

AN  
INAUGURAL DISSERTATION

ON

*Enteric fever*

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BY

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OF

*Tennessee*

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To  
Thomas. R. Jennings. M.D.

In  
Consideration of his rare abilities  
His many moral and social  
virtues and of his splendid  
Attainments in Science

These pages are  
Respectfully  
Dedicated

By

The Author

This disease has received a variety of names from the fancies of writers, all of which claim to be formed on the particular seat of the malady and the phenomena which it presents;

Thus, it has been called Typhoid fever; meso-enteric fever; nervous fever; abdominal typhus; and enteric fever. These with various other epithets have been applied to it.

I have chosen that of enteric fever, as it seems least objectionable, and more particularly points out the seat of most constant lesion.

Enteric fever does not always make its ingress in the

same way.

It frequently happens, that for several days prior to the disease taking on its distinguishing characters, and for some time before the individual is rendered incapable of pursuing his daily avocations, he is affected with what are called prodromic symptoms, certain phenomena which indicate an attack of enteric fever, so that we cannot always set down the precise date or commencement of the disease.

These prodromic phenomena seem to owe their presence to an altered innervation depending upon some peculiarity of the brain and spinal marrow,

Probably the action of a poison.  
 These patient's countenance  
 bears a peculiar expression; he  
 becomes white or livid, his mus-  
 cular power fails. him, he  
 is absent minded. begins to look  
 ill is easily fatigued is almost in-  
 capable of exerting body or  
 mind. and not unfrequently  
 we find our patients are  
 very apprehensive of some great  
 evil, or impending danger.

They have migrating pains;  
 and sometimes there is giddi-  
 ness, drowsiness in the day  
 with vigilance at night.

All the powers of the  
 system seem to be overcome.  
 In some cases this premonitory -

Symptoms are wanting indeed according to some, I believe, they are most generally wanting.

The fever, most generally commences with a chillor, fit of shivering. Another common symptom is pain in the anterior lobes of the cerebrum.

Diarrhoea with more or less uneasiness in the abdomen is present; gurgling in the right iliac fossa is almost always present of the disease;

I will divide the course of the disease into three weakly, stages, not that we can allot particular symptoms to each, of these stages, but more particularly for the

convenience of studying it; though in many cases, when the disease runs its course regularly, we may with great accuracy, allot certain symptoms to each of these stages.

We will first speak of the sanguiferous system. I think that many of the phenomena which are present during the first week; may with propriety be referred to it. In most cases, the pulse is accelerated, there is pain and throbbing of the temples, with increased heat of skin, and thirst generally. I say, the pulse is,

accelerated. but in some cases it may be below the heat they standard.

In irritable constipation, other things being equal, the pulse is most apt to be accelerated. In weak males, children and females the pulse may get up as high as a hundred and twenty or thirty per minute in a very short time, while in robust males it will require the lapse of several days for the circulation to acquire this great velocity; indeed, I have seen strong, athletic blacks. pass through the whole course of the disease with a pulse at fifty.

In enteric fever a quick pulse will afford a better prognosis, if it be regular, than one which is beating more slow and is less regular.

During this first week the skin is warm and pungent. There is a great thirst for cold drinks. The tongue covered by a white or brown fur and most generally red around at the tip and edges; sometime there appears about the end of the first week a brown line which occupies the tongue.

About this time, the end of the first week;

8  
we will have manifest signs  
of diseased action going on  
in the abdomen. Diarrhoea  
is generally present, the  
stools are either of a dark  
watery consistence or of  
thin clay colour with an  
odour something like sulphurated  
Hydrogen and sometimes streaked  
with blood.

The bowels are swollen,  
hard and tympanitic;  
we have a clear full sound  
on percussion, such as  
one as would be emitted  
were we to tap the head  
of a drum. It is now that  
we have the gurgling sound  
in the Cecum probably.

9.  
produced by the admixture  
of gaseous. and fluid bodies  
in the bowels.

About this time  
we may expect apthae of the  
fauces giving us evidence  
of disease in the mucous mem-  
branes being the air passages  
Oesophagus and the Stomach.

We come now to  
speak of the second stage  
or week. The patient. has a  
peculiar look: the features are  
fixed. though if you speak  
to him he will give you  
an intelligent answer. Deli-  
rium often takes place  
about this time.

He sleeps but

10  
little and receives no refreshment  
from the short naps which  
he takes. He will awake some  
times horribly affrighted, as  
if he has had some alarming  
dream.

As we have remarked  
there is great muscular weak-  
ness at this time. The stools  
may be passed in bed, the  
urine is scanty and high col-  
oured.

The tongue becomes dry-  
er, browner fished and some  
times in extreme case sloughs  
off. Sordes gather on the teeth  
and lips. The delirium about  
this time grows much worse.  
There appears an eruption

On the surface; particularly on the abdomen and chest the posture is now indicative of great weakness.

The patient lies on his back he by degrees works himself down to the foot of the bed. so that it often happens that you have continually to keep moving your patient up the head of the bed in as much as he has so strong a propensity for the foot of his bed, and not unfrequently about this period, there is great difficulty of deglutition as well as indistinct articulation subsultus tendinum and other well marked symptoms of great distress.

There is a peculiarity in the delirium. At first ~~the~~ <sup>the</sup> patient wonders at night only. The patient seems to be regularly rambling about; his mind is elsewhere oft times. Thinks himself away from home matters in his hours of wakefulness as a man would do in his dreams. He is inattentive to all that passes around him.

The patient may be aroused from this state by a loud voice or a strange face he will generally become collected when his medical attendant visits him, but he seems only aroused to relapse again into his same condition.

