

AN
INAUGURAL DISSERTATION

ON
Typhoid Fever.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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OF

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The intimate friendship that has
ever existed gives me the privilege
of dedicating the following lines
to my worthy preceptor,

W. H. Bowling M. D.

Professor of the institutes and prac-
tice of medicine in the Nashville
University— And to whose wise and
judicious instruction I owe much,
and for whom I cherish a sincere
admiration and most affectionate
regard.

Preface

According to the customs and usages of all legitimate and regularly organized Medical Colleges, it is the duty imposed upon each and every student of said institutions after becoming eligible for the degree of Doctor of Medicine to write a thesis upon some Medical Subject and deposit with the Dean of the Faculty for examination, this as a preparatory step for taking the degree of M.D. And I having arrived at that point in the history of my life after the usual time of study, which has been a source of pleasure and interest, rather than an incumbrance proceed to act accordingly.

For my Subject I have chosen that of Typhoid Fever I have not selected this subject as I can vainly hope to advance any new ideas in regard to its diagnosis or its treat-

ment in this late hour in the day, after it
has been deeply studied and scientifically
treated by distinguished Gentlemen of both
Continents of great talent and long ex-
perience in the profession of Medicine.
But I have rather chosen it on account
its frequent occurrence within the history
of the Country. The very name of Typhoid
Fever carries with it as it goes terror.
There has been many able and important
articles written upon this Subject by
illustrious predecessors whose remains
now lie beneath the green sod, but whose
names are written high on the walls of
fame, and whose memories will ever be
with sacred honor and love; and sh-
uld ever be remembered in after days
with deep gratitude by the present
Members of profession. But I believe

There has been no article of treatment
produced for this disease by even the
most learned and scientific of the pro-
fession which could bid defiance to
this terrible monster and say thus far
shall thou go and no further -

It meets the bravest and most scienti-
fic without fear and holds a strong
it with the longest and stoutest
arm of medicine - I will now proceed
to take it up and give its history as
we have studied and found it -

Spasville University,
Medical Department Jan^y 15th 1857.

Typhoid Fever

This is a disease which is not peculiarly adapted to any climate or location rather than another. It has been found to exist in high lands, in rolling lands, in Cities and in the Country, in high and dry locations. This disease now as Typhoid Fever is not a new disease, but it is an old fever, known by the Ancients as Typhus Fever. The symptoms in Typhoid Fever are very numerous; and it is some what difficult to diagnose it in the beginning. This fever begins rather slowly and commences with several chills at the start. After the chill the fever continues for some time instead of going off (as in Malaria fever) by a copious perspiration, and leaving some head-ache. The tongue looks a little red at the tip and edges, and is narrowed at the point.

than it is when the patient is free from disease. The patient goes moping about for several ³ or ⁴ days, with some symptoms of diarrhoea. These are the first symptoms in this disease. In Typhoid Fever there is always some cough, rather a dry hacking cough it is; after this there is but little other thoracic symptoms in the case. There is always some head ache or headache in this disease from the beginning to the end of the fever. The pulse in this disease is about 80 beats in a minute during the first week of the fever. During the second week of the disease the pulse increased up to about 90 beats in a minute. There is not so much febrile excitement in this disease as there is in other fevers. But the fever is more constant and regular and seldom or never abates.

entirely until convalescence begins.
There is generally pain in the feet
and legs and some pain in the back.
The mind of the patient is generally disturbed
in Typhoid Fever; but the mind is sel-
dom interrupted until the bowels are first
disturbed. The danger of the patient is
in proportion as the delirium is great
or less. There is danger of Coma in
great delirium. While in a state of
delirium the patient is generally roll-
ing up the bed clothes, and imagining
himself from home. There is also
great danger in Somnolence
if the patient should sleep ten or
fourteen hours at a time you will have
reason to fear great danger. Constant
vigilance is sometimes the case with
the patient and he can't sleep and

Typhoid Fever is adynamic in its type, and therefore would not deplete in this fever, but would preserve the strength of the patient as much as possible.

