The Distinctions

of

Syphilis and Eiteric Fever.

By Benjamin B. Shurgar.

Having had so little experience & knowledge, as a student, compared with those who have been occupied in the practice of fevers for years, I would beg a little leniency towards me, if the hearing of so important a subject, I fail to throw any additional light upon a question, which may yet be said to be, sub judice. For although the question seemed to have been fully settled as to the identity or non-identity of syphilis & enteric fever, by Dr. W--f--s--mitter, it seems that further observation has been directed to the subject, by many other eminent men, a has yet left, I would suppose, a wider field of inquiry.

From the title of my subject it would naturally be in my province to go into the history of these two diseases, and I would confine myself to the opinions of a few of the modern writers, in regard to their conclusions, based upon personal experience, as to the identity of the two diseases. I will then give a short detail of a few cases, which came under my notice when written, in the Edinburgh Hospital.
and in conclusion will beg to offer a few suggestions of my own.

Before entering upon Dr. Seebach's and
Machioni's views upon this subject, I think it will only
be just for me to consider some important points of dis-
tinction, laid down in Dr. Webster's excellent work on the
Practice of Physic. viz. 1. Dyspeptic comes on insidiously - the
premonitory symptoms are more gradual; the aspect of the
patient in dyspepsic, though heavy and oppressed, is not so dusky
as in typhus; 2 there is an altered condition of the intestines
which is often an early symptom, & in course of diarrhoea, which
either sets in immediately, or is postponed to the end of the
first, or beginning of the second week — it may be hyper-
tensive, or follow a dose of purgative medicine; the
abdomen is hard & resisting, as though its walls were
made of pasteboard, tympanitic, sometimes very much dis-
tended, v. i. shelled, the convexity being from side to side
not from above downwards, the. Vomiting, probably being due
to the flatus occupying the descending transverse & descending part
of the colon. There is frequent -measles over the right colic
region, when pressed upon, a another symptom, not -seen with
in other diseases, is noticeable in the first stage, viz. a slight-
gurgling movement from an admixture of liquid & gas, which
movement becomes more audible upon pressure over that
region. It is rarely met with in typhus.

The diarrhoea which is of common occurrence in typhoid,
consists
consists of from three to six, stools daily, being yellowish or
like pea soup, characteristic of the disease. When there is
a persistence of these stools from day to day, you may infer
interference of the bowel to erupt, although no pain is felt when
the abdomen is pressed.

Haemorrhage is oft-to accompany this stage of the fever, it
is either scanty or profuse, when female it recurring at intervals,
causing the patient's strength slowly, or rapidly, exhausting
him when in larger quantity.

Haemorrhage may occur in connection with other
jejunum symptoms, as with petechiae, purple bruise-like
spots, or sphygmic depression of the vital powers. In such
an instance, haemorrhage is of the papular kind, drags ill
as it shows the blood to be in a morbid condition, even
inflamed, purulent, etc. - this is no mere matter of speculations
for the properties of the blood are manifestly changed.

Another great point of distinction in the character
of the spots, in typhoid, they are of a bright rose colour, which
fades away into the surrounding skin; they are lightly
elevated, never become vescicular, nor petechial. These
spots completely disappear under pressure, reappear when the
pressure is removed. Each papula lasts about three days.

Other follow. The ordinary number present is about twenty,
occasionally there is one only, at other times one hundred.

They generally come out in the second week of the disease, such
spots showing themselves every day until about the thirty-third week when they disappear.

Dr. Jenner holds that this disease is over by the third week.

The lozenges in lymphoid is more moist than in typhus, if dry, is red and glazed.

Dr. Jenner says that the small dry lozenges with red tip's edges smooth, flourid, of a pale brownish yellow, opalescent, the surface seen between the figures being of a deep red, may be considered differentially as a diagnostic sign of lymphoid.

With respect to the comparative duration of the two diseases, Dr. Jenner says, the average duration of the fatal cases of lymphoid, without his inoculation, was twenty-two days, of typhus fourteen days.

Half the cases of lymphoid survived the twentieth day of the disease. Not a single case of typhus survived the twentieth day.

In lymphoid, says Dr. Watson, we discover badges of mischief in the abdomen to constant and definite, 3 to different from what we meet with in typhus, as to mark a distinct difference between the two diseases.

