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AN

INAUGURAL DISSERTATION

ON

Enteric Fever

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BY

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Enteric Fever. So denominated by Prof Wood of Philadelphia in his recent work on the "Practice of Medicine" but more familiarly known as "Typhoid Fever" and which is also synonymous with "Continued Fever" "Typhus Mitior" "Abdominal Typhus" "Entero-mesenteric Fever" and "Dothinenteritis" is a common febrile affection, presenting a great diversity of symptoms, yet having in general a certain recognizable character, probably constituting in all its forms one and the same disease. This Fever is the ordinary endemic fever of Europe, and I may say of all portions of our own Country, for in the low marshy miasmatic districts it is often formed more or less mingling with cases of ordinary Bilious Fever. It is well known that the nomenclature of this disease is unsettled, it would therefore be an act of supererogation to take up our time in tracing up its history from the

time the attention of the Profession was first directed to it, until its identity was clearly established by Louis. Neither can we give all the Symptoms, but must confine ourselves with the most prominent, and most common. It is often ushered in by an abrupt chill followed by the usual Symptoms of fever, but as it occurs in this county, it more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement.

The patient is uncomfortable, and complains perhaps of weariness, generally uneasiness and soreness of the limbs, and generally a slight headache, the surface somewhat heated, the face flushed, and the pulse accelerated; the tongue if examined will be found to be slightly coated with a thin whitish fur, the appetite is generally very much impaired though not quite exhausted. These Symptoms continue

with a slowly increasing intensity, but with a tendency to daily remissions, for several days before the patient feels himself sufficiently ill to take his bed. There is most usually in the incipient stage of this disease, a looseness of the bowels, or Diarrhea; or an extraordinary susceptibility to the action of cathartic medicine which operates in much smaller doses than usual. The disease may now be considered to be fairly under way, presenting all the ordinary phenomena of fever, such as frequency of the pulse, heat and dryness of the surface,—The heat being of a peculiar and very pungent nature— a flushed face, pains in the head, complete loss of appetite, thirst, and general prostration. A characteristic symptom is hemorrhage from the nose, which is generally slight, and of no importance only as a sign.

These symptoms continue with little other change, than a gradual increase for several days; the

pulse becomes more frequent and less strong; the tongue remains slightly coated, or coats itself with a thicker fur; in either case showing a tendency to dryness or clamminess. And always red at the tip and borders. There is almost always considerable tenderness over the abdomen, particularly in the right iliac region; Some tympanites with a slight gurgling sound upon pressure. The urine is generally little changed, though sometimes scanty, high-colored, and offensive. Such is the usual course of the disease until the seventh or ninth day from the time of its complete formation. If the disease continue, a complete typhous condition is at length developed. The tongue becomes incrusted with a brown or black coating, or is dry, glazed and sore, while dark sordes collect upon the teeth gums and lips. The pulse becomes exceedingly frequent and feeble. The surface is universally hot and dry, or hot in some

parts and cool in others. Subsultus tendinum. is also a characteristic Symptom. The patient is extreme-ly feeble, lying on his back and slipping involuntarily down in the bed, which may be regarded as an unfavorable Symptom. Finally if the case is to end fatally; the pulse gives way, and becomes exceedingly frequent and fluttering, or slow and scarcely perceptible; the extremities become cool and clammy; the abdomen becomes enormously distended; the countenance assumes a peculiar aspect; and life gradually and almost insensibly goes out. But if instead, a favorable issue takes place; the tongue becomes moist and begins to to clean itself gradually at the tip and edges; the pulse lessens in frequency and acquires a greater fullness; the skin relaxes and becomes cooler and less dry; the stupor and delirium subsides; the patient pays more attention to surrounding objects; the abdominal distention

diminishes and the appetite begins to return.
There is occasionally a fatal termination to this disease of a peculiar character, which it is necessary to notice. The patient is suddenly seized without any premonition of danger perhaps in the middle of convalescence with violent pains in the abdomen, which is also exceedingly tender to the touch, sometimes there is no pain, but only tenderness; the lines are drawn up; the countenance assumes a peculiar ghastly expression; chilliness; an exceedingly frequent and contracted pulse, and vomiting.
A collapse of the circulation, and of the surface precedes death, which takes place in a day or two, though it may be prolonged for a week.
The cause of these symptoms is a perforation of the intestine and escape of its contents into the abdominal cavity, producing peritoneal inflammation. It is more frequently in the