The taste is often perverted; and at times all of the senses are perverted. The state of the muscles is very much relaxed in this disease. There is a general debility of the entire system in Typhoid Fever. Agitation of the muscles frequently exists; such as subcutaneous tendinism - it is a bad sign. The tongue at this stage of the disease is yet red at the tip and edges, and soon becomes brown dry and cracked, narrowed or pyramatic in shape. This peculiar coat of the tongue just described is very adherent in this fever; and comes off in flakes in patches. When this coat comes off it leaves

the tongue red, shining, and glistening in appearance. In a short time this peculiar coat returns and the same brown cracked tongue is presented again as before the flakes fall off. Thirst is not so great in Typhoid as in Malarial fevers. But it exists also to a certain extent in the fever. There is but little nausea and vomiting in this disease; though I believe there is great diversity of opinion as regards nausea and vomiting in Typhoid Fever. We find but little abdominal pain in this disease; though in advanced cases of Typhoid Fever there are apt to be symptoms of diarrhoea attended with some pain in the abdomen which though not very severe often give some trouble to the patient as well as the attendants. A terrible disease this

The bowels easily moved, hemorrhage from the nose, and such a tongue as described in the beginning with that peculiar odor together with a flat cold and dry cough and a dry sonorous and Sibilant rhonchus these symptoms combined will I think certainly prove to be Typhoid Fever. They afford important diagnostic signs. About the third week in this disease and in some cases perhaps the second week red spots form on the abdomen which is always pathognomonic. — — — These red or rose colored spots are small often slightly prominent. They will disappear under a slight pressure of the finger and return again after the removal of the finger. These rose colored spots are present in the great majority of cases of Typhoid Fever, though not pa

icularly, is it necessary for them to appear in every case that appears. At this stage of disease the tongue continues to grow ^{firm} firmer and browned, and cracks or fissures, and this coat may come off and leave the tongue clean and red; but it does not look natural after this. It looks red and shining and too narrow at the point to be natural. Hemorrhage is one of the early symptoms of Typhoid Fever. It takes place from the nostrils and is highly characteristic. The epistaxis is usually very moderate, and very seldom in any degree alarming. Hemorrhage from the bowels in advanced stages of this case is of much more importance to attend to than epistaxis; and is often a bad sign and is injurious from the exhaustion it produces. The patient still

continues to have headache. A peculiar
gurgling sound is heard when the patient
drinks water or any other fluid substance.
Dullness of the mind is another
strong symptom of this disease. Delirium
comes on, but not in any considerable
degree until the eighth or tenth day of the
attack. The patient is seen pulling the
bed clothing around him, catching at mo
imagining himself from home; and in some
instances the delirium is violent even furious
and in the last stages of this fever the deli
um becomes low and of a muttering cha
acter. The sense of hearing is often very
much affected in the last stages of Typho
id Fever. In this last stage of the fever
the bowels are very easily moved by pur
gative medicines. One of the most pa
rticular features or lesion in Typhoid

Fever is the ulceration of the intestinal canal. We find the ulcers beginning in the lower part of the jejunum and extending in great numbers through the ileum. We find them in various stages of progress. This ulceration of the Glands of Peyer is I believe invariably found in Typhoid Fever; and in a state of ulceration they are often found elevated above the mucous coat of the bowels. There is great diversity of opinion as to the cause of this ulceration; As regards its cause I shall say nothing. There is a great tendency to sloughing of the skin in this disease. The retention of urine is another important Symptom in the advanced Stages of this disease and is considered by all to be a bad sign. The urine more scanty, high colored and heavy in the advanced stage.

of this fever than it is in health. The Spleen is often more or less enlarged and softened in Typhoid Fever. I believe the most of the tissues of the body are to a greater or less extent softened from the effects of this fever. This disease has been thought by some to be contagious though there are various opinions in regard to this point. I think myself that Typhoid Fever is not contagious. Children and aged persons are less liable to this disease than those who are between the ages of fifteen and thirty. The young, the beautiful, the more intellectual and those persons I believe to be the most frequent Victims of this terrible disease. One consolation it is to those who have had it that no man, woman, or child ever had Typhoid Fever more than

once; And those who have had it will never
suffer from it again. It is a strange
phenomenon after a recovery from Typhoid
Fever that occasionally some one
the limbs of person is larger than the
corresponding limb of the same person.
This disease generally runs about 2
days and after this time it makes a
change for the better or worse one of
the two — A patient with the last
form of this disease is very liable to a
perforation of the bowels. There is seldom
a relapse in Typhoid Fever —

