AN INAUGURAL DISSERTATION
ON
TYPHOID FEVER.
SUBMITTED TO THE
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AND MEDICAL FACULTY
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BY
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Thesis

I propose in the following sheet 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, 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 another 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 striking 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-day 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 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
Outside before the pain is in the head.

The appetite fails, rapidly as the disease advances. There is disgust at the sight of food. The pulse increases in frequency, with alternation of heat and chillings. The fever has now manifested itself.

The tongue gets narrower and its tip and edges are red. There may yet be no thirst. Any one acquainted with this disease may now recognize it. The condition of the tongue and previous history, place them beyond doubt. Other symptoms increase in intensity. The tongue becomes brown or nearly black, glazed, stiff, and creased by cracks and fissures. This coat usually peels off two or three times in
the course of a severe case, leaving the mucous membrane red, naked and shining. There is sometimes a whitish, aphthous exudation upon the tongue and 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 with 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.

Delerium 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.
clothing, casting at things in the hair, 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 tendency is to death the secretions are suspended; there are colliquative stools, delirium, hemorrhage, violent pains, occurring in paroxysms, in the bowels, and copious perspiration—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
pulse becomes slower, eight or ten beats per day. The diarrhea is suspended; there is approach to complete remission in the morning, the patient sleeps and 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 too 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.
it frequently presents nearly all the symptoms of Intermittent 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 intermittent fevers 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 more useful 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 compelled to prescribe for a discard 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 features 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 do much distortion, by seizure much more violent and complicated with pneumonia or pleurisy, that sometimes they can scarcely be recognized. Some patients linger for months after the commencement of convalescence, without 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 skeleton, with total loss of muscular strength. Such I believe invariably recover.

Others, again, suffer for mont-
this with abscesses, generally of the parotid glands. First one enlarge and become 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 an 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 causes that I have witnessed, I am desirous to confine my account of this fever to my own observations exclusively.

Seal of the disease

Homel and others contend that the seal of this disease, is the glandular Agminatae, or Pegers patches. But if other observers 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 year, autopsy reveals extensive lesions in Peyer's, the solitary gland 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 lesions of the gland of Peyer.

Liebigs Hypothesis has at too 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, and 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 and labors had previously overturned the learning, labor, observation, and experience of the ancients.

There is this difference between them. The Humoralist lived to hide without thinking it possible that a doctrine so ancient and so formidable from the rampart 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, not solid enough to resist the laws of common observation by which it has, are the passing away of the generation, been exhaled into primitive nothingness.

TREATMENT

This varies according to the opinions of different practices. I shall detail the practice I have been 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

Rp. Salicylate, yrs 5.
Spread 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 ipecac 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 weakly boric acid, clean linen put upon him, with clean bed clothing.

If pain was felt in the ileocecal region upon pressure, leeches was applied to the part, and followed by vinipins as often as the tenderness was apparent. If diarrheaa made its appearance, it was generally amenable to the following mixture.

By Tincture of Canela 31

Sulph of Morphia gss

Cinnamon and Cloves @$ 3/12

Shake thoroughly and give a teaspoonful in a little syrup immediately after taking the spice.
that is every 14 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 were 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 delirium, twelve grs. of quinine was given each morning in 65 gr. dose, 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 peculiarities of constitution. Some had violent hemorrhage and recovered, others had all the symptoms of abscesses and still recovered—others lingered for months with probable ulceration of the gland, with final recovery. In every case, the spread 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 fever 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 ptialism by large doses of opium and calomel. Both these articles seemed injurious. By the opium proper symptoms were
Masked and the doctor thrown off his guard, 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 inten-
ded 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.