An Essay on Entero-mesenteric or Typhoid Fever

By

William, M.D. of Pennsylvania

Presented to the
Faculty of Jefferson Medical College
For the degree of Doctor of Medicine
at the coming commencement
in March 1859

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Enteri-necenteric or Typhoid Fever. This is a continued fever of a low type, having peculiar symptoms, and characteristic course.

The disease sometimes begins abruptly by a chill, followed by the usual symptoms of fever; but it occurs in this country it generally comes on with premonitory symptoms, so that it is often difficult to fix the precise point of its commencement.

The patient complains of great uneasiness, weariness, oppression of his limbs, and often a little head ache. If the tongue is examined it will be found to be coated with a white fur; these symptoms continue a variable length of time, being aggravated at night. About the fourth day there is increased irritability, the pulse is somewhat accelerated, being from natural up to one hundred in the minute, and generally very irregular; there is complete loss of appetite, thirst, and great weakness, head ache is seldom absent, and in some cases it is the chief complaint; sometimes there is much restlessness with want of sleep. A characteristic symptom is bleeding at the nose; diarrhoea is not unfrequent, but generally comes on in the beginning, the stools are of an amber colour and in the last stages of the disease become bloody. As the disease advances these symptoms become aggravated, the pulse is more frequent, and stronger; the skin hot and dry; the tongue, dry and becomes red at the tip and edges, there is pain in the right iliac region, with a gurgling sound upon pressure; sympathetic is also present, the abdomen is enormously distended, so as to present a convex outline from the uniform cartilage to the pubes, when the patient lies on his back; then also appears about this time symptoms of rigor —
Entero-mesenteric or Typhoid Fever. This is a continued fever, of a low type; having peculiar symptoms, and characteristic lesions. The disease sometimes begins abruptly, by a chill, followed by the usual symptoms of fever; but as it occurs in this country it generally comes on, with premonitory symptoms, so that it is often difficult to fix the precise point of its commencement, the patient complains of great uneasiness, weariness, soreness of his limbs, and often a little head ache. If the tongue is examined it will be found to be coated with a white fur; these symptoms continue a variable length of time, being aggravated at night, about the fourth day there is increased irritability, the pulse is somewhat accelerated, being from natural up to one hundred in the minute, and generally very irregular, there is complete loss of appetite, thirst, and great weakness, head ache is seldom absent, and in some cases it is the chief complaint, sometimes there is much restlessness with want of sleep. A characteristic symptom is bleeding at the nose, diarrhoea is not unfrequent, & it generally comes on in the beginning. The stools are of an amber colour and in the last stages of the disease become bloody, as the disease advances these symptoms become aggravated, the pulse is more frequent, and strong; the skin hot and dry; the tongue, dries and becomes red at the tip and edges. There is pain in the right Iliac [sic] region, with a gurgling sound upon pressure; tympanitis is also present, the abdomen is obviously distended so as to present a convex outline from the ensiform, cartilage to the pubis, when the patient lies on his back; there also appears about this time symptoms either—
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of Bronchitis or Pneumonia. If the surface of the abdomen is examined, about the seventh or ninth day a characteristic rose-colored eruption will be discovered, resembling flea bites, which can be dispersed by pressure. This eruption must not be confounded with the petechia occurring in Typhus fever, which is essentially an effusion of blood into the auricular tissue, and does not disappear upon pressure; at the same time, or sometimes not until a week later, a crop of vesicles will also be detected upon the neck and thorax called cutaneous. The nervous symptoms assume a more decided character. Delirium or stupor often takes the place of the severe headache, of which the patient complained. Ringing in the ears followed by dulness of hearing, amounting sometimes to deafness, the eyes are injected, the tongue becomes incrusted with a black coating, which often cracks and peels off, leaving the raw surface exposed, and the teeth are covered with dark poxides. The pulse becomes exceedingly frequent and feeble, the surface is either hot and dry over the whole body, or hot in some parts while it is cool in others; an unpleasant odor often escapes from the body; pustules tendineum, twitching of the facial muscles, and even epilepsy sometimes make their appearance. At the same time the patient becomes more febrile, he sinks down to the foot of the bed; he picks at the bed clothes or imaginary objects in the air; mutters half-formed delirious sentences or exhibits a profound coma, and often under the influence of a patent delirium, he arises from his bed and runs guarded, probably towards the door and falls down exhausted. There are involuntary evacuations from the bowels or other mucous surfaces, with petechiae and vesicles upon the skin, with great liability of the skin to slough, sometimes in the form of
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—of Bronchitis or Pneumonia.\(^1\) If the surface of the abdomen is examined, about the seventh or ninth day a characteristic rose colored eruption will be discovered, resembling flea bites, which can be dispersed by pressure; this eruption must not be confounded with the petechia occurring in Typhus fever, which is essentially an effusion of blood into the areolar tissue, and does not disappear upon pressure; at the same time, or sometimes not until a week later, a crop of vesicles, will also be detected upon the neck and thorax called sudamina. The nervous symptoms now assume a more decided character. Delirium or stupor often takes the place of the severe headache of which the patient complained of. Ringing or buzzing in the ears is, followed by dullness of hearing, amounting sometimes to deafness. The eyes are infected, the tongue becomes incrusted with a black coating, which often cracks and peels off, leaving the raw surface exposed, and the teeth and gums are covered with dark sordes. The pulse becomes exceedingly frequent and feeble, the surface is either hot and dry over the whole body or hot in some places and cool in others; an unpleasant odor often exhales from the body; subsultus tendinum, twitching of the facial muscles, and even epileptiform spasms sometimes make their appearance. As the patient becomes more feeble he slips down to the foot of the bed; he picks at the bed clothes or imaginary objects in the air; mutters half-formed delirious sentences or exhibits a profound state of coma, and often, under the influence of a potent delirium, he arises from his bed and unless guarded, probably reaches his door and falls down exhausted. There are also: involuntary evacuations, haemmorhages [sic] from the bowels, or other mucous surfaces, with petechia and vibices upon the skin, with great liability of the skin to slough. Sometimes in the course—
Of the second week, the patient is suddenly seized, without any premonition of danger, perhaps in the midst of convalescence, with violent pains in the abdomen, which is exceedingly tender to the touch, vomiting of green bile, matter matter, a small fluctuating pulse, dyspepsia, constipation and edema of the extremities, the bowels are drawn up and the face assumes an anxious expression, a collapse of the circulation and of the surface precedes death which takes place usually within a day or two, but life is sometimes prolonged a week, the cause of these symptoms is perforation of the intestine and escape of its contents into the cavity of the peritoneum, producing inflammation. The mild cases are more liable to this than the aggravated.

