

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXI.

WEDNESDAY, JANUARY 22, 1845.

No. 25.

SECOND REPORT ON DR. HODGKIN'S ESSAY ON FEVER.*

[Communicated for the Boston Medical and Surgical Journal by the Medical Department of the National Institute, Washington.]

THE undersigned, from the committee to whom was referred the paper of Dr. Thos. Hodgkin, of London, in presenting his report upon that part of it which treats of the pathology of fever, deems it expedient, in the first place, to give a succinct and rapid outline of the views of the author himself.

The design of the remarks of Dr. H., as he himself states, is to notice the researches of "Professor Louis, of Paris, and of some of his disciples in America, in relation to one particular conclusion at which they have arrived." "The most remarkable results at which he (Louis) arrived," he says, "from his personal observation, was that in every case of fever the patches of aggregate glands towards the termination of the ileum were in a state of inflammation, and that the acute inflammation of these textures was confined to this affection." Upon the authority of Dr. Jackson, Jr., his father, and Dr. Bowditch, of Boston, Dr. Hodgkin has been led to make the assertion, to wit, "that in America also this affection is the prevailing accompaniment of fever." In Boston, it is true, typhoid fever is by no means rare, but the conclusion drawn from this fact by Dr. H. is altogether too general, and will not apply to the fevers we meet with in the malarial districts at the South. Climate, we know, has a powerful influence in modifying the type of diseases, and even in altering the character of fever, as our own country abundantly proves. But to return. "In England," says our author, "many inquirers, amongst whom I may include myself, have witnessed the great frequency of this local derangement in our fevers." Upon the evidence furnished by the cases of Dr. Shattuck, Dr. Louis in the last edition of his work "admits the existence of a disease in England and Ireland, presenting many of the symptoms described by former writers on fever, though wanting in some of the features which his own important investigations have shown to be the concomitants and characteristics of the disease of the aggregate glands." Having failed to find the aggregate glands always affected, Dr. H. is led to concur in the opinion of Louis

* See the last two Nos. of this Journal.

and several American physicians, that there is a typhus fever, "or a disease in which the symptoms described by the most accurate medical writers of former periods as occurring with and characterizing fever, described as typhus fever, attacks and carries off its victim without there being, on dissection, any evidence of the aggregate glands being affected during the course of the malady." "To this," he adds, "it is proposed to restrict the term 'typhus fever,' whilst to that disease in which the glands are affected, and which, with various peculiarities, may present most, if not all the more remarkable and formidable symptoms of typhus fever, the term 'typhoid,' or resembling typhus, is proposed to be applied as the exclusive and distinctive name." These terms, typhus and typhoid, as indicating diseases so different, our author looks upon as unfortunate from their liability to mislead. "He is firmly persuaded," however, "that formerly, as at present, the majority of the cases of severe fever, presenting the greatest number of those symptoms the presence of which is characteristic of what has been designated typhus, have occurred in epidemics in which the aggregate glands have been the seat of the most important lesion."

"In typhus and in some other affections," says Dr. H., "the state of the patient seems to be dependent on a certain general condition, rather than upon the functions and sympathies of a particular part which may be diseased, however important the local affection may be as the primary and essential seat of the malady." "The group of symptoms which we look upon as indicating a typhus state and most frequently present as the effect of disease in the aggregate glands, may be also in the tonsils as in scarlatina, in the large intestines in the worst form of camp dysentery, in the cellular membrane in plague and hospital gangrene, and in the lungs in typhoid pneumonia." In this particular kind of derangement the essential characters "are probably rather chemical than anatomical." "It is the opinion of Professor Rokitsanski, of Vienna, that something peculiar is produced in the system in that state of disease which is known as typhus." The deep venous hue of the spleen visible in fever, Dr. Hodgkin looks upon as the result of impeded circulation through the portæ, occasioning some accumulation of blood in the spleen. And when this venous color is intermixed with a lighter hue, producing a sort of lilac tint, he regards it as "unequivocal evidence that some degree of inflammation has existed, causing separation of coagulable lymph from the blood, whence I am inclined to believe," continues our author, "that the altered condition of the circulating fluid in fever produces a direct effect upon the spleen, as in the cases of endocarditis noticed by the learned Professor of Vienna."

