typhantic Blister I will be forced
 to giveable. If the symptoms do not yield
 by this time in to complete Syphilis
 Wood recommends turpentine when the tongue
 is dry & commences peeling off, inflates
 from the middle. But I have done it
 used throughout the disease, that
 is when as other periods of the disease
 it may be used to an advantage &
 with the most decided benefit generally given
 in an emulsion of Acacia & sugar five to ten
 drops to the tea-spoonful

When the extrunctio Cola & Collaguvatice
 Sorots Camphoros Mater nimis acidis (Hops,
 Mixture) I have also had the pleasure
 of seeing Prof Bowring's prescription used,
 Nitrate aragoniti Sub nitrosum Bisomuth with
 Senna substituted instead of the Opium
 which may prove highly serviceable
 as I learned afterwards that nothing else
 was given and a recovery took place,
 Cleanliness should be observed diet-light
 Boiled thickened milk or Boiled milk
 arrow root- When the patient is in the last
 stages of the disease has become weak and
 nothing seems to be the matter more than
 weakness we should make an attempt to
 give him strength by using Stimulant & animal
 blood whisky Brandy with eggs also gruel
 has been used with decided advantage, not only

at this particular period but under many
other Circumstances that is useless for me
to detail. Spouting with Nitro Muriatic acid
Cold water to the face & hands Bottoms
of the feet may be wet & wiped dry or they
may be bathed in warm water & salt often
the feet are exposed to become Cold, warm
stocks or bottles of warm water Should
be kept Constantly to them Mustard Caps
Siccum you might resort to any of the Strument
to give & keep them warm I have seen Dr Atles
Treatment of the disease used & successful
that is Act^r Plumbi according to his
directions