At this time there is great deficiency of sensation and <sup>an</sup> ~~an~~ <sup>er</sup> ~~er~~ <sup>gic</sup> ~~gic~~ <sup>ity</sup> ~~ity~~ <sup>of</sup> ~~of~~ <sup>im</sup> ~~im~~ <sup>pre</sup> ~~pre~~ <sup>par</sup> ~~par~~ <sup>ability</sup> ~~ability~~.

The patient becomes deaf; vision is impaired objects appear before the patients face, as muscae volitantes and he reaches forth his hand endeavouring to catch them.

The sense of touch taste and smell all become impaired Bed sores may form about the sacrum and scapulae without attracting the patients attention. If he be asked how he is he will declare himself better or will say he feels just well and wish to go home or will ask for some departed friend.

I repeat. It is in this stage of the disease that the eruption makes its appearance.

Though it may make its appearance a little earlier. It consist of small rosy blotches of a roundish shape; scarcely if at all raised above the level of the surface.

These blotches may be few or they may be numerous: upon the limbs they are least numerous. They are most distinct in persons who have very fair skin. I will remark here that the rash is one of the most infallible signs which characterize the disease. of ten cases of the disease

which have come under my observation. I do not think it was wanting in but one.

At this stage of enteric fever hemorrhage from the bowels is likely to take place; it may be profuse and rapidly exhaust the patient, or it may be less in quantity; recurring at intervals and thus as effectually wasting the strength of the patient, as if more profuse and stage.

The phenomena of the third stage vary considerably as the disease is about to terminate in death or in the relation of health; for sometimes we find hemorrhage proves beneficial in this fever.

If the disease terminates in recovery, the more threatening symptoms begin to abate.

The patient will give heed to the questions which are put to him, he once more takes an interest, in what is going on around him.

The tongue becomes moist, the skin which was before hot and pungent, now becomes cool and moist. The desire to evacuate the bowels is now taken cognisance of.

And the evacuations, which were, involuntary are now voluntary. Thus the whole train of phenomena threaten dissolution and which have caused so much

anxiety are exchanged for those which lead us to anticipate a recovery.

But unhappily, where the disease is about to terminate in death the unwelcome visitor may make his appearance in several different ways.

By coma where the organic life survives the animal life (the usual conscious muttering may become profound) and death begins in the head.

The pulse may grow weaker, more frequent at times hardly perceptible. I have seen after a profuse hemorrhage from the bowels or nasal cavities. The pulse get in this condition in a short time.

The extremities become cold and thus we may have coma complicated with asthenia but the coma generally in the lead.

Death may take place by apnoea, this is not very frequently the cause of death in fever; though like asthenia it may frequently be confounded with coma.

We come now to speak of pathology of extreme fever: Our remarks under this head must necessarily be brief, as our opportunities for post mortem examinations have been few, and our dissections have revealed nothing, what is laid down in the books.

The ravages of this fever are more often found in the abdomen than either the thorax or brain.

It is well known to every anatomist that glands are found in the bowels.

We have the solitary glands or glands of Bruner, in the duodenum, and the glandulae agminatae or glands of Peyer in the ileum.

Now it is these glands of Peyer that is regarded as the seat of enteric fever. The changes which most generally take place in them, are inflammation with enlargement and ulceration.

When enlarged they present a

greyish transparent surface, dotted  
 over with black spots; as the  
 inflammation advances the pat-  
 ches become red, the follicles  
 burst, and form an ulcer which  
 may go on to sloughing.

Thus a direct communication  
 may be made between the cav-  
 ity of the intestines and the  
 peritoneal cavity. The mesen-  
 teric glands, are sometimes or  
 seem to be inflamed and al-  
 terated in enteric fever; this  
 seems to be secondary, and  
 bears the same relation to  
 ulcers in the bowels that bu-  
 boes do to chancres of the penis.  
 The lesions of the lungs and  
 brain appears to be secondary

affections, and need not be particularly spoken of here.

The diagnosis of enteric fever can generally be made without much difficulty especially when the disease is fully established.

The debility, the peculiar expression of the patient's countenance, the dry brown tongue, the quick pulse, the gurgling in the iliac fossae, the diarrhoea the tympanitic condition of the abdomen, and the rash as usually making its appearance on the seventh or eighth, with phenomena which have been previously mentioned will give us incontestable evidence of the

nature and character of the disease, with which we have to contend.

The prognosis will be favourable as the symptoms are of a mild or grave character. If the pulse be eighty five or one hundred and twenty four and is regular; the sensibility unimpaired. The diarrhoea mild and the tympanities be not too great. &c &c.

We may anticipate a very speedy recovery generally speaking. But on the other hand, if there is great debility, impaired sensibility, delirium, loss of appetite, irregular and frequent pulse, subcutaneous tenderness, excessive diarrhoea, and great tym-

-panetic distention of the abdomen; our prognosis must be unfavourable.

It only remains now to speak of those remedial agents, which have been found most efficacious in the treatment of this disease. These will be found to consist in the lancet local depletion as cups leeches poultices and stream of warm water with the siphon run for two or three hours as soon as the patient can bore it on the bowels. We now come to another class of remedies Emetics Calomel blue mass Colicini Oil of Turpentine Neutral mixture sweet sp. of ether Opium acetate of Ammonia Nitrate of

Silver. veratrum varadries Dig  
 atalis acetate of lead Tonic acid  
 Sulphate of magnesia Sodae powder  
 wine Brandy musk Guinia Sulp  
 anhefacients Blisters ice and cold  
 water.

These agents used with proper dis-  
 crimination and judiciously  
 applied will perhaps fulfil  
 all indications that fall within  
 power of our healing art.

I have thus spoken cursisory  
 ly of the treatment of this malady  
 from the fear of being tedious,  
 were I to give a full and elab-  
 orate treatment of this impor-  
 tant and direfull disease.