Anatomical Character. It is almost impossible to find a single organ of the body that may not be the seat of some anatomical lesion, those which are considered characteristic of this fever, however, are thickening, softening, and ulceration of the glands of Peyer commencing near the ileo-cecal valve first, then those higher up. Enlargement, softening, and ulceration of the mesenteric glands, those corresponding with the most patches are most affected, the glands are reddened, enlarged and softened and sometimes exhibit traces of pus. The solitary mucous follicle of the ileum, frequently denominated the glands of Brunner are usually affected in the same manner as the glands of Peyer, the lymphatic glands elsewhere are also sometimes enlarged and reddened but less frequently and in a lesser degree, than those corresponding with the glands of Peyer.

Other lesions met with are ulceration of the pharynx and epiglottic cartilage, softening of the spleen, sometimes of the liver and kidneys, hepatication of the lungs, softening of the heart and sometimes inflammation.
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If the brain, with effusion, the blood drawn in the cistern, this disease is deficient in fibrin, and is paid by some authors to contain and excess of blood corpuscles, being contrary to ordinary inflammation.

Causes—Of the immediate cause of this disease there is little or nothing known. The circumstances of its production are very diversified. It attacks all persons sick and from, though it is certainly often generated where a number of persons are crowded together, with unwholesome, or insufficient food, and confined and tainted air, by some it is thought to be contagious, but the weight of opinion is decidedly against this view, and it is very seldom if ever communicated in isolated cases. The predispositions are age, locality, and idiosyncrasy, attacking strangers more frequently than old residents, so that it has been termed the stranger fever. It is generally a disease of the young, rarely attacking persons beyond thirty years of age, and almost never after fifty. Male are more liable to this disease than females. It may occur at any season, but most commonly in the autumn and winter. It is generally admitted not to occur twice in the same person, hence, perhaps its comparative infrequency in the aged, those who are likely to have the disease will have it before they have attained middle life.