Dr. Wilson lays down much more in his practice of physic, but having given his chief point of distinction, it will now be proper for me to consider the views of another distinguished man in their profession.

Dr. Swedeis in his new work upon fever, mentions...
In his former work, published in 1828, he regarded
the two forms of fever, typhoid and typhus, as identical, explaining the
intestinal lesion as an accidental complication of continuin fever.
"In short," he says, "I believed that typhus and enteric fever were not"
distinct diseases, as I continued to entertain this view when I wrote
the section "Fever" in the Cyclopaedia of Practical Medicine.

He goes on to say, "That after more mature reflection,
investigations made under his inspection by Dr. Jenner,
carefully weighing the arguments & deductions of various British
& Continental & American writers, he has now come to the con-
cclusion that there are two distinct forms of continued fever,
readily distinguished from each other during life, the
one by its invariably present specific lesions, the other
by the equally invariable absence of them. In short, that
the two forms of fever, though having a general resemblance
in their symptoms, are nevertheless as distinct from each other
as they are from periodic or from erysipelatous fevers.

He further adds the following propositions in support of his
views:

1st. That the symptoms & mode of attack, though at first
somewhat similar, are more gradual in enteric, than
in typhus fever. That in typhoid, the abdominal symptoms,
especially diarrhea, are invariably present, while, often death
by alteration in Peyer's patches & corresponding mesentery glands
is always found. In typhus the mesenteric is sudden, and
muscular
Insomuch prostration more early & more marked, the cerebral
disturbances more constant & severe, while the gastric symp-
toms which occur in enteric fever are not observed, and
the absence, upon examination of the body after death, of the
characteristic lesions, is sufficient to decide the question, if
there were any doubt during life. Not only are the
abdominal symptoms, seldom if ever present, but there is
no instance on record, on which the slightest clue
can be placed, in which the intestinal lesion & corresponding
anatomic changes have been found in fatal cases of typhus.

2nd. The duration of the symptoms is another
important point of distinction. The duration of uncon-
flicted typhus may be assumed to be from fourteen to twenty-
one days, that of enteric fever & typhoid fever thirty-
days, though milder forms may run their course in a less period,
of thirty. Typhus terminates sooner, either for better or
worse, frequently ending in a crisis, such as sleep or
perspiration. Enteric fever does not run its course so
rapidly or is not so regular in its duration, some cases being
short, others prolonged. Typhus, if it proves fatal, generally
does so in the second week, while typhoid, though it may
destroy life sooner, yet generally does so from the third to
the fifth week or even later.

3rd. The eruption is a great point of distinction.
The small circular, bright-red, isolated spot—greenish to—
Enteric fever, limited in most cases to the trunk, each spot being slightly raised, disappearing on pressure, lasting for a few days, then disappearing to be succeeded by a second crop of eruption, forming a striking contrast to the more abundant, brick-red, confluent, morbillous-like eruption, sharply elevated not fading on pressure, persisting until the period of convalescence — so characteristic of Typhus.

Dr. Swede considers this a most important point of diagnosis as distinct from the eruption of measles from that of Scarlet-fever.

4th — Age another point of distinction.

Enteric fever is limited, with few exceptions to the middle period of life, being seldom observed after fifty. Typhus, on the other hand, is unlimited as to age, one half the cases being thirty years and upward, one eighth above fifty.

In Boccide says that it has been known to occur at the advanced age of seventy-five.

5th — A still further distinction may be discerned, in their supposed origin — without disputing the etiology of fevers, there is an obvious difference in the origin of the two forms, from a consideration of their supposed causes, which even after the rigid scrutiny this department of the pathology of fever has undergone, are confessedly obscure. It is a well-known fact that Typhus is engendered by overcrowding in prisons, workhouses, transport ships, dwellings of the...
The people again famine & destitution are most powerful, predisposing, as well as exciting causes of typhus, as the famine fever in Ireland. The disease having attacked those who suffered the greatest privation, the form was invariably that of typhus, bearing no resemblance to intermittent fever. Typhoid, on the other hand does not select the indigent alone for its victims, nor can connection be traced between it & destitution. It is found in dwellings of the middle classes, in mansions of the rich, in isolated cases - the subject of it having been previously in good health & the enjoyment of every comfort. It is asserted by some whose opinions are worthy of due consideration, that typhus & typhoid proceed from animal or vegetable decaying organic matter.

