

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

R. W. Tate

OF

Georgia

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

Typhoid. Fever

Although this form of Fever has long been under the severe, and acute penetration of enlightened, and scientific minds as always to divest it of its virulence, or render it uninteresting either to the philanthropic practitioner, who sympathises with suffering humanity, or to the community at large, the most frequent subject of its ~~invasion~~ ~~or~~ invasion. Notwithstanding experience and research, from time to time has thrown so much light on the nature and management of this disease, as to enable the man of science to meet it with such weapons, as generally to effectually overcome it, and make it succumb to the power of medicine, it nevertheless occasionally appears in

~~is~~ formidable a shape, as to baffle
his utmost skill, and render the
best directed treatment abortive.

After the most enlightened investiga-
-tion of the subject, by the most
learned of the Professors for ages past,
it would be more than presumptuous
for one unaided by observation and
experience of his own, but deriving
all his information from the experi-
-ence of others, to attempt to offer
anything original. Such is not my
intention, but should I be able
to arrange my ideas in such a
manner, as to succeed in convin-
-cing the Professors, that their insti-
-tutions has not fallen an little
ears, or are inappreciable mind,
and that I am not ignorant
of the disease now under consider-

disease. Occurring in all places, and at all seasons of the year, but oftener in the fall and winter, it makes its appearance more frequently where there is an impurity of the air, and where numbers are crowded together. The excretions of the human body in a state of decomposition, is said to generate the poison, and after see it spring up in isolated cases where the air seems to be as pure as nature could make it. The contagiousness of this disease has for sometime attracted the attention of the profession. It is now believed by a majority of the investigators, not to be contagious. Age is said to have considerable influence over the disease, attacking those from the age of twelve to twenty five, after going

beyond this period. The noncontagiousness of this disease should be remembered by every honest practitioner, as he will sooner or later be called upon for an opinion.

This disease is said to prevail as an epidemic in some countries. in the south, and south west, it is known not to be the fact. we see numerous cases springing up in ~~hospitals~~ hospitals as if it was communicated from one patient to the other, this can be accounted for by the fact, that it only requires for the patient to be exposed to the virus and the system to be in a proper condition to receive it.

Persons once attacked with this disease need not fear of ever being attacked the second time, although some have

supposed that they have seen the disease twice in the same individual. I do not think this to be true, and shall believe that it was not the disease under consideration, but that the practitioner was deceived.

The complication of this disease are supposed to occur, however strong may have been the argument in its favour. Yet it has not ceased to have its rivals. It is thought that there is a disease closely allied to the one that is now being considered, called Typhus Fever, the recent researchers contend and I think justly that this is but a form of Typhoid Fever, if there be two distinct forms of this disease their symptoms are so closely allied to each other, as to deceive the most scientific observer, some contend that it has been known to

end in an Intermittent, when this occurs it is from the fact, that the patient has been exposed to the cause that could produce each disease, and that the Typhoid fever has ended, and the patient is instantly attacked with the other, this has been known to occur frequently, not only with intermittent fever, but in Measels, and Scarlet Fever, there may be a malarial diathesis existing in the system at the time that the other disease is present.

There are quite a number of marked symptoms in the fever under consideration which should demand our candid attention. This disease generally commences with muscular, and mental debility. the patient cannot fix any definite period when the disease first made its attack. sometimes it is ushered in with

a chill. and followed by fever. differing from that of Intermittent Fever. there seems to be an irregular diffusion of heat over the body. one cheek often flushed. and heated while the other is cold. there is not any desire for food. the appetite having almost failed. the pulse if examined will be found accelerated. numbering ninety beats. gradually increasing as the disease advances. up to one hundred and ten. and in bad cases as high as one hundred and fifty. if the tongue be examined. it will be found covered with a white fur. or a glazy appearance. pitel and thickened. often of a dark brown and sometimes nearly or quite black. with fickers over it. this coat will fall off and is soon renewed by another. there seems to be a peculiarity in the

Tongue of patients laboring under this disease, so much so that some have supposed that they could diagnose a case by this one symptom.

Cough of a hacking nature is often present in this fever with scarcely any expectoration.

Diarrhea often makes its appearance about the commencement of the disease. The discharges are very offensive followed frequently with hemorrhage from the bowels with griping pains. The hemorrhage is often so profuse as to jeopardize the life of the patient. Hemorrhage from the nose is a characteristic symptom, the discharge being so great as frequently to cause death.