Having given this brief outline of Dr. Hodgkin's paper on the pathology of typhoid fever, the undersigned believes that he has done all that the Department either expect or desire; but inasmuch as a part of the committee appointed to report upon the above paper, has attempted to dispute the facts upon which the opinion of Dr. H. is based, and to set up a theory of fever, at variance with the views at present entertained by the mass of the better informed of the profession, we would beg

the indulgence of the Department for a few moments longer while we attempt to reply to the report read by Dr. Miller at the last meeting of this Department.

Dr. Miller asserts, in his report, that "typhus and typhoid fevers are mere grades of the same disease." Until pathological anatomy shed new light upon the nature of these affections, until observation succeeded in establishing on a firm basis the differential diagnosis of these two diseases, it was not to be wondered at that confusion should have existed in the history of the so-called "typhus fever," and that under the names of typhus mitior and typhus gravior we had associated two diseases, differing from each other in symptoms as well as in the lesions discoverable upon *post-mortem* examinations. The first of these, typhus mitior, we also recognize in the nervous fever of some writers, and in the disease which we now denominate typhoid fever, typhoid affection, or dothin-enteritis. While typhus of the present day, the putrid fever of the older writers, petechial or spotted fever, jail or camp fever, are synonymous with typhus gravior.

In order to prove at once the incorrectness of Dr. Miller's assertion and the truth of this latter opinion, we have only to examine the facts which have been published. Louis, in his work upon "*Le Gastro-Entérite*," has proved that in the autopsic examinations of patients who die of the ordinary continued fever of Paris, a triple lesion is found, viz., enlargement and ulceration of the patches of Peyer, enlargement of the mesenteric glands, and enlargement and softening of the spleen. Careful autopsies were made by M. Louis in 46 cases, "in all of which there could be no doubt as to the nature of the affection." He found the "elliptical plates of the ileum more or less profoundly altered in every case, to the extent of from 2 to 8 feet." No one will pretend to say that Louis, so remarkable for his accuracy, could have here committed errors of diagnosis; not only will his published cases sustain the entire history of the disease which he has given us, but the medical view of France almost unanimously confirms his statements. Louis described no new disease; it was already known in France by various names, such as putrid, adynamic, ataxic or typhoide fever, and finally as gastro-entérite.

It will not be necessary for me to cite the opinions of Chomel, Andral, Bouillaud, Rostau, and a host of others, to prove that there is something more than mere coincidence between the symptoms of the "typhoid affection" of Louis, and the lesions discoverable after death; but I may be permitted to refer to a recent production or essay on this affection, written by M. Valleix, and published in the 4th volume (3d series) of the "*Archives Générales de Médecine*," January, 1839. The design of the author of this essay was to establish the "essential anatomical characters" of typhoid fever. On the 79th page, after examining several cases which had been published by Andral and others as examples of typhoid fever without ulceration of the aggregate glands, the author concludes by saying "that out of eight cases, there are only two in which the existence of this disease could be suspected, and these are precisely those which offer, at the end of the small intestines, lesions much too imperfectly described."

We have now, we think, said enough to establish the inseparable connection between typhoid fever and the alteration of the patches of Peyer. It would not be difficult to show that this identical disease does prevail to a certain extent in the United States, and especially in New England. Whoever will read what has been written upon this subject by Dr. Hale, Dr. Jackson, Dr. Bigelow, Dr. J. Jackson, Jr., Dr. Bowditch, Dr. Shattuck, Dr. Holmes and others, of Boston, must, we think, be convinced of the truth of this statement. In Philadelphia, too, the typhoid affection is frequently met with, presenting invariably the lesions described by Louis. This fever has been observed by many of the physicians of the latter city. I will only mention the names of Dr. Samuel Jackson, Dr. Gerhard, Dr. Pennock, and Dr. Stewardson. In the volume recently published by Dr. Bartlett, Professor of the Theory and Practice of Medicine in Transylvania University, on Typhoid and Typhus Fevers, we have a confirmation of all that we have said above. Finally, we must admit, upon the authority of Dr. Hodgkin, of London, Dr. Shattuck, of Boston, and others, that a typhoid fever, with ulceration of the aggregate glands, is also of frequent occurrence in Great Britain. It will be seen, from what we have said above, that we only wish to insist upon the essential connection between typhoid fever, by which we mean *the disease* described by Louis and none other, and the ulceration of Peyer's glands. We do not say that this is the only lesion (indeed we know to the contrary), nor do the advocates for the existence of this particular disease wish to assert that the lesion of Peyer's glands causes the fever, as Dr. Miller seems to have understood it. We believe, on the contrary, that it is a general disease; perhaps, as Dr. Hodgkin thinks, the *essential characters* are rather chemical than anatomical.