The well known experiments of Gaspari, Magnidzi, in which they injected putrid water into the veins of dogs, inducing symptoms similar to those of gastro-enteric fever, go far what they are worth.

Dr. Tweedie is sceptical on the point of the invariable connection of enteric fever with emanations from decomposed organic matter, while he admits instances of some who have caught the disease from their source, he quotes on the other hand, localities where a large proportion of the population have been exposed to the same supposed, exciting causes, putrescent emanations, without apparently suffering any health - that fever may cease entirely in
such places, without any sanitary measures having been adopted,
they not-appear again for years, though the same influences have continued in operation.

Another illustration is the well-known immunity of night-
men's others employed in the emptying of cess-pools, who almost
invariably escape fever, and indeed seem often to benefit on their dis-
gusting occupation.

It is an admitted fact that typhoid is endemic, and
epidemic, that while typhoid does not seem influenced
by the season of the year, typhus prevails more among the-
elderly. It is an almost-established fact that typhus
infection do not prevail together.

De Jenner traced to their respective localities all the cases
of fever admitted into the Fever Hospital in 1847–48–49.

In 1848, one-fourth of all these patients had enteric fever, but on-
forty-four localities, which furnished collectively one hundred. In one
cases, there was but one instance in which one patient—
from typhus, another from enteric fever came from the same house.

De Sweden, from this fact—draws the conclusion—that if the
special cause of typhus, whatever it may be, or whatever
derived, is peculiar to it, that it is never gives rise to enteric fever
and conversely in respect to the special causes of the latter, enteric
fever, a strong argument in favour of their non-identity is
established. He asks the question, as to the etiology of enteric
fever, whether it may not have an spontaneous origin? in his
opinion.
opinion being based upon the occurrence of isolated cases under circumstances which would render the proposition of their origin to putrid enteric fever, a problem.  

6th. Another important difference is in their contagiousness; typhus is propagated from person to person, and from house to house, while those are facts tending to prove that enteric may be propagated also. But the contagiousness of typhus is far greater than that of enteric, as proof of this Dr. Tweedie states that Dr. Inman has ascertained, from the records of the Fever Hospital, the form which the fever appeared among the nurses and medical attendants, that he found only six consecutive years, forty-eight cases of typhus originated among the inmates of the Hospital, but only eight of enteric fever.

If this appears conclusive, that the difference of the two forms, so far as their contagiousness as a distinctive characteristic is concerned, must have reference to degree, but certainly the highly contagious nature of typhus, when contrasted with the infrequency of the spread of enteric fever by contagion, ought amongst other arguments, to have its due weight in the balance, when the question of the identity or non-identity of the two diseases is debated. The treatment should not be overlooked in discussing their identity or non-identity.

Remedies, generally, have a much more palpable influence on the one than on the other, symptoms are more early required.
required, & to a much greater amount in typhus; and if any local complication arise in enteric fever, depleting remedies are much better borne than in typhus.

Having now I think, given all the essential arguments, found in Dr. Lewis's book, on the distinction between these two forms of fever, it will be necessary for me now to consider a little later work, I believe, that of Dr. Innes, on the globules.

In the chapter on the specific distinctions between typhus & typhoid, he considers in the first place their symptoms & post-mortem appearances. In the second, their etiology.