Diagnosis. The most characteristic symptoms of this disease are the slow and insidious attacks; the dyspnea of the Countenance; the diaphoresis; the tendency to opisthotonos; the gurgling in the right side joints, the stroph and dilatation; and after the seventh or ninth day, a rose colored eruption; the lymphatic abdomen extreme of the tongue, and largely by the duration of the disease extending that generally of all other parts, and the peculiar musty smell when the urine is dry, and acid when it is moist.
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Diagnosis. The most characteristic symptoms of this disease are the slow and insidious attack; the dusky hue of the countenance; the diarrhoea; the tendency to epistaxis; the gurgling noise in the right iliac fossa; the stupor and delirium; and after the seventh or ninth day the a rose coloured eruption; the tympanitic abdomen dryness of the tongue; and lastly by the duration of the disease exceeding that generally of all other fevers, and the peculiar musty smell when the skin is dry, and acid when it is moist, if Still all of theese symptoms
are not necessarily present, the diagnosis may be certain though many of them should be absent, a hasty decision should be avoided at the commencement of the complaint. Many fevers resemble each other in the beginning, and for the first three or four days of this fever it is almost impossible to decide with certainty as to its character.

Prognosis: Not even the mildest cases can be looked upon as free from danger while on the other hand, there is no condition so low as symptom so fatal, that death should be considered inevitable; it is only an artifice of mortis that the case should be given up, the most desperate state is perforation of the intestine. Among the unfavorable symptoms are constant delirium, a belief on the part of the patient that nothing ails him; a sudden shifting of position on the elbows; death comes; steatorous deglutition; great subcutaneous reddeness of the limbs; profuse diarrhoea, or hemorrhage from the bowels; great prostration and frequency of the pulse; and excessive tympanitis. The favorable symptoms are absence of the diarrhoea, diminished frequency of the pulse and heat of the skin, increased consciousness and interest in surrounding objects; a deglutition in the tongue to become clean. The younger the patient and the better his previous health, the more favorable is the prognosis.

Treatment: This fever cannot be cut short by any treatment, but may be modified by proper means. An emetic given in the commencement generally relieves the distressing head ache, by emptying the stomach of all irritant matter, and equalizing the circulation. As there is often diarrhoea or a tendency to it from the commencement, it is not advisable as in most other fevers to begin the treatment with calm
are not necessarily present, the diagnosis may be certain though many of them should be absent, a hasty decision should be avoided at the commencement of the complaint, as many fevers resemble each other in the beginning; and for the first three or four days of this fever it is almost impossible to decide with certainty as to its character.

Prognosis—Not even the mildest cases can be looked upon as free from danger; while on the other hand there is no condition so low, no symptom so fatal, that death should be considered inevitable, it is only in articulo mortis that the case should be given up, the most desperate state is perforation of the intestine. Among the unfavorable symptoms are constant delirium, a belief on the part of the patient that nothing ails him; a sudden shifting of position on the elbows; deep coma; stertorous respiration; great subsultus; rigidity of the limbs; profuse diarrhoea; or hemorrhage from the bowels; great prostration and frequency of the pulse; and excessive tympanitis. The favorable symptoms are absence of the diarrhoea, diminished frequency of the pulse and heat of the skin, increased consciousness and interest in surrounding objects, a disposition in the tongue to become clean, & the younger the patient, and the better his previous health, the more favorable is the prognosis.