The treatment of Typhoid Fever — W. H. H.
The first thing to be done is to have the
patient placed in a quiet, comfortable
and pleasant situation, removed from all
annoyances at the beginning of the fever.
Have the room well ventilated and kept

in gentle order. A good nurse is almost
indispensable for the sure success of the
patient. Cleanliness of person of clothes
and bedding are highly important also.
Yet there are various modes of treating
this disease. Strong and active medicines
do more harm than good I believe in the
fever. Often at the beginning there is a
diarrhoea, or a predisposition to that effect
or a very great susceptibility to the action
of cathartic medicines on the bowels.
And in this state of affairs I think it w
ld be wrong to begin the treatment with
cathartic Medicines. A mild laxative
in the beginning such as Sulphate of
Magnesia or Oil of Ricini is I consider
a very good thing, and if any irritation
exists in the bowels the Oil in connection
with a few drops (10 or 15) of Spts Turpen tin

will perhaps be still better. If there is much
diarrhoea in the beginning a small quan-
tity of opium and camphor is very good.
A little lemonade or orange water is good
in the beginning of this fever. Flax Seed
Tea injected into the rectum is very high-
ly recommended. If there be much pain
in the head leeches should be used.
If very great inflammatory symptoms
exist in the case venesection should
resorted to. Take from the arm 8 or 10
ounces of blood and repeat if found
necessary. But great attention should
be paid to the strength of the patient
and not bleed so as to cause the slight-
est debility whatever. You should only
bleed when the pulse is very full and strong.
The patient should be managed so as
to have as much rest as possible.

Peace and quietude are highly essential
for the welfare of the patient.
Cold applications are said to be very
good. The entire person should be sponged
with tepid water every day or two, and more
particularly when there is much fever;
occasionally sponged with soap and water.
The patient should be allowed ice
water when ever he calls for it - If
in case of hemorrhage from the bowels
ice water injections and perhaps a few
drops of Laudanum will improve the in-
jection, Ice water injection is a good rem-
edy also for hemorrhage from the nose.
Calomel if used in Typhoid Fever will
have I think an injurious effect on the
patient. This fever under consideration
has a very great tendency to diminish the
fibrin in the blood so will Calomel

do the same thing to the blood, Mercury
will certainly kill I believe if much used
in this fever. Avoid as much as possible
all debilitating agencies - If there should
be very great head ach or much throbbing
of the heart then I think it would be
advisable to bleed the patient - -
If hemorrhage from the bowels should return
again use an injection of Sugar of lead
and laudanum. In an advanced case of
Typhoid Fever

Spts of Turpentine ʒ2

" " Laudanum ʒ2

Gum-Arabic ʒ 3/4

Mix and use a teaspoon full every three
hours; this will be found very beneficial
when the bowels are much ^{disturbed} & wine will
not stop or check this disease as it does in
malarial fevers. The Spts Turpentine gives

in this fever acts as an alterative to the ulcerated
portion of the bowels; and for this reason should
be given every few hours in doses from 10 to 15
drops. In great epistaxis should the ordinary
remedies which have been mentioned in this
article, fail to stop the bleeding you should
then resort to more effective and certain me-
ans, such as plugging up the nostrils both
posteriorly and anteriorly—

When a favorable termination is about to
take place with the patient, the tongue
becomes moist and begins to clean its-self.
It generally begins to clean first at the
tip and edges, the pulse also lessens in
frequency and acquires a greater full-
ness— About this time the Stupor or
delirium subsides, when these chan-
ges take place you can then and not un-
til then hope for recovery of the pa-

lent Great attention should be paid
now to the diet. A light nutritious
diet should be used, such as rice water,
gum arabic, arrow root, gruel, broths of
various kinds—occasionally a soft boiled
egg without much seasoning in it.
Some of these ought to be given frequently
during the 24 hours from even the begin-
ning of the fever to the end of the same.
This now about completes my ideas of Ty-
phoid Fever— I have as I think given some
of the principal symptoms, its course and
its treatment as best I think— This con-
cludes what I have to say upon Typhoid
Fever— Hoping that I have not labored
in vain, I commit this Thesis to my
beloved Faculty of the Nashville University
for examination— William H. Childress