First, as regards their symptoms, he remarks that as impartial observers, on first seeing into typical cases, cannot fail to admit a striking contrast. On the one hand, there is a fever of a more or less resistant type, with an evident anatomical lesion, characterized by circulatory rose-coloured spots, appearing in successive crops, diarrhea, abdominal tenderness, haemorrhages from the bowels, nose, left dilated pupil, to which lasts on an average between three or four weeks. On the other hand we have a fever of a more continued character, with no definite anatomical lesion, which is characterized by a febrile eruption, the spots of which, often, become converted into pustules, by a peculiar action, & by a great tendency to flushing & contraction of the pupil, whose average duration, when uncomplicated, rarely
rarely exceeds fourteen days. But, says Dr. Inclunia, although the clinical histories of the two diseases, in six most cases, are widely different, there can be no doubt that certain symptoms which characterize one are sometimes absent, or are occasionally observed in the other. "Syphilis may be complicated with diarrhea & hemorrhages, or the bowels may be complicated in enteric fever. "In such cases, if one or other of the symptoms be present, a diagnosis as to the condition of the sideshine may be made with certainty. Practically I believe that the cases are rare in which a diagnosis cannot be made; the difficulty first arises in diagnosing enteric fever, from other diseases. Internally, it is acknowledged to be distinct. If no eruption be present, the diagnosis may be difficult, but as soon, long ago observed, the difficulty is not greater than that often experienced in diagnosing other maladies, which we in rule are more easily distinguished. The diagnosis between phthisic & intermittent fevers is often very difficult, vomiting & diarrhoea may occur. In intermittent fever, while enlargement of the spleen, cerebral symptoms, & the typhoid state are common to both-diseases. The eruption of lenticular rose coloured spots, is perhaps the only reliable distinctive mark of phthisic fever. In every case of intermittent fever complicated with abdominal symptoms, they ought carefully to be looked for. Cases of phthisic fever, in which the lenticular spots.
are preceded by an uniform—scarlet rash, one apt to be mis-taken at first—for measles, especially if there be at the same time sore throat. As a rule however, there is no sore throat in these cases; the tongue is not like that of scarlet-fever, the scarlet-rash does not make its appearance before the fourth or fifth day of the disease. The pulse also, is usually slower, and the temperature less, than at the corresponding stage of scarlet-fever.

Dr. Murchison lays down the two following propositions:

1st. "When circinate rose spots, as described at page 468, appear on the pinnae, crops in the course of continued fever, the abdominal lesions of enteric fever are invariably present."

2nd. "When the eruption of typhus, described at pages 117, 118, shows itself in the course of continued fever, the abdominal lesions of enteric fever are absent."

Perhaps I may be excused for suggesting a little at this part of the discussion, but thinking it almost indispensable to do so, as it seems so necessary to obtain a clear idea of the appearance of these spots, I therefore give them as described by Dr. Murchison (page 468).

The eruption of phthisogenic fever consists of isolated circinate rose spots—the little roses lentricolaires of Trousseau.

Their colour is rose or pink, but varies slightly with that of the patient's skin. Their form is rounded, or regular; their margin is well defined, and they measure half a line to two lines in diameter. When the point of the finger is pressed.
ossed gently along the thin, each spot can, in most cases, be
felt slightly elevated above the surface. They are never indi-
icated, but, in very rare cases, a minute vesicle may be
discovered at their apex. They are never converted into
pustules; but during the whole period of their existence,
they disappear completely on pressure, or return when the
pressure is removed. They are never observed on the dead
body. They are developed in successive crops, each spot-
lasing three, four, or five days, then fading, while fresh
spots continue to appear. I have verified this statement
hundreds of times, by surrounding daily every fresh spot with
a circle of ink, and noting the date of each on the skin.

The number of these spots is usually small; hence
they are often overlooked. In most cases the number
present at one time, does not exceed twenty or thirty;
sometimes three or four spots are all that can be divided

Occasionally, however, the spots are very numerous, and
then the edges of two contiguous spots merge together. Still
this is a rare circumstance; the spots are never seen to merge into
irregular patches, as occurs in syphilis. In ninety-eight cases
the number of spots never exceeded 20, in 61, 57, cases it
exceeded 20, in 9 cases it exceeded 100. In one case I counted
upwards of 1000 spots at one time. The spots are left numerous
in young children, than in adults. The most common situa-
tions of the spots are on the chest, back, abdomen.

They
They spit longer on the back. The date of the appearance of the spot, is between the seventh- and twelfth days, inclusive.

The duration of the eruption varies from seven to thirty-one days, according to the date of its first appearance and the total duration of the fever.

The eruption is not invariably present, but perhaps is more common than is generally believed. There is no relation, as in typhus, between the presence or abundance of the eruption, to the severity of the disease. "I feel convinced that, ten eruption, which presents all the characters above mentioned, is peculiar to Pythogenic Fever."

