

AN
INAUGURAL DISSERTATION
ON

Typhoid Fever

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Typhoid Fever

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This is a common febrile affection that presents a great diversity of symptoms; but having a certain recognizable character by which we are enabled to detect it under every variety of aspect. It is the ordinary endemic fever which we are liable to in those regions where miasmatic fevers do not prevail, yet it sometimes occurs in miasmatic localities.

atoms
20 This disease sometimes comes on very abruptly, commencing with a marked chill; at other times the attack comes on so very insiduously that it is with difficulty that the patient can date its commencement. The patient,

generally complains for sometime of weakness with indisposition to move about. He feels sluggish and complains of headache, with pains or aching of the extremities, and with a general degree of languor. His skin is somewhat hot.

The tongue is coated with a thin fur. The appetite is impaired to some extent, and there is some acceleration of the pulse. These symptoms continue slowly to increase, in intensity, though with a tendency to daily remissions.

Finally the patient finding himself unable to follow his daily business takes his bed. After the disease is completely

formed the chilly sensations
 that was previously complained
 of cease, unless some incidental
 inflammation ensues. There is
 very often at this stage of the
 disease diarrhoea, or if
 diarrhoea happens not to
 be present, the bowels are
 very susceptible to the action
 of cathartic medicines,
 so much so that diminished
 does act copiously and in
 a shorter period of time.
 These symptoms daily increase
 in intensity. The skin is
 hot and dry. The pulse
 is much accelerated. The
 face is flushed, and the
 appetite diminished or
 entirely lost, with increased

headache. The pulse is now very small and frequent, beating from one hundred and twenty to thirty in a minute. The skin very often at this stage of the disease begins to change its appearance, it becoming of a purplish or dusky hue, though this change of color is not invariably the case. The patient at this time begins to complain of greater weariness, with pains in the back and limbs. Frequently at this time considerable nervous irritability is present, the patient is restless, with inability to sleep. Hemorrhage is also a frequent symptom

in this disease; generally occurring
 in very small quantities
 from the nose, not amounting
 to more than two or three
 drops at a time. These
 symptoms may continue for
 several days, the pulse then
 becomes quieter and more
 full. The skin acquires
 greater heat; the dullness of the
 countenance deepens; and the
 tongue is coated with a
 thicker fur. Some pain
 is complained of in the
 bowels, generally referred
 to the right-iliac region.
 The bowels are also
 tympanitic to some extent.
 Pressure upon the iliac
 region causes pain with

a gurgling sound. The urine is scanty and high colored, sometimes indeed altogether suppressed. Such is the course of the disease up to the eighth or tenth day when new symptoms are superadded. The symptoms now become a great deal more aggravated. The tongue is now drier and coated with a much thicker fur. Deglutition becomes difficult, the patient being scarcely able to swallow or protrude his tongue. The rose colored eruption which is so peculiar in typhoid fever, now makes its appearance on the

abdomen. Sometimes at this stage of the disease, there can be detected upon the neck and thorax a crop of vesicles technically termed sudamina, but these vesicles are generally not found until a later period. The abdomen also at this time is found to be very much distended or tympanitic. The headache now subsiding, delirium takes place. The hearing is very often destroyed in this disease the patient, being nearly deaf. The disease now unless a favorable change takes place becomes a great deal more alarming. The tongue

and lips are very dry and covered with dark sordes, gashed and sore.

The teeth and gums are also encrusted, with thick dark sordes. The pulse becomes exceedingly rapid and feeble; the skin is very hot and dry, or it is hot in some places and cool in others. Subcutaneous tenderness is frequently present in this disease, but in a great many cases it is altogether absent. Some of the older writers place great stress on the peculiar odor emitted from patients, the subject of this fever, and consider it a

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characteristic symptom of the disease. But Dr Bowring of this institution thinks the odor present in this fever is owing to want of cleanliness, and that it is not more common in this fever than in any other form of fever. The delirium that is so common in this fever, is generally of a low and muttering character, sometimes however it is violent and furious and requires force to restrain the patient; the patient frequently attempts to rise and make his escape from the bed. Picking at the bed clothes, or imaginary objects in the air, is a very common symptom in this disease.

The patient is constantly trying to catch something in his hands that he fancies he sees; although finding himself unable to accomplish his object he endeavors to catch them by winding the bed clothes around them. At this stage of the disease irritability is so feeble, that pressure or blistered surfaces, slough and gangrenous eschars are produced. If the case is going to terminate fatally, the pulse gives way, and is either very rapid and fluttering, or slow and feeble, so ~~as~~ scarcely to be perceptible at the wrist.

If on the other hand, the case is to end favorably, the pulse loses its frequency, and becomes fuller; the skin relaxes, and is

Cooler; the tongue throws off its fur and is more moist. The evacuations also become more natural, and the distension of the bowels subside. The appetite improves, or there is not such an aversion to food. Convalescence from this disease, is nearly always slow and tedious.

