

AN
INAUGURAL DISSERTATION

ON

Dysphoria
Stever

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BY

P. R. Harris

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^{and} Typhoid ^{and} Fever

Perhaps there is not a disease in the whole category of human malady, the history, pathology, and treatment of which have elicited more controversy and discussion than that of typhoid fever. And notwithstanding they have been subjects of long and continued controversy—subjects which have received the attention and prying investigation of some of the most illustrious men, that have ever adorned the medical profession; yet there still seems to exist a wide discrepancy of opinion in regard to the true pathology and correct treatment of fevers of this class.

Typhoid Fever

In the first place, the pathology of typhoid fever, has suffered all the changes and vicissitudes, which have characterized the history of general pathology. Theories in regard to it, have been various and fluctuating. And in regard to the treatment, it is absolutely astonishing to see the great diversity of opinion that exists in the minds of medical men. This being the case, the scientific investigation of typhoid fever, must necessarily be, to the young student exceedingly difficult and perplexing, and amidst such chaotic confusion

Ephptoms

he should certainly be slow
in deducting his conclusions

Symptoms

Ephroid fever generally makes
its attack in a very slow
and insidious manner.
The patient is frequently
unable to tell the precise
time his sickness commenced.
The commencement of the
disease is usually ^{attended} with
chills or rigors, followed
by an increased heat of skin
and perhaps repeated every
day for three or four days.
Sometimes the extremities
are cold, while the body
is very hot, and vice versa.
The pulse ranges between 70
and 140, in proportion to the

Symptoms

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danger and severity of the disease. The patient is usually affected with cough and some thoracic oppression.

The nervous system in typhoid fever seems to be essentially and predominantly affected; the patient complains of dull headache, pain in the back, arms and legs; he is pale, languid and abstracted—listless and apprehensive, and is very reluctant to exert himself either mentally or physically. There is dullness of expression, picking of the bed-clothes and not infrequently, excessive somnolence. Muscular

Symptoms

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debility is a very prominent symptom. Delirium is a very common symptom in typhoid fever; it is most usually of a low muttering character and generally makes its first appearance during the night. It is sometimes the most formidable symptom, with which the physician has to contend — the patient is wild and almost furious, requiring considerable force to confine him to his bed.

Digestive and abdominal symptoms.

The tongue in the first stage of the disease, in a great many cases, presents very little marked difference in its appearance, but as the

Symptoms

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disease advances, and becomes more grave and severe, the tongue becomes narrow and pointed, black and fissured. Thirst is always in proportion to the amount of febrile excitement.

The appetite is nearly always absent, from the beginning to the end of the disease—the very idea of eating is offensive to the patient. Symptoms of gastric derangement are manifested in a majority of cases—nausea and vomiting frequently occur during the progress of the disease.

Diarrhea is one of the most common, and when received

Symptoms

in connection with other symptoms, is perhaps one of the most characteristic symptoms of typhoid fever - it varies considerably in different cases, and is not confined to any particular stage of the disease.

The discharges are generally liquid, having somewhat the appearance of cider or pea-soup and emit quite an offensive odour.

The number of stools is usually in proportion to the severity and gravity of the disease.

Pain or a distressing sensation in the abdomen is a frequent symptom - it is present

Symptoms

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and distresses the patient in a great many cases, during the whole course of the disease, it is located usually in the hypogastrium or around the umbilicus.

^{and} Tympanites, or a distended condition of the parietes of the abdomen, with flatus, is a very common and somewhat characteristic symptom. Like diarrhea, the degree and severity of this symptom generally exist in a corresponding ratio, with the danger and severity of the disease—also in connection with this there is another symptom of considerable importance, in a diagnostic

Symptoms

point of view; viz, a peculiar gurgling sound in the region of the Coecum, which can be produced by pressure over that region.

In typhoid fever there is constant and gradual emaciation from the very commencement of the disease, though it is frequently the case, that it is scarcely perceptible until the advanced stage. Epistaxis, occurring at various periods of the disease, is quite common. There is most usually but little hemorrhage, though sometimes it is very profuse, requiring the physician's immediate & prompt attention.