In Dr. Meachim's description of the typhus eruption—page 117, he says: "Between the fourth and seventh days, usually on the fourth or fifth, an eruption makes its appearance on the skin. It is composed of numerous spots of irregular form, varying in diameter from three to four lines to a mere speck, which are either isolated, or grouped together, in patches, presenting a serpigenous or very irregular outline, often closely resembling the eruption of insecticide. At first, these spots are of a dirty pink or florid color, very slightly elevated above the skin, but, after the first or second day, they generally become darker and more dense, they resemble reddish brown stains, are no longer elevated above the skin, do not disappear, but only become a little paler upon pressure. They have no definite margin, but merge insensibly into the color of the surrounding skin."
These spots usually come out quiet over the abdomen, and thence they spread to the chest, back, shoulders, arms, and are rarely observed on the neck or face. Along with these superficial spots, there are others which are paler, less distinct, and which, from their apparent situation, beneath the outside, have been designated 'subepidermal.' When abundant, this subepidermal rash frequently in the skin is wanted or marbled effect, which contrasts with the darker, more defined spots before described, although sometimes the two appear to pass into each other.

In some cases the spots are first seen on the backs of the hands; they are most common on the trunk and arms.

The appearance of a rash varies greatly in its appearance. According to the relative abundance of the motting and more definite spots. Sometimes both are present, sometimes there are only a few of the more definite spots; at other times, there is motting but a faint subepidermal motting, which is apt to be overlooked. Its appearance also varies according to the degree of isolation or confluence of the distinct spots. The spots and motting together constitute an eruption which Jenner has described as the 'Mulberry rash' of erythema, but which other writers have designated 'moriiform,' or morbilliform. Again, page 187. According to its location, the eruption may be said to pass through three stages - 1. Pale, dirty pink, or florid; 2. reddish brown; 3. livid, petechial. In the first stage, it disappears on pressure; in the second, it disappears.
disappears in part only; in the last, it is not affected by
pressure. The duration of the several stages varies, and the
eruption may be arrested, so to speak, at any of the stages.
As a rule, the third stage is observed as early as the second
day after its appearance, and the pustule, not until the
end of the second week of the disease; but the eruption does
not necessarily become reddish-brown, that helps hinder or
on the pustule.

The spots situated on the dependent parts of the body
are always the darkest; here they are sometimes distinct,
while elsewhere they are scarcely visible. Hence in doubtful
cases, the back ought always to be examined.

The quantity of the eruption, its depth, its color, and the eruption
with which it becomes divided, or pustule, are in a direct
ratio to the severity of the case."

Dr. Cocks having dwelt so
very particularly upon these spots, which certainly, from their
history, appearance, etc., are very different, if seen, I shall settle
this important question. I have thought it proper for me to
give the particulars, as he states them. "He further states
in support of his two opinions, that, during the last fourteen
years, many hundreds of bodies have been dissected at the
London Fever Hospital, without a single exception being
met with." He adds, that there have been at least
an opposite disease mode, but the small number of
cases.
cases adduced in their support, shows that—at all events—the
eruptions are very rare, whilst in his opinion, 'most, if not
all, of them,' are liable to one or other of the following objections:

1st. No definite signification has been attached to the names
employed to designate the eruptions; arguments have been
founded on the names, given to the eruption by different-obs-
servers, instead of on the characters, of the eruption in each case.

There can be no doubt, that much confusion has arisen in
discussing the question, from different observers employing the
same name to designate different eruptions. This one writ-
er speaks of the characteristic rose spots of enteric fever becoming
converted into petechiae: 'in a case where the intestines were healthy.'
A second argues as if all cases of continued fever with 'melancholy'
were Typhus, as if enteric fever had no peculiar eruption;

a third applies the term 'rose spots' to the lighter eruption
of Typhus; a fourth uses the term 'rose coloured petechiae,'
while a fifth records a characteristic case of typhoid fever,
(sic) with a mulberry rash. This want of precision in
nomenclature, accounts for some of those cases where Typhus
and enteric fever have been tried to have a common origin.

Dr. Murchison goes on to prove that—these cases
which have been mentioned—of mulberry coloured eruption
over the body is yet a specific lesion after death; one
mistakes, for the rashes, unless a definite meaning be attached
to the term 'Typhus eruption,' as distinct from the eruption—
of enteric fever, it is needless to dispute the question.