Treatment—This fever cannot be cut short by any treatment, but may be modified by proper means. An emetic given in the commencement generally relieves the distressing head ache by emptying the stomach of all irritant matter, and equallizing [sic] the circulation. As there is often diarrhoea or a tendency to it from the commencement, it is not advisable as in most other fevers to begin the treatment with a
very active purge, yet the bowels should be thor-
oughly evacuated, in order to obviate the injury
arising from the contact of irritating matter
with their lining membrane, among the best
cathartics that may be used is calomel
combined with phlorrhiza or castor oil, or a small
dose of the sulphate of magnesia, will generally
suffice, when there is much existing irritation the
caster oil should be preferred, when there is pain
with the diaphoresis fifteen or twenty drops of laudanum
may be given with the oil, the diaphoresis or tendence
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practitioner, and all irritating and drastic cathartics
should be avoided, throughout the complaint
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open, no evacuating medicines will be requisite
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one full discharge should be procured daily by
proper means the mildest laxatives and those
in small doses will be sufficient, one or two
drachims of epern salt, a feebly powder, a drachim or
two of castor oil may be given, and repeated if
necessary, when the stomach is very irritable an
enema may be used with the same effect as with
the cathartic medicine, these should be mild in
the beginning but towards the latter stages may
be combined with the oil of turpentine, the bowels
having been properly attended to, the next thing
is to obviate the febrile symptoms, this may be
done by perspiration, when the pulse is full and
strong, and there is sanguineous determination
to the brain, though as a general rule
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very active purgative, yet the bowels should be thoroughly evacuated, in order to obviate the injury arising from the contact of irritating matter with their lining membrane, among the best cathartics that may be used are is calomel combined with rhubarb, or castor oil, or a small dose of the sulphate of magnesia, will generally suffice, when there is much existing irritation the castor oil should be preferred, when there is pain with the diarrhoea fifteen or twenty drops of laudanum may be given with the oil, the diarrhoea or tendency to it should always be borne in mind by the practitioner, and all irritating and drastic cathartics should be avoided. Throughout the complaint the bowels must should be attended to, if they be are open, no evacuating medicines will be requisited, on the contrary should they be scanty or wanting, one full discharge should be procured daily by proper means, the mildest laxatives and those in small doses will be sufficient, one or two drachms of epsom salts, a seidlitz powder, a drachm or two of castor oil may be given, and repeated if necessary. When the stomach is very irritable an enema may be used with the same effect as with the cathartic medicine, these should be mild in the beginning but towards the latter stages may be combined with the oil of turpentine. The bowels having been properly attended to, the next thing is to obviate the febrile symptoms, & this may be done by venesection, when the pulse is full and strong, and there is sanguineous determination to the brain, though as a general rule it had better be omitted; it cannot arrest the disease, the protracted duration of the disease must here also be borne in mind, and no—
blood drawn unless imperatively demanded. Leeches and cups to the head, and to the right side of the face, may be advantageously employed, where there are evidences of congestion in the first, or of inflammation as caused by pain and tenderness, in the second locality. Diaphoretics are useful throughout the complaint, the best is the neutral mixture given with tannized antimony, or sweet spirits of sassafras, in the beginning of the disease, and the spiritus monardae and nitrite in the latter stages. For the heat of the skin cold sponging, if it do not chill, the patient is an excellent remedy, and the internal use of ice is often very grateful; an enema of vinegar and water has in some cases relieved the head; in cases attended with much delirium, diluted spirits may be substituted for pure water. Cold application to the head, by means of ice in a bladder, are very serviceable in relieving the pain and delirium. The hair should be shaved off, and if the head be cold while delirium is present, Chorozol recommends the application of warm fomentations; should there be much abdominal tenderness, a few ounces of blood may be taken by leeches, followed by the application of warm fomentations or emollient calomel plasters. If the diarrhoea be not too great it is best to let it alone; but if it be excessive, opium combined with any of the astringents as rhubarb, tinuri, or alum, if this does not arrest it apply calomel cups, or what is still better the Neptune griddle made by wrapping out the middle of a sheet in cold water and wrapping it around the patient, then letting the dry ends cover the abdomen, to prevent evaporation. Various symptoms may be combated by the use of Hoffman's amodyne, camphor water, or opium, if not contraindicated. In the advanced stage
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Nervous symptoms may be combatted by the use
of Hoffmans anodyne, Camphor water, or opium
if not contra-indicated, In the advanced stage
