

No. 399

AN
INAUGURAL DISSERTATION

ON

Typhoid Fever.

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BY

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Thesis

I propose in the following sheets
 a succinct inquiry into the
 ordinary manifestations of
 Typhoid Fever, the relations
 that it bears to Malarial
 Fevers and such a plan of
 treatment for the former, as
 I have seen put in requisition.

In my description of it, I
 shall rely upon memory,
 and on notes taken at the
 bedside exclusively; or should
 the touches of an other's
 pencil be essential to the
 elaboration of the portraiture,
 the obligation shall be
 duly acknowledged.

Symptoms.

There is so much discrepancy among writers as regard to this disease, that students are under precious little obligation to them; From them we learn that it is a fever of long duration and one that will run its course in defiance of medicine.

It is rarely that patients are suddenly assailed by this fever, so insidious is its approach, and so slow are the grave manifestations in their development that it is often impossible for days and sometimes for weeks to say with certainty, that this is the disease which has fastened upon the sufferer.

In such cases they go about on foot or horseback, attending to their ordinary business, usually, laboring men are assailed more suddenly; complaining of headache backache, sleeplessness and sometimes thirst. The pulse is quickened, the tongue may have a mucous or yellowish coat, or it may be clean.

There is generally loss of appetite, but sometimes the desire for food continues. The symptoms daily become graver; There is more pain in the head, till the eighth or tenth day, after which the patient seldom complains of any pain in his head unless he is asked.

The pain in the back usually

Subsides before the pain in the head,
 The appetite fails rapidly as the
 disease advances. There is disgust
 at the sight of food. The pulse
 increase in frequency, with alter-
 ration of heat & chilliness. The fever
 has now manifested itself.

^{the} Tongue gets narrower and its
 tip & edges are red. There may
 yet be no thirst. any one acquainted
 with this disease may now recognize
 it. The condition of the tongue &
 previous history, place the matter beyond
 doubt. other symptoms increase in
 intensity- The tongue becomes
 brown or nearly black, glazed
 stiff and crossed by cracks
 & fissures. This coat usually
 peels off two or three times in

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the course of a severe case, leaving the mucous membrane red, naked and shining. There is sometimes a whitish, aphthous eruption upon the Tongue & mucous membrane of the mouth. The tongue is usually protruded with difficulty, and this stage is usually attended with distressing thirst.

The skin is now hot and about the second week rose colored, cutaneous, slightly elevated spots, about the size of a pin-head appear, by pressure with finger these spots disappear and return again by removing this pressure. Vesicles, called Sudamina also appear which are oval varying in size

from a pinhead to a small pea. These appear after the rose colored spots; and usually upon the neck or under the arms.

The pulse is more frequent, and sometimes sharp and jerking; at others, small and easily compressed. The pulse remits, but slightly during the 24 hours. There is generally ringing in the ears, dullness of hearing, Subsultus tendinum, and in the last stages great prostration of the strength.

Delirium, is one of the most constant symptoms, beginning in the first or second week, of a low muttering character, with restless picking at the bed.

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clothing, catching at things in the
lair, and a constant request to
be taken home.

The disease has now attained
its acme, and will continue
thus for six or ten days, without
appreciable variation. If the ten-
dency is to death the secretions
are suspended; there are colliq-
native stools, dysuria, hemor-
rhage, violent pains, occurring
in paroxysms, in the bowels, and
copious perspirations - this continues
till the patient is totally exhausted
and sinks to death.

If the tendency is to recovery,
after a continuance of the severe
symptoms which constituted the
acme. for about a week, the

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pulse becomes slower eight or ten beats per day, the diarrhoea is suspended, there is approach to complete remission in the morning, the patient sleeps & rests well and his appetite returns, these constitute the signs of convalescence.

In the beginning, Typhoid so much resembles Intermittent Fever as not unfrequently to be mistaken for it. To be sure the phenomena of intermittence are not well marked, but that so frequently happens in Malarial Fever that I think any one is excusable for mistaking the one for the other during the first week. Again during its decline,

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it frequently presents nearly all
the symptoms of Intermittant
Fever.

But those who believe in
the common origin of the two
or that the same curative means
are adapted to both, will do
well to study the disease anew.

It should no longer be
an open question, whether the
great specific in intermittant
fever should be employed
in Typhoid. It is not
doubted that Quinine, is
useful as a test, or means of
Diagnosis. It is believed to be
surer, than the Stethoscope in
Tuberculosis. If the quinine
stops the fever, it is a case of

Intermittent; if not, it is a Typhoid
 Fever. I acknowledge that it is
 rather humiliating to be com-
 pelled to prescribe for a disease
 before we know what it is; or
 worse, in order to ascertain
 what it is. In ~~this~~ case though
 it is consoling to know, that
 the quinine test does no positive
 injury, while it reveals, to the
 physician the nature of the malady
 he has to treat.

I have thus given the fea-
 tures of an ordinary case of
 Typhoid Fever, by which
 I think any one would be able
 to recognize it, at least by the
 aid of the quinine test.
 There are features of this disease

liable to so much distortion,
by seizure much more violent
and complicated with pneumonia
or pleuritis, that sometimes they
can scarcely be recognized.

Some patients linger for months
after the commencement of conva-
lescences, with-out recovering
strength to walk about.

Such patients always have,
I believe a pulse remarkable
for its slowness; ranging from
40 to 50 beats in the minute.

They complain of nothing, have
fine, frequently ravenous appetite,
but remain mere skeletons, with
total loss of muscular strength.
Such I believe invariably recover.