He goes on further to say, "The brighter, yellowish spots of hyphons have been mistaken for the eruption of enteric fever. The spots of hyphons are often slightly elevated above the surface, disappear upon pressure, and if they are accompanied by no motting, as sometimes happens, they may at first be difficult to distinguish from the larger rose spots. But if these spots be watched for twenty-four or forty-eight hours, they become darker, cease to disappear, and if pressure, they are usually associated with motting. These very changes characterize the eruption of hyphons, and are inconsistent with that of enteric fever."

The following table is from Schmiedecker, showing the points of distinction between the spots of the two fevers.

<table>
<thead>
<tr>
<th>Pyhogenic fever</th>
<th>Hyphons fever</th>
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<tbody>
<tr>
<td>1. Pink or rose-colored throughout</td>
<td>1. May be dirty-pink at first but soon become reddish brown</td>
</tr>
<tr>
<td>2. Undergo no change, until they fade or disappear, never converted into pellicle</td>
<td>2. Become gradually darker, are often converted into pellicle</td>
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<tr>
<td>3. Circular</td>
<td>3. Of irregular form</td>
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<tr>
<td>4. Isolated, few in number</td>
<td>4. Numerous, and adhere in patches</td>
</tr>
<tr>
<td>5. No subcutaneous motting</td>
<td>5. Motting common, in addition to spots</td>
</tr>
<tr>
<td>6. Elevated above the skin</td>
<td>6. Not elevated, except at first appearance</td>
</tr>
</tbody>
</table>
7. Do not disappear on pressure.
8. Nearly before seventh day.
10. Many of the spots may lead to the end of the fever.
11. Often persist after death.
12. Died-right between the Hunter's deathness of the spots & the severity of the case.

It is not surprising, then, says Dr. Huxley, that the lesions of enteric fever were absent in a case reported by Dr. Kennedy, of Dublin, to the Medical-Chirurgical Society of London, where none of the spots thought to be characteristic of enteric fever were indistinguishable from true pustules, at the end of the fourth day from their first appearance. It is probable that most of the cases in which rose-colored spots have been reported to co-exist with enteric fever, or with a mulberry rash, admit of a similar explanation. "Hugs, whose work is often referred to, as proving the identity of typhus and enteric fever, who speaks of the frequent co-existence of "febrile enteric, "with the pustular eruption of typhus, does not allude to the florid spots, which precede and are converted into the pustules of typhus, or which at first be slightly elevated & disappear on pressure.

Hugs's "häte lentènlieber" is synonymous with his "typhus eruption included"
Included all the spots met with in fever, which were neither petechiae nor indurine. Sometimes they appear red, as if the spots disappearing on pressure are found, exquisitely pellinaceous, but the important point is that when any of the spots cease to disappear on pressure, or become converted into petechiae, the eruption is not that of enteric fever, but the petechiae are found to be healthy after death. Petechiae have been regarded as the characteristic eruption of typhus. They are met with, however, in many diseases besides typhus, while the eruption of typhus may never become petechial. Petechiae, therefore, as strictly defined, are not the characteristic eruption of typhus, but the circumstance of their having been observed in certain cases of fever, where the intestines have presented the lesions of enteric fever, after death, is the proof that typhus and enteric fever are identical. Other morbid conditions of the peritoneum, solitary glands of the intestine, such as those produced by the deposit of bile, the so-called 'pinhead appearance of jaundice,' pathologists, or the slight enlargement which is observed in scarlet fever, smallpox, many other diseases, even their healthy state, have been imitated for the specific lesions of enteric fever. One of the most obvious opponents of the specific distinction of typhus and enteric fever, admits, that he has found it impossible to distinguish between the lesions of the latter, a tubercular disease of the intestines, and those of the intestinal lesions of enteric fever, they must be due to the...
"Uncommon diarrhoea. Another recent writer, maintaining, that the anatomical lesions of typhus and enteric fever are identical, and that in fact there is no such thing as typhus without the intestinal lesions of enteric fever. The contrary statements of many distinguished observers, are met by the assertion, that the lesions are sometimes insignificant, so as to require a keen for their discovery. The lesions of enteric fever require no keen for their discovery at the earliest date at which death ever occurs."

Dr. Macleodson admits, that the eruptions of typhus and enteric fever, may, perhaps, that if death takes place in such instances, the lesions of enteric fever will be found in the bowel. But if such rare cases are employed to prove the identity of typhus and enteric fever, the same line of argument would be repeated. The conclusion, that all the acute specific diseases spring from one poison, that in fact, small-pox, measles, and enteric fever are the same disease.