of the disease when the urine is plentiful, the tongue dry, the skin parched, when sores appear on the gums and lips, and there is delirium, or increased stupefied with disordered of the vital actions, no remedy is so effective as mercury, given to affect the gums slightly, blue snails combined with ferruginous in small doses given at short intervals, tends to soften the skin and correct the disorder; but after, Colombo may be used if preferred in doses of a quarter or point of a grain under the size of mercury the skin becomes relaxed, a tongue not infrequently becomes moist, and all the symptoms relieved, and the patient recovers without further treatment. Should the disease not yield, especially if the tongue remains dry and the abdominal distension diminishes, Dr. Wood strongly recommends the use of laudanum, particularly in that stage when the tongue, instead of clearing gradually from the edge and tip first rapidly with fire from the middle or back part of its surface, which is left smooth and glossy, it should be given in doses of from five to twenty drops every hour or two, for two or three days, a little laudanum may be added if it induce the stomach or bowels. If the debility increases, the patient's strength should be supported by tonics and stimulants; the period when they should be given is immaterial. In this we may consider the taste of our patient. Beef tea or beef essence, wine whey, milk punch, together with the use of grumine, opium, etc. In the eagerness of the case may demand, in other cases, grumine is the best remedy, though, must be prevented by donating pressure, purgative emetics by plunging the nostril and in case perforation of the intestines occurred.
of the disease when the urine is scanty and the tongue dry, & skin parched, when sordes appear on the gums and lips, and there is delirium, or increased stupor with abatement of the vital actions, no remedy is so effectual as mercury, given to affect the gums lightly, blue mass combined with ipecacuanha in small doses given at short intervals, tends to soften the skin and corrects the disordered secretions. Calomel may be used if preferred in doses of a quarter or sixth of a grain, under the use of mercury the skin becomes relaxed, and the tongue not unfrequently becomes moist, and all the symptoms are changed; and the patient recovers without further treatment; Should the disease not yield, especially if the tongue remains dry, and the abdominal distension undiminished, Dr. Wood strongly recommends the oil of turpentine, particularly in that stage when the tongue, instead of cleaning gradually from the edges and tip, parts rapidly with its fur, first from the middle or back part of its surface, which is left smooth and glossy, it should be given is doses of from five to twenty drops every hour or two, for two or three days, a little laudnum [sic] may be added if it disturb the stomach or bowels. If the debility increases, the patient’s strength should be supported by tonics and stimulants, the period when the stimulants [sic] should be used varies greatly in different cases, the choice of stimulants them is immaterial, as in this we may consult the taste of our patient, Beef tea or beef essences, wine whey, milk punch, together with the use of quinine, opium, serpentaria, & as the exigencies of the case may demand, in adynamic cases, quinia. is the best remedy, Sloughing must be prevented by obviating pressure, profuse epistaxis by plugging the nostrils, And in case perforation of the intestines recourse—
must be had to large doses of opium, for elevation of the gland of Bouveret, and at of silver in quantities of grain dose in pill, given every two hours, is highly recommended by 'Tuff Mitchell.' In excessive subsultus, great pains are taken to facilitate the anti-spasmodic have been recommended, as Aconitum, Bumell Camphor, Tincture of Valerian, &c. Although the common brown yeast, is said to be the best remedy, given in table spoonful doses. In cases of puerperal inflammation from intestinal perforation, the only hope is in the use of large doses of opium, prepared by Graves and Stokes, in connection with perfect rest, and in avoiding all substances which can in any way disturb the bowels. It is of the utmost importance to attend to the state of the bladder, and if there be retention of urine to draw it off with the catheter. When there is reason to believe that the disease is complicated with bilious or intermittent fever, and especially when under such circumstances of albuminuria or intermittent, sulphate of quinine should be used without hesitation, to correct the state of the blood. Chlorine may be employed in some form, the patient should be sprayed with something containing chlorine as Jellabaerague, disinfecting liquid or the chlorinated soda. The management of the patient during convalescence is not less important than during the progress of the disease. The chief danger is that his desire to get up and his wish to eat animal food should be too soon indulged. The latter of these errors is more frequently the cause of a relapse than any other circumstance, until the tongue is quite clean and moist, and of its natural color, and the pulse has lost all its hardness, the patient must be kept on both fluids, medicines, and preparation of the meal known—
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faraneous articles of food. Then he may begin with some boiled white fish, and so gradually eat his way through chicken broth, mutton chif, to his ordinary diet again. He drinks cold lemonade, orange-ade, carbonic acid water, and pure ice water in moderation. Throughout the whole disease the greatest attention should be paid to cleanliness and ventilation; and when the atmosphere cannot be purified by these means recourse may have to chlorine the beds must be attended to and the debility which is apt to remain is best treated by quinine tincture.
faranaceous articles of food. Then he may begin to take with some boiled white fish, and so gradually eat his way through, chicken broth and, mutton chops, to his ordinary diet again. As drinks, cold lemonade, or orange-ade, carbonic acid water, and pure ice water in moderation, Throughout the whole case disease the greatest attention should be paid to cleanliness and ventilation; and when the atmosphere cannot be purified by these means recourse may had to chlorines, the bowels must be attended to and the debility which is apt to remain is best treated by quinia, Finis—