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INAUGURAL DISSERTATION

ON

Pseudo Typhoid Fever

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BY

James White McClatt

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Pseudo Typhoid Fever

The term Pyrexia, derived from the Greek and signifying fire or to burn, has been adopted and is yet retained as a nosological distinction embracing fevers and ~~Inflammations~~ Inflammations.

Though the characteristic feature of heat or enhanced warmth is very generally observed as an element in the symptomatology of the affections classed under the generic term Pyrexia, yet it is not unfrequently absent indeed sometimes the surface is below the natural standard.

It is evident therefore that other phenomena are necessary to constitute a pyrexial disease.

Though it is true that a fever exists, when arterial excitement, heat of the surface, and thirst, present, it by no means follows that these are necessary to constitute a Fever.

Indeed there is no disturbance of the human organization which occurs, in which a febrile element is not

recognized by the physician, even though it may be impossible to describe it in accordance with the restrictions of nosological arrangement.

This fact furnishes an explanation of the inability of physicians to tell the anxious friends of a sick man the exact nature of his attack, until he has observed it in its progressive development

The initiatory stage of febrile attacks, however diversified their development and termination may be, are assimilated essentialy alike - and it is wholly impossible for the attending physician from premonitory symptoms to decide whether the attack is intermittent remittent, or continued fever or whether it may not be small-pox erysipelas measles, or scarlet-fever.

Under such circumstances I should deem it most prudent to act as did a practitioner of the city of Nashville of some eminence, when asked the

character of a fever which a young gentleman just arrived in the city was laboring under replied, "it may be Intermittent Remittent or Typhoid fever or it may be. Small-pox Measles, or Scarlet fever; and another practitioner an acquaintance of mine, was called to see a patient in the cold stage of a febrile attack, on being asked the character of the attack answered—"one is now laboring under a chill, if that passes off, and is followed by fever I will then say she has had a chill which was followed by fever. But still better to use the language of Dr Harrison who speaks with a candor and honor worthy of emitation, "I dont know."

After the attack has continued a sufficient length of time, and been observed under different circumstances, we are enabled with the assistance of a knowledge, of the nature of the locality, and the character in the general, of prevailing diseases of the neighbourhood at the time, or previous

and of preceding attacks of sickness of the patient, if within a period sufficiently recent to be presumed to have an influence at the time of making observations of the existing disease.

These circumstances in connection with a knowledge of the prevailing epidemic constitution will be sufficient for the intelligent practitioner to determine to his own satisfaction, and consistent with his own character and the interest of his patient the intimate nature of the disease which is to be treated whether the books, or the ever changing nomenclature of the profession furnish a name or not.

The epidemic constitution is often mentioned but seldom correctly investigated by practitioners. If this were more ordinarily enquired after, and attempts to force symptoms into combinations under specific titles were less frequent, the profession would not be so troubled and its

literature so encumbered with reports under the same designative term, but presenting the greatest possible contrariety of treatment and results During the same season different localities or the same localities at different seasons, characteristic symptoms present a higher or lower grade, and are more or less easely subdued by appropriate treatment.

To a want of a proper apprehension of this fact, in my humble opinion is to be ascribed the very general prevalence of late of the now fashionable disease Typhoid fever.

That there are cases of Typhoid fever (partially such I have no doubt, but I doubt just as little that a large majority of the cases which have occurred and have received the name of Typhoid were in truth our old acquaintance Remittent fever in a new and slightly different dress. the disguise probably being more

complete by the addition of a foreign mustach - the more easely impressed hoods.

But it is a fact that disease with every thing is subject to the caprices of change, in name if nothing else in progress of civilization.

We all know that the old fashioned distemper or cold in the head is now nothing less than Influenza, and it would be scaling his own defamation for a practitioner of these days and times to have a case of old fashioned Billious fever.

Yet many very many of these cases are to be cured and in no other way, by the judicious administration of quinine.

Of late the inflammatory and congestive elements are not so high, the system is less suddenly shocked, and the remission are therefore in the general less completely marked, and yet if they be diligently and carefully sought after they will be discovered in operation

slowly but not the less surely undermining the very foundations of vitality.

There has been and is at this time prevailing in this town and the adjacent country a form of fever which the practitioners who have it to meet for the most part call Typhoid fever.

I myself, thought I recognized the difference in part, was accustomed to designate it Typhoid Fever, yet I did not loose sight of the essential feature of remission and treated it accordingly.

Since I have had the pleasure of hearing the very able lectures of our Prof of Practice in the Nashville University Dr Bowling on the subject of Typhoid Fever I am convinced that this form of disease which we have been and are now meeting daily, is Remittent Bilious Fever prevailing under a low epidemic constitution To this I have chosen to give the title of

Bermuda Typhoid Fever

The stage of incubation is but little different from that of other fevers.

For a greater or less number of days perhaps weeks, the individual complains of great muscular debility, though experiencing a constant disinclination to remain at rest. Any hurried movements however short their continuance, excites the pulse to a hundred and sometimes more pulsations a minute the force being feeble and the volume small.

This excitement of the circulation is accompanied with hurried, and sometimes laborious respiration. The symptoms are allayed by the affected person assuming an easy posture, and remaining quiet a sufficient length of time to enable the disturbed organs to exercise their functions, without effort.

The same diseased evidences would be given by the patient from the exertion necessary to ascend a hill or a flight of steps.

disinclination to mental action and almost total indifference to the affairs of life are ordinarily observed as symptoms of this disease.