"Enteric fever and enteritis, as well as variola and typhus, were, coexist in the human system."

Dr. Macleodson published a report of three cases, in which the patients appeared to suffer simultaneously from both typhus and enteric fever, in consequence of exposure to the poisons of both diseases.

"The observations of Iwanoway, on the epidemics in the jail of Nekutern, in 1840-41, which have been so often referred to, as proving the identity of typhus and enteric, are thus. The fever attached..."
It resembled typhus in being very contagious, in its short duration, in being characterized in most cases by constipation, congestion of the conjunctivae, great stupor, the early occurrence of delirium, a musty odour, and the presence of the typhus eruption. It also attacked those who had previously had typhoid fever, but spared those who had suffered from typhus twenty-five years before. On the other hand, it is stated, that in some of the cases, lentiginous rose spots were noticed on both the eruption of typhus — a statement open to the objection that sun-drying did not admit that the spots of typhus even disappeared on pressure, so that he seemed to doubt if they were not lentiginous rose spots.

"The two fevers have no community of origin, one being one does not give rise to the other. If typhus is the intense fever springing from the same poison, it ought to be a matter of daily observation to see one fever progressing among the other, as the two fevers prevailing together in the same family or house.

Neither age, sex, temperament, or any other peculiarity, has in the least affected the form of the fever."

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Having now laid down all the essential arguments given by Drs. Tweedie & trinchion on the distinctions between these two forms of fever, I would like yet to quote one or two authorities on this subject—viz—Dr. B. Kennedy of Dublin & Dr. B. Kennedy—

A pamphlet was published not long ago—entitled 'Further observations on typhus & typhoid fever'—in which Dr. Kennedy brought forward...
forward some interesting cases of typhus taking upon itself typhoid symptoms, and conversely, typhoid taking typhus symptoms, & other anomalies, such as, typhus + typhoid running into each other, he draws up the following hypothesis.

"I believe that the two fevers known as typhus + typhoid, are the result of a single poison, & that no other hypothesis can explain so well the difficulty of the case," he adds, "I consider further that those who hold for a plurality of poisons are bound to explain the facts already given in this paper. They should tell us why the symptoms of these two affections so often run into one another? Why the same type of fever, whether typhoid or typhus present such marked contrast? Why typhoid may become the character of embolism, &c., or inflammatory fevers, &c., meningitis, &c., still be typhoid, & this, be it observed, is described by those who believe in the two distinct poisons."

Dr. Baudelain in his most excellent & perfect course of lectures, during the beginning of his winter's session, brought before us some very interesting cases of these forms of fever, which I shall give to the best of my power, but not being a clerk, consequently not having the notes of these cases, cannot relate all the circumstances, but enough, I think, to shew their peculiarities & anomalies.

Case 1st.

Alexander Maitson, native of Dundee, 10 Hill Place Edinburgh, place of residence. Important, as there is no doctrine that these fevers
arise from urinations. He was always admitted to be healthy
until—prized with the present attack, his landlord described him
as "out of sorts." Medical man found him with cough, pulse
100, and prescribed a capacie and salvia amphiha—when brought
into ward, was delirious, puits on abdominal weak. He was
ordered brandy & wine every half hour, a little spoonful, 1 or 2.5
sleep for two hours, very thirsty, had been taking beef tea & wine
4-5 times during the last 24 hours, after that
a few rose colored spots on abdomen, about half a dozen
Sp. gr. urine 1025, muddy, erato & phosphates asixs. The leading feature
of this case, deliriums, delirious all night, 3 stools, pulse 140,
cheeks flushed, unable to protrude the tongue. The respiratory
system normal, jugula dilated—might be meningitis.

Post-Mortem

Eyes healthy—rather congested. The breast presenting a
regular dilatation immediately in front of ileo-cecal valve
den little in space. Peritoneum membrane covered by dirty green
ish elevated though, a little eleven been 5 in though protruding its
spoon like—spots show that there is a certain kind
of poison in them.