Others, again, suffer for mon-

-thes with abscesses, generally of the parotid glands. First one enlarges and becomes, like cartilage, rendering the skin over the angle of the jaw tight and shining, and finally suppurates.

Then the other (one not invariably) is assailed in like manner and terminates similarly.

Others have and entire leg to swell from the hip down, causing great pain; and recover with the limb permanently enlarged.

One who suffered long with intense pain in the ileo-colic region, had probably an abscess at that point, but he recovered.

Some are seized with violent symptoms of Pneumonia, while

convalescing, but recover.

I have here enumerated most of the complications and Sequestra that I have witnessed, I am desirous to confine my account of this ²⁷Fever to my own observations exclusively.—

Seat of the disease

Chomel and others contend that the Seat of this disease, is the glandulae Agminatae, or Peyer's patches. But if other obser-
vers are to be believed, patients frequently die, without exhibiting upon post mortem the slightest lesions in these parts.

Some authors believe that the affection of these glands depends upon the Character of the epidemic,

In some years, (autopsy), reveals extensive lesions in Peyer's the solitary glands, and enlarged + inflamed mesenteric glands, while in other years, with the disease equally fatal these glands escape uninjured.

It is a pity, that Physicians do not agree about the phenomena of this disease. The weight of authority, teaches me that this disease cannot exist without anatomical lesion of the glands of Peyer.

Liebig's Hypothesis has at least a great ingenuity to recommend it, but those Physicians who believe and teach it will be repudiated by the profession.

It is the theory of a great man, & great men seem disposed to receive it. though it overturns at once all the learning and labors of the Solidists they should not grumble; as their learning & labors had previously overturned the learning labor observation and experience of the ancients.

There is this difference between them. The Humoralist lived & died without thinking it possible that a doctrine so ancient and so formidable from the ramparts of reason that encircled it could ever be assailed. The Solidist upon the contrary has lived to see the mighty creation of his genius worshipped by multitudes of

devout followers, yet not solid enough to resist the heave of common observation by which it has, ere the passing away of the generation, been exhaled into primitive nothingness

Treatment

This varies according to the opinions of different practitioners. I shall detail the the practice I have seen pursued by my preceptor, in a great number of cases.

If called in the early stage of the disease he opened the bowels if necessary by a dose of castor oil - he followed this by

R. blümas ʒrs 5. -

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Opium .. 1
Morphia .. 1/4

Take one pill every four hours for 12 hours. A blister was usually placed upon the nape of the neck when the tendency was to Delirium.

One grain of Opium with a fourth gr. of Morphia was given every four hours unless it produced great nausea, when the dose was reduced to half a grain.

Then he gave the oil of Turpentine in 8 or 10 drops doses in mucilage of gum arabic twice a day, with 3 grs of Quinine in each dose if the fever was not too high.

Two or three times a week
 the body of the patient was
 washed with a weak lye, and
 clean linen put upon him,
 with clean bed clothing.

If pain was felt in the ileo-ce-
 cal region upon pressure leeches
 was applied to the part, and
 followed by Sinipisms as
 often as the tenderness was apparent.

If Diarrhea made its appearance,
 it was generally amenable to the
 following Mixture.

℞ Tincture of Canela ʒ 1
 Sulph of morphia gr ʒ 5
 Cinamon + Cloves ad ʒ ʒ ʒ
 Shake thoroughly and give
 a Teaspoonful in a little Syrup
 immediately after taking the Spice

that is every 4 hours. when there was great obstinacy of the bowels and hemorrhage he gave an enema of ice, water Morphia and Tannic acid.

When there was local pain in the Thoracic region cups. was used, and when debility and prostration was not strongly marked leeches were applied to the part. when the disease began to decline as marked by slower pulse, + more natural tongue, with Subsidence of Delerium,

Twelve grs. of Quinine was given each morning, in six gr. doses, three hours apart, for 3 or 4 consecutive days, this generally completed the cure. It was remarkable

how few patients were lost under this treatment. I have no recollection of the death of a single patient, suffered to pursue this course without interruption.

Some died, who bid as fair to recover as any who did recover, who were forced out of this course by peculiarity of constitution.

Some had violent hemorrhage & recovered. others had all the symptoms of Abscesses & still recovered - others lingered for months with probable ulceration of the gland, with final recovery.

In every case the Ipecac seemed to modify the symptoms greatly, although incompetent to abridge the duration of the disease,

Though I think it was rendered unquestionably milder by its use.

Quinine in the later stage of Typhoid seemed always beneficial. But the Spear was given to bring about such changes in the system as was favorable to its beneficial action.

This treatment has finally become common in the Mississippi valley; & Physicians have certainly become more successful in its treatment since its adoption.

Those Physicians were most unfortunate who endeavored to induce ptyalism by large doses of opium & Calomel. Both these articles seemed injurious. By the opium ^{+ the} proper symptoms were

Masked and the Doctor thrown off his guide, while the calomel always increased the irritability of the mucous Membrane of the intestines, and also destroyed the fibrine of the blood.

Bleeding at the nose was a common Symptom and the patient was frequently very much reduced by it. It could not be stopped, but by mechanical compression of the nostrils.

Conclusion

I am aware that I have given but a beggarly account of this grave fever, in these pages, I might have swelled it out to quadruple

its size, by quoting from a dozen authors; but it is intended for the perusal of those with whom such affectation of research and investigation goes for nothing).

If I have made myself intelligible. without this array of names, I have accomplished all, I hope for; and beg acceptance of this unworthy composition.