These increase in intensity for an indefinite period, until ultimately giddiness and wandering lancinating pains of the head are experienced, and disinclination to take food, though the taste remains unaffected, a clean tongue, or but very slightly if at all altered from a healthy normal condition.

After these symptoms have been observed, and those which are active have continued a few days, the patient is seized with rigors, more or less severe and generally in the morning before getting out of bed.

The rigors will continue from two to six hours, when they will be succeeded by a condition consisting of alternations of slight chilly sensation and warm or hot flashes and which condition continues for from twelve to twenty hours. The patient complaining

of cold if at any time his body or the bedding is moved, even slightly.

At the end of about twenty hours occasionally a less time. this condition gives way to a permanent febrile state which is very high for from six to twelve hours.

The heat of this stage is not generally diffused, being more notably observable about the head face and hands, than other parts of the surface, the inferior extremities being relatively cool.

It is at or a little before this period, that the tongue is discovered to be discolored presenting a whitish surface with slightly reddened edges, and broader and softer than natural;

Soreness on purpose over the epigastric region, with nausia and vomiting in most cases tho by no means uniformly.

In a large majority of those attacked diarrhea is an urgent symptom yet in some the severest prevailed

the costiveness demanding a frequent application of rather stimulating injections.

The matters of ejection are fluid and bilious, and those of dejection fluid, yellow or brown, very offensive to the nose, and almost wholly destitute of any feculent matter.

About the third or fourth day after the febrile stage assumes the ascendency the pulse falls to fifty or sixty beats to the minute - just below the pulse of health, and that very small and remarkably feeble, but is quite regular.

In some persons an intermittent pulse was observed, giving me considerable uneasiness, but I did not discover any difference in the course or result of the attack, between those with regular, and those with the intermittent pulse.

During this stage the skin is cool and dry, thirst by no means urgent and though water is frequently called

for, one swallow for the most part is sufficient to satisfy the patient, who complains that it does not taste natural.

When questioned as to his feelings the patient replies weakness and sickness at the stomach, and asserts his firm belief that all that is wanting is the removal of these.

Pain is not complained of but is elicited, generally of a dull but occasionally of an acute character, by pressure over the epigastrium.

If very closely questioned, patients will complain of a sensation of tightness across or in the chest; and though cough is not a feature of the earlier stages, it not unfrequently presents during the course of an attack, and sometimes accompanied with purulent expectoration.

Convalescence generally commences about the eleventh and occasionally

as late as the fifteenth day from the development of the active symptoms.

The first case which accrued to me for treatment, continued until the latter part of the third week before convalescence was established.

This case was not medicated with the least grains of all anti-malarious reagents, which I invariably used with other cases, I mean the Sulphate of Quinine, and to the fact of its omission I ascribe the delay of convalescence.

No case of death accured in the practice which regarded the Sulphate of Quinine as the chief dependence.

But such success does not attend the efforts of those who view the disease as pure Typhoid Fever, and who shape their treatment accordingly, treating the disease from a name instead of closely observing and employing a rational Therapeutics.

It now only remains for me.

rapidly to sketch the manner of treatment which I have adopted and from the allusion already made to results it may readily be supposed that I have no disposition to change, or cause to regret having adopted it

I commonly commence with a mercurial, Calomel, Blue pill, or mercury and Chalk, according to the state of the bowels, - and these in combination with Rhubarb if I wish purgative action to be more prompt,

At the same time I apply cups and follow them with mustard poultices to the surface over the stomach, By this means I allay or wholly subdued the nausea and vomiting, and precordial distress.

If after the employment of these means an intermission does not occur, and the nausea and vomiting continues or having been allayed, again returns I apply a blister over the region of the stomach, and afterwards dress the denuded surface with an Elm poultice,

At the same time I commence the non-use of two and a half grains of Blue Mass and a sixth of a grain of Acet. Morphia to be continued until fifteen grains of Mass was used and one grain of Morphia has been taken.

The patient should be allowed cold water at pleasure; and an occasional effervescing mixture will be found productive of good results.

The Morphia is particularly useful in such cases as have diarrhoea as a symptom or condition. but sometimes it will cause too great a degree of confinement of intestinal matters. under such circumstances a tea spoonful of castor oil, administered a few hours after the last pill has been taken will ordinarily produce sufficient action.

If however such a result does not follow, mild injections should be resorted to rather than risk exciting the bowels too much by the further administration of purgative med-

-icins however mild, by the mouth.

During the progress of the above treatment, an intermission will occur, which should be promptly seized upon and a few well regulated and properly apportioned doses of Quinine, will equalize the functions of the organization. Contravene the operation of the Malarious poison and perfect the restoration to health of the patient

My habit has been to make a pill composed of two and a half grains Quinine and a sufficient quantity of Liquorice extract and and administer every two hours during the intermission; - sometimes circumstances presented reasons for me to give two pills at the same intervals.

Generally three or four doses were sufficient to stop the access of fever but I ordered the repetition the next day, or in some cases the day next but one.

After the fever has wholly

subsided which is indicated by the pulse rising becoming more full and the skin assuming a softness and elasticity, the tongue getting clean and the appetite returning. I then order one of the pills to be taken three times a day - morning noon and night, for a few days.

The convalescence in the cases which I observed either in the practice of others or myself was remarkably slow requiring several weeks for the patient to recover entire strength.

I never had a patient with this fever to relapse.

A remarkable feature of the disease is the large majority of females attack - a proportion of about three females to one male occured in my practice.

In the females the fever was generally developed about the period of their monthly turns, but

it was not observed that the attacks were of greater severity or the disease of longer duration in females than males.

James White McNutt
Kingston Tennessee