AN

INAUGURAL DISSERTATION

ON

Typhoid Fever

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BY

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Typhoid Fever.

For better than two years past I have been an eye witness to an epidemic that prevailed in the South-western portion of Missouri: Known in that country by the name of slow fever. This epidemic, (if I am allowed the expression,) commenced its ravages upon the people of that country, about one year before my Arrival. And not being treated properly, in a general way proved fatal. And was looked upon by the citizens to be as malignant as Cholera.

Being unexperienced in the practice of medicine, I was

"Just to my wits" to know what to do in order to sustain myself in arresting a disease of such horror; for it had already became a by-word in the mouth of the vulgar, the Doctors can't cure the slow fever. + + + + + + + + + +

This led me to study the disease at the bed side, and it is my intention to speak of the disease as it prevailed in my own country, and under my own observation independent of authors.

This fever in most instances makes on insidious appearance. The appetite being much impaired a dullness about the head, numbness of the extremities and back,

especially the joints. and in the region of the kidneys.- The skin is somewhat dry and heated- flushed face, accelerated pulse, the tongue slightly coated with a whitish fur. Such symptoms generally continue for a week or more, with slight remissions daily, and an increased intensity.

During this forming stage, there is in most cases a looseness of the bowels. if not they are easy moved by cathartics.

The patient begins to feel by this time sufficiently ill to take his bed. The disease now begins to ~~feel~~ develop it-self more fully

And assumes the Typhoid grade. The tongue begins to loose its whitish fur appearance, and becomes dry and brown, with a red and fiery appearance about the tip and borders. The pulse becomes more frequent and feble - quite compressable. Amounting in a general way, from one hundred, to one hundred and twenty, - thirty, and even more. ~~Him~~ I have seen cases my-self that the pulse was so much accelerated that it was impasible to count with any accuracy. Such cases are rare and seldom recover.

The patient is seldom free from pain in the head, in most ins-

tances they are obtuse. And it is not an unusual occurence to bleed from the nose, which relieves the head in a considerable degree. The skin is quite dry and has lost much of its vitality. The Stomach in many instances is irritable. Transient pains are felt in the Abdomen, increased by pressure, especially in the right iliac region. Tympanitic distention of the bowels is discovered by percussion, with a gurgling sound upon pressure by the hand. Diarrhoea is not an unusual occurance in this disease and frequently runs into dysentery. I do not know that

I ever saw a case entirely clear of one or the other, and generally both. The former preceding the latter. And in some cases hemorrage from the bowels this generally takes place in advanced Stages. Sometimes the blood is red, but more frequently blackish and disintegrated.

Red Spots like fleabites frequently show themselves upon various portions of the body, generally upon the abdomen and chest. but in most all cases by close examination they can be seen upon the face and limbs At the same time We frequently see eruptions of Small vesicles, suddamina, upon the neck and chest, these being so

transparent. That they are hard to see
in fact many physicians overlook
them entirely.
In all the cases that have fallen
under my observation. I have remarked that there was more or less
derangement of the nervous appa-
ratus. Sometimes developing itself
in the early stage of the disease;
but more frequently not before the
second week; in most cases
it is first a heavy dull throbbing
pain, occupying but little attention
of the patient. But I have seen it
quite to the reverse. intense, acute,
and distressing: Such cases are apt
to ~~diminish~~ diminish to some ex-
tent in a few days.

Delirium is not an unusual occurrence in bad cases. And generally speaking is a bad Symptom. In mild cases I have seen them entirely clear of this unfavorable Symptom. This is sometimes one of the first Symptoms. but it is a rare occurance. And the prognosis unfavorable. In a general way it does not make its appearance before the second week. In very violent cases the delirium is attended with wild and violent agitation. but often it is of a low muttering grade. Sometimes the patient will arise suddenly from his bed, sit on the side, or wander about the room if not restrained by the nurse. I knew one who left

his room, made his way into the garden, and when caught by the men, resisted, fought manfully, declaring in most forcible language that he would not go back to his room. We frequently see them very restless in in bed, pulling at the bedclothes, drawing them over their heads, and changing their position.

There is generally more or less Stupor, however governed by the intensity of the disease.