A peculiar swelling of the abdomen, called Tympanitis is seen to occur, the bowels being so distended as to pro-

upon the diaphragm and cause respiration to be interfered with. The cause of this distention is a collection of gas in the large intestine. If pressure is made over the iliac region a gurgling sound will be felt very distinctively. when this gas can be discharged it is known to be of great relief to the patient, and will generally recover.

Bubbling or minute vesicles are to be seen making their appearance upon the neck and chest, about the fourteenth day. they are merely or quite transparent and when rubbed with the hand are easily ruptured. A very unfavorable symptom is to find the patient in a comatose state and on being aroused and interrogated as to his condition, will insist

that he is not sick but entirely well,
this is known to be a very unfavorable
symptom and usually all die that
are thus attacked.

Spasm of an apoplectic nature often
attacks the patient. He will get out
of bed and walk about the apartmen-
-ent, and seems astonished at his whe-
abouts when his proper consciousness
returns. Tenderness in the right iliac
region is seen when Impure is applied
caused by the gland of Perer being
diseased; in some instances causing
perforation of the intestine; the
contents of the bowels being poured
into the perinitum, causing the
patient to die from acute peritonitis.
A cold clammy perspiration with a
hazard look sometimes occurs in
the latter stage of the disease, when

The patient seems to be doing remarkably well and instantly grows worse; it is known that all die when thus attacked.

Cerebral disturbances are not absent as a general thing. in some cases very mild in others of an aggravated form, with pain in the lumbar region and legs.

There is a number of symptoms often present which time will not allow me to consider fully, but will give only name them; such as Subcultus Tendinum. Retention of Urine. Deafness of Hearing. Congestion of the Lungs, disease of the Parotid Gland and Soreness of the Skin. &c. &c. This fever frequently runs its whole course without producing any alarming symptoms. others suffer

severely and yet recover.

The duration of this fever is from three to six weeks, mild cases generally terminate in twenty one days.

The prognosis is favourable if properly managed with judicious treatment, still there is symptoms already ^{mentioned} mentioned that is known to terminate fatally, but some recover under the most unfavorable circumstances.

It was thought formerly that one in every six died that labored under this disease, but this is known not to be the fact now when we have so much light upon the subject.

The diagnosis is not always easy but it seems clear to my mind that if the above symptoms be present, that the diagnosis would be easy; still if doubts should be

entertained. energetic treatment should be withheld until the disease is fully formed.

However much that has been said and various plans of treatment employed yet the fatality of this disease has been great, and not until a recent date has science made progress enough to adopt a successful one; still it is known that there is no medicine that acts as a specific, and that the disease is a self limited one; therefore the practitioner should be guarded in his treatment.

In the commencement of the disease if the bowels are castive a mild laxative should be given, enemias are very beneficial to unload the bowels. Emetics might be given if the stomach is loaded, they should be mild

and not prostrating or such as would produce gastric disturbances.

Diluent drinks should be given freely if there is much ^{thirst}, especially should they be given if the patient demands them. Seidlitz powders seems to act finely when there is dysentery and should be given every three or four hours, according to the amount of discharges, enemias of starch and water or cold water alone are valuable remedies. astringent injection should not be given as they do harm by causing an accumulation of foetid matter in the intestines thereby producing irritation. It seems to be an effort of nature to throw off the morbid matter of the body and should not be interfered with. The patient should be washed with

soap and water every day in the
summer and every other in winter
followed by clean linen for the patient
- and bed

When there is profuse hemorrhage
from the nose as to endanger the life
of the patient - external means should
be employed, if these should fail plug-
-ing the nose should be resorted to,
Warm application to the abdomen when
there is griping of the bowels, are
highly indicated, they should also
be employed when there is pain and
tenderness in the right iliac region
and in cerebral disturbances, If retent-
-ion of urine occurs it should be
drain off with a catheter, when
there is a scarcity of urine diuretics
are highly serviceable, also if the skin
be inactive, diaphoretic should be employed.

When cough is troublesome a small quantity of the elixir Opium given at night do good in allaying cough and procuring rest for the patient.

The main reliance in this fever seems to be the Oil of Turpentine, given from the commencement of the disease until it ends. The prescription of Professor Boiling is a good one, consisting of Gum arabic mucilage three ounces and a half. Comp Spt Lavender Oil of Turpentine each two drams given as indicated.

Mercury Rubefacient and bleeding are of but little service and are never indicated, as they do harm.

When perforation of the bowels takes place, Opium is the main reliance, and persevered to a considerable extent. If deglutition should become obstructed

the patient should not be abandoned
but nourished by the rectum.
Nutritious food of easily digestion
should be employed through the
disease and mild stimulants should
be used in case of debility.