Case 2

The patient began with sweating & fever sensitivity, severe colic
reconcile on left side, lying in right—coughed bad at—night
peristalsis gelatinous, rusty, rather tenacious consistence. Insufficiency
pulse 80, good strength, no dyspneum, sounds of the heart healthy
Circulation
Circulatory system normal. All pupils could get-pushing to stop on his
plumach, bowels loose. Sputum & bowels of free forms, homogenous con-
stitute, had their ever since ill. Panted, watery freely, reddish yellow,
clouded with mucus, becoming clean on the addition of heat.

Eruption over the skin, spots slightly elevated, rose-coloured,
three times size of ordinary pins heads, widely isolated, circular,
disappearing on pressure. Notice on 6th day, pale, present but
fading away. Skin: natural temperature.

Pain in head, weight over forehead, could not sleep at night,
delirious. Edge of the ephèbe. 12, a glass blower. Premonition of the-
attack went to Portobello to visit some friends, they quite well,
in his sister, house on Island, close to a bin which no should-is
like a drain. Selt-ill on the road home, pain in thighs &
shivering. Got well that Saturday night. Took a dose of carbon-
oil which moved him two or three times, but made no altera-
tions in his pains, then took some & felt, with some effect:
looseness combined. Since the oil, 2 stools on an average:
since, ile loose. Lymphoid or gastric enteritis & jaundice.
The chlorides deficient. Hardness of respiratory, increased, vocal resonance.

Treatment

Booze tea & bland instrument, chalk mixture to check
diarrhoea.

I hope I may be excused for presenting these errors in
so imperfect a manner, but I was unable to work.
for word. I have given them, however, as pointing out exceptions to the general rule laid down as regards the symptoms of these two forms of fever. The first is worthy of notice as being a case of delirium, while the leading feature being delirium.

The second is also worthy of attention, as being a case where there was delirium, and where, so far as could be made out, the fever was contracted from putrid emanations.

Dr. Paycock, in his distinguished course of lectures on medicine, considers these two fevers as distinct, and places them in his nosology, among the epidemics which originate, he supposes, during the overcrowding of men and animals, from the consequent putrid emanations from the lungs dry skin, communicable to others. He thinks that it may arise from an independently of manna.

It certainly seems, from the number of exceptional cases brought forward by so many different writers, that these exceptions, when all brought together, present a considerable opposition to the views of those who maintain that these two fevers have different sources of origin. Dr. Swedic would seem to come to a just conclusion that lymphoid need not necessarily come from an epidemic, as he has known instances to the contrary. Dr. Morell has ingeniously established his theory, by bringing out different observers, wrong in their noting of facts.

In conclusion, I would suggest that these two fevers...
fevers, they arise from Animosities and overworking, or that their origin may be de novo, within the body independently of any external cause. For, as regards the opinions of those who maintain that a fever is necessarily the cause, I think their opinions are not conclusive from facts known to the contrary. And again as regards the opposite opinion of those who hold that lead, mercury is not the cause. I think they may be answered much in the same manner, as cases exceptional to this view, are also quoted.

There are some who bring forward Montferrand, as a proof to their statement, that the fever cannot arise from Animosities, but I would suggest that such a place as Montferrand, has so many circumstances, that the poison, or poisons, for I am not inclined to give the preference to any special one, which produces that fever, may be neutralized from the variety of chemical elements contained in the multitude of Animosities given off. But without going further into the physiology, I would suggest an idea which occurred to me, viz., that might not these two diseases be the same, depending upon the same poison, or plurality of poisons, whatever their origin, may be, of such an inciting nature, as to set up the same group of symptoms, consequently through different chemical elements, yet having a common property of lowering the vital powers, as a group of poisons have a common property of producing certain symptoms,
and might-not the different symptoms of combined fever, typhus
or lignon, be yet dependent upon some poison, which attaching
one individual of sanguine disposition, temperament; or, from some
external cause, as climate, rank, wealth, so have his constitution
so modified, that the poison would act differently on him,
according to these circumstances. For example, in a person
of phlegmatic disposition, it would attack his intestines.

In another, not of that disposition, but of rheumatic, 
chronic, mental, feebleness had been deeply engrossed, it would take
the hypoderm form: so to make a remedy, might not
these different conditions of the individuals, to modify
the blood, or nervous system, that the poison would,
effect each differently. Such, in the same manner as
it's would effect different solutions of different metals.