The physiognomy is greatly changed; it is dull, listless and vacant. The slightness indifference and apathy of the mind is well marked in the face. The eyes are heavy and languid. There is an indescribable restlessness, with a heavy stupid expe-

ession of the countenance, mixed with sadness, anxiety, and distress!
The urine is not changed from its natural color for the first few days, but generally more copious than in health: As the disease advances the urine becomes highly colored, less copious than in health, deposits a sediment, that has a variety of appearances, sometimes dirty or muddy, at other times we see a whitish mucus, with other varieties too tedious to mention, that I do not ugard as of any value in the Diagnosis.
Cough and bronchal calls are very common in this disease: But it is seldom we we meet with much

soarness or sense of oppression in the chest. Though more or less in all the cases that fell under my observation. With only a few exceptions. The cough is generally dry, sometimes attended with slight mucus expectorations. The dry sonorous and sibulant rales may be heard more or less extensively over the thoracic region, and are much greater in proportion to the amount of oppression or dyspnoea, than in ordinary catarrhal affections. They afford an important diagnosis. Seldom make their appearance before second or third week. Generally the second. They occasionly give place to a crepitant or sub-crepitant rale, in

dicating the occurence of inflamation in the parenchyma of the lungs. As the disease advances, the mouth and tongue becomes very dry: The tongue is often encrusted with a dark coating, dry gashed and sore. But oftener it becomes smooth and glazed, of a fiery appearance. Dark sordus collect upon the gums and teeth. I have seen a few cases where there was no deposit of this sordus, the gums shrunken, and white, possessed of very little vitality: the tongue not so red as common, thick and narrow with the appex sharp like that of a serpent. Such cases are apt to prove fatal. I do not

recollect of ever seeing a case recover under such symptoms.

As the disease advances we constantly see new symptoms arising. The skin varies very much in its appearance and temperature in different individuals. In some the skin appears to be of a uniform temperature throughout the whole course of the disease; in others I have seen the extremities cold and clammy while the body was hot and dry, and vice versa.

I have seen patients perspire more or less throughout the whole course of the disease, this sweat is generally confined to certain portions of the body, the brow and extremities.

and of a remitent character, cold and clammy in its nature, sending out an unpleasant odor. At other times we see them deluged in a caliginative sweat, that is so copious as to render it impossible to keep the patient dry enough for comfort. This sweat will continue for days with slight remissions daily. It is astonishing, and alarming to see the effect that this profuse perspiration will have upon its victim - Almost as prostrating as venesection - So alarming is this symptom, that the unexperienced practitioner will readily comprehend ~~the~~ its prognosis, if not speedily arrested.

If I had the time and space I could write pages, upon this perspiratory symptom that would be of great utility. In fact there is not a symptom that arises in the disease but what would fill pages if justice was given, and a reasoning Philosopher to wield the pen.

Thus I have given a genral history of this disease, touching only the cardinal points, and just touching them. The anatomical lesions with many other symptoms of great interest has been entirely omitted This we were bound to do, for if we had suffered ourselves to dwell fully upon the respective points, give them a deep investigation, it would

have swelled this little Thesis into a big book. A years labor for a Scentifie man.

With a few remarks upon practical treatment - I'll close.

There has been so many different plans laid out by different practitioners, and authors that I hardly know how to form a treatment - in its proper light. In my first practice I had great fears of giving medicine in this disease. I therefore confined my self to very simple remedies in a general way: generally gave a blue pill of five grains. (every twenty-four or forty eight hours.) ~~Hot~~ combined with a little Opium or morphine or some other astringent. this was necessary on account of the

the great tendancy of the bowels to run off: Using through the day mucilage drinks and the oil of turpentine as directed by Dr. Woods practice. In advanced stages where there was great debility I generally relied upon Tonics - Wines, Brandies &c. I found Sul. Quinine An Excellent tonic in a great many instances. Elixir of Vitriol I found very good to keep off the colliquative sweats - Sometimes Sugar of Lead, or the genine answered every purpose.

This was my first mode of practice. And I believe my success in this, was about as good as any rule I ever followed.

reading my treatment- Whom to an old Physician to whom I had called to consult in a case. He informed me That- I was young an inexperienced in the practice of Medicine, as well as other Things. And he as a friend would set me all right. So that I could assend the ladder of fame and become a shining Star of the Great West.

Said he, "You must use calomel and Opium, Loose up the bowels, and continue the treatment until you salivate the patient." "If you see that you are about to fail with this, resort to some other Mercurial Plan- Salivate the patient

let the consequences be what they may" For said he. You will never loose a case when you succeed in saluating them. Not only that but you will abort the disease at once".

We studied about what we had learned from the old Doctor. And finally put it into practice But soon found that it was a down hill business. My patients would die before I could get them under the influence of the Mercury. I lost ~~all~~ more cases within a month than I had before in six months. This shocked me and caused me to "stop my wild career" and go back to my former practice.

In nearly all my practice I gave some Mercurial (under) but with the greatest caution. I thought the liver should be kept active. Though I'd avoid ptyalism. I found blisters to the abdomen, especially over the right iliac to be of great utility. Sponging with cold water was a remedy that I valued highly. I was pleased to hear the treatment of Prof. Bowling, in this disease the non-Mercurial plan. I know from what he says, and my own experience that he is right. And they who gives Mercurial are in the wrong and "know not what they do."

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