We will now briefly allude to another assertion made by Dr. Miller; to wit, that in his opinion the lesion of Peyer's glands, remarked in this disease, is most frequently caused by the mode in which the disease is treated. "Compare," says he, "the treatment of Louis with that of the same diseases in this country, and we will be readily able to answer why these diseases are so fatal in Paris, and why the aggregate glands are so frequently found diseased in that city." In making this assertion, Dr. Miller must surely have forgotten that every variety of treatment has been tried in Paris, such as bleeding, purging, the expectant treatment, &c. But again, the disease has been treated in Boston, Philadelphia, &c., after the practice generally pursued in the fevers of like places, and yet death has occurred, and the lesion, as we have seen above, invariably exists.

Dr. Miller says, in another part of his report—I quote his words—that "the idea that typhoid fever arises from a disease of the aggregate glands, is, as far as my own experience and observation go, perfectly preposterous." No arguments are used to sustain this bold assertion; no cases are produced, no new facts are brought to light. It will not be difficult, we apprehend, to explain how it is that Dr. Miller's "experience and observation" have not yet shown him the connection between typhoid fever and the alteration of the agglomerated glands. From ob-

servations which have recently been made in France, it would appear that between typhoid fever proper and intermittent fever, a marked antagonism exists. Thus in malarial districts intermittent is the prevailing form of fever, while typhoid fever is extremely rare. On the contrary, in localities entirely exempt from malarial influence, typhoid fever is the common form, and intermittent rare. Now if this law be true, we should expect, *a priori*, to find typhoid fever more prevalent in New England than in the miasmatic districts of the South, in Washington for example, and such is really the case. While resident physician of the Philadelphia Hospital, and physician of the Dispensary of the same city, we had abundant opportunity of becoming familiar with the typhus or petechial fever, as well as of the typhoid fever. During a residence of two years in Paris, subsequently, we were enabled to study closely the latter disease, and in every instance the symptoms during life, and the lesions after death, corresponded with the cases of typhoid fever which we had observed in Philadelphia. And although we examined critically every case of fever which came under our observation, it did not once occur to us to meet with a case which resembled the petechial or typhus fever of Philadelphia. Since our residence at Washington, a period of more than three years, we have met with every variety of malarial disease—intermittent, bilious remittent, continued and congestive fever, fevers of a low grade or fevers accompanied by typhoid symptoms, but not one example of the “typhoid fever.” Now if the belief expressed above be correct, and it fully accords with our own experience, we can readily understand why the experience and observation of Dr. Miller, which we presume has been confined chiefly to this district, has not furnished him with cases of typhoid fever with the affection of Peyer's glands. During an experience of many years, in which he has enjoyed an extensive practice, Dr. Miller has doubtless seen a considerable number of typhoid fevers, or fevers of a typhoid type; but he has not yet attempted to show that in these cases he had presented that peculiar train of symptoms characterizing the typhoid affection. We do not contend for the name, but for the identity of the disease.

Thus far we have confined our remarks to typhoid fever. A question now naturally arises, to wit, are this and typhus fever “mere grades of the same disease,” as has been stated by Dr. Miller? We have already extended our remarks so much beyond what we had intended, that we shall be as brief as possible upon this point.

Whoever will read carefully the account of the epidemic of typhus fever which occurred in the Philadelphia Hospital during the spring and summer of 1836, written by Dr. Gerhard, and published in the February No. of the American Journal of the Medical Sciences for 1837, must, we think, be compelled to acknowledge that the disease thus described differs entirely from the typhoid affection of Louis. The whole number of cases observed during this epidemic was from 230 to 250; of these, about 50 were examined after death. “In this large number of autopsies,” says Dr. Gerhard, “there was but in one case, and that doubtful in its diagnosis, the slightest deviation from the natural appearance of the

glands of Peyer. In the case alluded to, in which there had been some diarrhoea, the agglomerated glands of the small intestine were reddened and a little thickened, but there was no ulceration and no thickening or deposit of yellow puriform matter in the sub-mucous tissue. The disease of the glands resembled that sometimes met with in smallpox, scarlet fever, or measles, rather than the specific lesion of dothin-enteritis. In all other cases, the glands of Peyer were remarkably healthy in this disease, as was the surrounding mucous membrane, which was much more free from vascular injection than it is in cases of various diseases not originally affecting the small intestine." "The mesenteric glands were always found of the normal size."