mild, than in the aggravated cases that the
serious accident occurs. And it may occur
at any period of the disease.
The duration of this disease is uncertain
but is generally protracted. When the case ter-
minates fatally, death usually takes place about
the second or third week, and sometimes it
may be deferred as late as the sixth; though
I believe that those who survive until the
twenty-first day generally convalesce: it being
about the time it takes the disease to run
its whole course. The Rose-Colored eruption is
also a characteristic phenomena, usually ap-
pearing about the seventh or tenth days, or
later; they appear in successive crops, each
lasting three or four days. Sudamina are
small vesicles which often make their appear-
ance in this disease. They are usually seen
on the neck and upper part of the body

especially near the axilla or groins. They are known less characteristic of this disease than the Rose-colored eruption; occurring just as well in other febrile affections. There are other and very important symptoms, such as Hemorrhage. Delirium. Bronchial irritation. Dullness of hearing. various nervous symptoms. a tendency to Sloughing of the Skin, and a very apathetic, dejected state of the mind, all of which are characteristic phenomena; Though we have not time at present to notice particularly or individually; we therefore pass on to the Consideration of its anatomical Characters

There is hardly a single organ of the body which does not sometimes exhibit some signs of inflammation after death from this disease; but there are certain anatomical changes which are especially characteristic

of Enteric Fever, and which are so seldom wanting, that they may be considered essential. Such is the affection of the glands of Peyer and Brunner, situated in the Ileum. This is said to be quite as indicative of this fever; as the pustular umbilicated eruption is of Small-pox- and in fact I believe it is considered a post-Mortem test of the existence of the disease. These glands undergo various changes through the progress of the fever; at first they appear to be slightly elevated, and thickened, becoming larger, and harder, or softer as the case may be; the harder may undergo resolution or ulceration; the softer ones always ulcerate, destroying the internal coats leaving nothing intervening between that and the peritoneal cavity, but the muscular coat of the bowel, and very often the perforation is complete, letting the contents

of the bowels into the peritoneal cavity. These ulcers are not necessarily fatal, as upon dissection they have shown proof of a tendency to heal. The mucous membrane of the Illeum between the patches often, also, exhibits signs of disease. The colon is almost always distended with flatus. Sometimes enormously - producing that tympanitic condition of the bowels, before described.

Of the causes of this fever nothing is definitely known, it is certainly often generated in situations where human beings are crowded together, with insufficient or unwholesome food, and a vitiated atmosphere. Thus we more often see it appear in prisons, badly ventilated hospitals, large cities, camps and ships. Again: It is a remarkable fact that young persons coming from the country to a large city to live, are often attacked with it: all this

would go to prove that it was produced by effluvia from the the human body, did ~~we~~ not so often see it originate in the pure air of the country. It may occur at any season of the year, though mostly in the winter or Spring.

It has been thought by many to be contagious, and many strong facts have been adduced both by writers in this country and in Europe in support of this opinion. Thus, an individual coming into a healthy vicinity, from some place where the disease prevails is taken ill with it; and several days afterward, others residing within the same house contract it; and the fever gradually spreads over the surrounding country; Such instances are recited by reliable writers of this country, and several French Authors. But against the opinion of its ordinary contagiousness, is

The fact of its constantly springing up in isolated places; without our any possible communicating, and in such instances never spreading. If Contagious at all it must be only under peculiar circumstances. It prevails epidemically in certain places and generally confined to limited districts, resembling in this respect; the exanthmatous fevers.
In our Diagnosis we are to be governed by the Symptoms already enumerated; such as, the slow and insidious mode of attack: the Diarhea at the begining or soon afterwards; the dull, heavy expression of countenance; the dusky hue of the face; the tendency to epistaxis; the cough and bronchial rales; and after the seventh or ninth day, the dryness of the tongue and general diminution of the secretions; the rose-colored eruption; the sudamina; the tympanitic abdomen; the deaf-

-ness. The stupor or delirium, and the various signs indicative of the Typhous state.

The duration of this disease, extending two or three weeks generally, is also an important diagnostic character. It is of course understood that all these symptoms do not exist in any case; though we may be certain in our diagnosis notwithstanding.

The disease with which Typhoid Fever is most frequently confounded in this section of country, is Bilious remittent fever. But it may be distinguished from it; by its more regular and decided remissions; bilious vomitings, and yellowness of the skin; by its shorter duration, and its tendency to terminate in intermittent; and by the absence or rarity of all those symptoms above enumerated, as belonging more particularly to Typhoid fever.