Frequently during recovery disagreeable nervous symptoms arise, such as wakefulness, loss of memory, occasionally troublesome abscesses form particularly of the parotid glands, with painful & boils on different portions of the body. Frequently during recovery the lower extremity becomes oedematous. Sometimes this disease after presenting

all the appearances of a rapid recovery, terminate suddenly fatal from perforation of the intestine, which soon produces a violent and fatal peritonitis.

The diagnosis of this disease can always be very readily made, there being no disease that it could be mistaken for. Dr. Bowling thinks the tongue, alone, sufficient to recognize the form of fever. The tongue is pointed, narrow, and thick. The points, and edges, are red, and fiery; the surface is covered with a thin white-fur, with red points on its surface, as if the papillae, extruded through the coat of fur. Dr. Bowling thinks this state of the tongue

always to indicate the form
 of fever. Diarrhoea is considered
 by some authors to be a
 characteristic symptom of this
 form of fever. But it is a
 symptom that is very often absent,
 in this disease in this country
 Tympanitis is another diagnostic
 symptom, being nearly always
 present in typhoid fever, very
 few cases occurring without it.
 The distension generally appears
 about the seventh or eighth day,
 sometimes however as early as
 the fourth or fifth-day. The
 rare colored eruption
 is also considered,
 a characteristic symptom of
 this fever. Hemorrhage is also
 of very frequent occurrence

in this disease, generally taking place from the nose. The nervous symptoms are peculiarly prominent, headache being rarely ever absent; it is generally of a dull heavy character.

Delirium is also most always present; some authors looking upon its early occurrence as characteristic of the disease. Retention of Urine is also of frequent occurrence in this fever.

The bladder becomes so distended with urine, that when the patient becomes aware of his condition he is unable to pass his water. There is scarcely an organ in the body, where traces of inflammation are not

tomical
reters



Sometimes found after death from typhoid fever. The glands of Peyer are always found more or less affected. The glands of Brunner are also very often found affected. The mesenteric glands are said to be as often affected as those of Peyer. The liver is also frequently softened. The Spleen is nearly always more or less altered, being generally enlarged, and softened, and sometimes very much so.

The Cause of this disease, I believe nothing certain is known; but it is generally believed to be produced by a specific ^{toxic} poison. In the outset it would be prudent to give a mild cathartic to empty the bowels.

I would prefer castor oil as it would be the least irritating.

If there was any pain or soreness of the bowels, I would combine a few drops of turpentine and laudanum to the oil.

As a general rule purgative medicines should be avoided, except those of a very mild character, so as just to procure ~~an~~ operation every day or two.

If the patient be troubled with acidity of the stomach, calcined magnesia should be preferred. Blood letting is rarely ever employed in this disease, though in some few cases where there is a tendency to local inflammation, or congestion of some of

the vital organs, with a full strong pulsed venosction would be attended with much benefit. In the majority of cases of this disease bloodletting is uncalled for, and if practiced will be attended with very serious results. The patient must be sustained as this disease is generally very protracted. Bleeding and medicine will not arrest the disease; and if such remedies are persisted in the system will become so prostrate that the patient will ultimately sink under the disease. Diaphoretics are recommended to be employed from the commencement of the attack, such as is of a refrigerant,

Character. While the skin is hot
 and dry the effervescent draught
 would be very beneficial to the
 patient. Spts of Nitre may
 be beneficially combined to
 the effervescent draught especially
 when there is much nervous
 irritability. If the patient is
 very restless and does not
 sleep at night, Morphia, or
 a dovers powder should be
 given if not contra indicated,
 by determination to the head.
 If the skin is very hot and dry,
 the temples, legs and arms,
 should be well sponged with
 cold water. The patient
 should be permitted to drink
 freely of cold water, or acidulous
 drinks. Ice may be given

to the patient, and allowed slowly to dissolve in his mouth, if the strength of the patient is not too prostrated. The local affections should be closely watched. If there is determination to the head, with pain, cold wet clothes should be immediately applied. If pain is complained of in any part of the abdomen, leeches or cups should be applied, with the constant employment of warm poultices. If there is diarrhoea it should be checked by opiates; the acetate lead, ~~or~~ ~~or~~ ~~or~~ may be combined with the opium if necessary. There is a variety of treatments for this disease but the treatment

Recommended by Dr. Bowditch of this
 institution I think to be preferable. viz
 give the patient as little
 medicine as possible. Keep the
 room well ventilated and clean,
 Let the body linen and bed
 clothing be changed every day
 Keep the patient well washed.
 In addition to the above treatment,
 give the patient every two or
 three hours five to ten drops
 of turpentine in a little
 sugar and water. In Convalescence
 the patient should be very
 guarded. His diet should
 be light and of some article
 easy of digestion. In exercise
 should be moderate but not
 fatiguing —————