The symptoms which characterized the epidemic typhus of which we are now speaking were numerous. Time will not allow me to do more than to mention one or two of the most important—such as the abundant petechial eruption, widely different from the lenticular rose-colored spots sparsely scattered over the abdomen in typhoid fever. 2ndly, the absence of meteorism, of pain upon pressure and gurgling in the right iliac region, which belong exclusively to typhoid fever. Diarrhoea was also extremely rare in typhus fever. Two of the most invariable symptoms of typhus were a general tremor of the body, similar to that of delirium tremens, and a pungent, disagreeable odor exhaled from the bodies of the sick. This latter was so remarkable, that by it alone we could recognize the disease.

Typhus fever was also eminently contagious; a great number of cases originated in the wards. The late Dr. Frisby, of Natchez, and myself, who were resident physicians at the time, were attacked with the disease. Two of the head nurses were extremely ill; several of the assistants were more or less sick, and one or more died.

Dr. Graves, of Dublin, informed me that the contagious nature of typhus fever was frequently exemplified in his wards at Meith Hospital; that every year some of the students contracted the disease. In typhoid fever it is rare to see the disease contracted from exposure to those affected by it. In Paris the typhoid fever cases are placed promiscuously among the other medical patients, and in no instance do I recollect having seen a case originate in the wards.

During the epidemic typhus fever of Philadelphia, we had a few cases of the typhoid affection. In every instance the disease was recognized during life, and after death the peculiar lesions of the disease were found.

In 1837, after leaving the hospital, we had charge of one of the Dispensary districts of Philadelphia. Here, too, we saw a number of cases of typhus and typhoid fevers, and found no difficulty in distinguishing between them.

Before concluding this report, we should remark that in an epidemic presenting most of the phenomena of typhus fever, which occurred at Rheims, France, from Oct., 1839, to April, 1840, an account of which, by M. Landouzy, may be found in the "*Archives Générales de Médecine*," for the year 1842, 138 patients were attacked with the disease. Unfortunately there were only six autopsies made, a number altogether too

few to establish the anatomical character of any epidemic, more especially when this epidemic occurred in a country where typhoid is the prevailing form of fever. The original essay of M. Landouzy we have not in our possession. It is possible that as the lesions found resembled, to a certain extent, those of typhoid fever, these were really cases of the latter disease, modified by the prevailing medical constitution of the season.

Dr. Bartlett, after faithfully examining all that has been written upon the two fevers, declares, that "excepting the cases of M. Landouzy, it seems to him, that all go to show that the two diseases are radically and essentially dissimilar." In Philadelphia and in New England the same opinion prevails. Finally, the names of many of the European physicians of celebrity might be cited in favor of the same views of the nature of these two fevers.

WILLIAM P. JOHNSTON, M.D.

THE USE OF CIDER IN FEVERS.

To the Editor of the *Boston Medical and Surgical Journal*.

DEAR SIR,—I hope, in the following communication, that you will excuse my propensity to egotism. Being an old man, I may have some peculiar claims to that indulgence, which would not be so excusable in one whose hair retains its original color, and whose brain its original vigor.

The cure of fevers in all ages has excited the greatest effort of which the human mind has been capable; but since physicians have had independence enough to reflect for themselves, and not borrow all their ideas from their predecessors, there has been truly an improvement in treating fevers as well as other diseases. In the treatment of protracted fevers, the age of the patient and the probable duration of the case merit due consideration. An energetic course of treatment at the commencement of the disease will often produce such a state of debility as to disable an aged patient from experiencing the benefit of his physician's skill, and the enfeebled remains of his exhausted physical powers, with all their struggling efforts, will yield to the tardy progress of the unrelenting malady. In what I have to offer here there is nothing new nor strange, but sometimes from a trifling circumstance valuable results may follow.

About the middle of last August, two of my sons were taken with fever while I was absent on a journey. Within thirty-six hours after my arrival home, the last of the same month, I was suddenly attacked with fever, accompanied by unfavorable symptoms, which continued about sixteen or eighteen days without any abatement, loathing in the worst manner every kind of liquid and nourishment offered me, my mouth and tongue being in a very deranged state. I took an emetic at the commencement of my sickness, and some other medicines from day to day, until the third week of my confinement, when I had a desire for some sweet cider, which was procured, and I drank of it in a state of fermentation, and found it palatable, and the first thing, after sixteen or more days of almost entire abstinence, that I could endure, and was about the only nourishment as well as medicine I used afterwards, during my sickness.

The Boston Medical and Surgical Journal as published by