As to the Prognosis of this disease, it depends a great deal on circumstances; ordinarily with proper attention it may not be considered fatal. Some epidimics are very mild; and others quite fatal. The grade of its severity as an Endemic differs greatly in different years. Among the most unfavorable Symptoms, are. Stupor and complete delirium;-upon inquiry of the patient he says nothing is the matter with him- preserves consciousness, subsultus, or epileptic Spasms; rigidity of the limbs, and eyelids; hemorrhage from the bowels; involuntary discharges; great prostration; extreme frequency of the pulse; coldness, and clammyness of the Skin; colliquative sweats, and great abdominal extension- yet there is no one of these that has not been followed by recovery. On the other hand the favorable Symptoms, are;

a diminished frequency of pulse, and heat of skin; increased consciousness, and interest in surrounding objects; a restoration of the healthy secretions, and a disposition of the tongue to become moist and clean. The younger the patient; and the better his previous health, the more favorable is the diagnosis. In no case, however death be considered inevitable.

In the treatment of this disease we will find that almost every Physician has his favorite remedies; or rather his favorite mode of treating it. Some relying upon one remedy almost as a specific, and others upon another, while at one time one is successful, and "vice versa." We are rarely called to a case until the disease is pretty well developed, when we find present, all the symptoms characteristic of Enteric fever; prominently

Hands Diarrhea: or at least- as I have often
stated- an extraordinary susceptibility to the
action of cathartic medicine. It is therefore
not advisable to give an active purge: yet the
bowels should be thoroughly inoculated in order
to remove all irritating matter that may
have collected in the intestinal canal, a
small dose of Ol Ricini or magnesia will
answer the purpose- If there is much in-
testinal irritation, the oil should be pre-
pared with the addition of a few drops of
the oil of Turpentine (ol terebinthinæ). I may as
well mention here that throughout the whole
course of the disease it is highly important
that the condition of the bowels should
be carefully attended to, as Diarrhea may
soon become a very dangerous, and an ex-
ceedingly troublesome symptom: When ca-
thartic medicines are given, it should be

in small doses, and repeated if necessary- if there is much acidity of the Stomach, Magnesia should be prefered- Whenever there is much gastric irritation- which however is seldom the case- medicines may be given by enemata.

The bowels having been cleared, we must turn our attention to the febrile Symptoms. When they are characterized by a full strong pulse, it has been advised to take blood from the arm, but from my idea of the disease I would much prefer local depletion, by cups and leeches, even when there is strong determination to the brain. Spts. of Turpentine is undoubtedly the best; and most to be relied on, of all other remedies in this disease. It should be given in small doses, of from one to two drops every two or three hours, throughout the disease.

Refrigerant diaphoretics should be employed from the commencement: (Probably one of the best is the Effervescing draughts of the U. S. Dispensatory.) and administered at regular periods, between the administration of the Turpentine, through the day. At night if the patient does not rest well, and an opiate is not contra indicated, to an adult, XV grs of Dovis Powder may be given at bed time: at the same time a foot bath of tepid water and lye.

Another invaluable remedy in this disease, is cold water, which may be used at all times with advantage: When there is a hot dry skin, parched tongue, and considerable jactitation, nothing relieves the skin, reduces the force of the circulation, and promotes the general comfort, more than a free use of cold water over the whole surface.

There are certain local affections to which our attention may be called. Head-ache may be relieved by mustard Sinapisms, or leeches, applied to the nape of the neck, or Temples cold water may also be applied. For Tenderness of the bowels, perhaps there is nothing better than warm mush poultices, which it may be well to keep them for several days successively. Nervous Symptoms that supervene may be met with the ordinary remedies, as Sweet Spts of Nitre, Hoffmans Anodyne, Camphor water or musk, and Opiates when not Contraindicated.

In favorable Cases no other treatment will be necessary than the foregoing; of Course in more aggravated cases, in the failure of the above remedies, we can find in the long catalogue of Medicines, numerous others to which we may appeal. We must treat Symptoms as they arise, not be governed by "Authority," altogether, but watch our Cases

Carefully, note well the various changes which occur in the course of the disease, and act accordingly. We should see our patient as often as possible during his sickness, even after we think him comparatively out of danger. Great caution is necessary in convalescence, that they should not eat too much, and even before, their diet should be very light, consisting of milk and mush, which is a good daily regimen.

I shall now take leave of the subject, (humbly hoping that I may never see this Thesis again,) and at the same time regretting my inability to do justice to so important a Disease