Symptoms

Cutaneous eruption
about the second week of
the disease, the lenticular,
rose coloured spot most
generally makes its appearance
It occurs on different parts
of the body, but is most
commonly found on the
thorax and abdomen. The
number of spots varies
considerably in different cases
sometimes being very few,
and other times a very large
number, so as to dapple the
whole surface of the thorax
and abdomen. They are about
the size of a pin head, slight-
ly elevated, of a bright
rose colour and of an
evanescent character.

Anatomical Lesions

There is another eruption sometimes occurring in the progress of this disease, which has reced the name of Eudamnia. It consists of transparent circular vesicles usually appearing about the shoulders and sides of the neck

Anatomical Lesions

In typhoid fever there is nearly always lesion of the small intestine. Some pathologists contend that this lesion is invariably present - that it is never found in any other disease and consequently is peculiar to typhoid fever; Others deny the assertion and contend that this lesion is not only

Anatomical Lesions

sometimes entirely absent, but that it is frequently found in diseases which are essentially different from typhoid fever. The most usual pathological change observed in the small intestine, is inflammation and ulceration of the glands of Peyer - these glands are confined to the ileum and are most numerous near the ileo-Caecal valve.

In a great many cases the large intestine is found distended with flatus and sometimes it is the case that the Caecum is found in an ulcerated condition, but the alterations here are not so common as in the small intestine.

Anatomical Lesions

Considering the frequency and severity of cerebral symptoms in typhoid fever, a person might be led to the conclusion, that there existed in the brain corresponding alterations in structure and appearance: but this is far from being the case, for it is frequently found to be the case, that the brains of those who manifest symptoms of cerebral derangement in their most aggravated form, exhibit after death very little, if any alteration in structure and appearance. The most common changes consist in the effusion of serum

Anatomical Lesions

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Between the Arachnoid and pia-mater; every trace of the cortical and injection of the medullary substance

The spleen is generally found enlarged of a dark colour and of soft consistence When the duration of the disease has been very long it is sometimes found enormously enlarged

The liver is said to suffer comparatively little in this disease it not infrequently being the case that in autopsical examinations, there is observed in it no appreciable alteration The change when any exists most commonly consists in softening

Causes

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There is but little known in regard to the predisposing cause of typhoid fever. It prevails in nearly all parts of the world and its ravages are sometimes truly appalling. Persons between the ages of fifteen & thirty are most liable to be attacked with it. The negro is said to be as liable to it as the white man with infinitely less power of resistance. It is maintained by some that the disease is alone propagated by contagion, but that this is not the case especially in our part of the country is a fact to which nearly every experienced physician will testify. Persons are said to suffer this disease but once

^{and} Treatment

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In regard to the treatment of typhoid fever, there is, as I have before stated a very great difference of opinion. Nearly every practitioner has his own peculiar mode of treating this disease; one will place implicit confidence in the use of purgatives and blisters; another will condemn their use; one will contend that Quinine is capable of arresting any case of typhoid fever; another will pronounce it not only entirely useless but absolutely injurious; one will extol venesection as a remedy; another will be shocked at the very idea of bleeding a patient suffering

Treatment

From this disease. The most judicious plan of treatment I conceive, is always to let the patient alone when he is doing well; we can not cure him and all efforts to cut short the disease will prove a source of injury to the patient. The disease is bound to run a specific course, and should the practitioner be fortunate enough to conduct his patient safely through, he will certainly have achieved much. Strong, active medicines are inapplicable to the treatment of this disease; the patient should be kept as calm and comfortable as possible.

Treatment

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All unnecessary furniture should be removed from his apartment and the room kept well ventilated. Calomel from its defibrinizing effect is Contra-indicated; Opium to arrest diarrhea and if necessary an emema of Landanum and starch; Emollient applications over the Abdomen, frequently exert a very salutary influence; use Cold water freely both externally and internally; to relieve Cerebral symptoms, shave the patients head, blister the back of the neck and apply Cold applications freely to the head; Commence giving of oil of turpentine in the

Treatment

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Early stage and keep the patient well saturated with it throughout the disease

Recipe. Mucilage, gum arabic $3\frac{1}{2}$

" Comp'd spts Lavender

" Oil of Turpentine aa 23

Mix. Dose 1 teaspoonful every hour. When there is great prostration and debility Cardials, and Stimulants are of considerable importance. In Convalescence the patient should be kept on a light, nutritious diet and should take sulphate of Quinia or some other tonic for the purpose of giving tone and energy to the System.

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