

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

*A. H. Cummings*

OF

*Georgia*

1855+6.

W. T. BERRY & CO.,  
BOOKSELLERS AND STATIONERS,  
NASHVILLE, TENN.

## Typhoid Fever

This disease, which has been ravaging almost every inhabited portion of the globe for a century is one that has always succeeded in baffling the skill of the most careful and experienced observers of the medical profession. Since the days of Louis Physicians have given a great deal of attention to this disease, still it seems to be less understood than many other diseases. Whole volumes have been written exclusively on Typhoid Fever, for the purpose of making known some means by which it might be eradicated from the human economy. Still it seems that a great deal of its history remains in obscurity. It is true that great numbers are being daily stricken down by this disease, but

this I think may be partly attributed to ignorance and an improper understanding of the disease and disqualified practitioners. Typhoid fever generally comes on in the midst of perfect health though the attack is generally slow and gradual and the first period of the disease is indicated by such obscure symptoms till it is hard to fix a precise time for its commencement. The patient will generally at first complain of a slight depression from the usual degree of health and is commonly slow to acknowledge that he is sick. There is at first some degree of headache and pain along the course of the spinal column of a dull obtuse nature. There is

also generally a diminution of the ap-  
petite. The countenance is listless  
and stupid, and there seems to be  
many apprehensions of the mind.  
And also mental inability. This na-  
ture of things go on generally six or  
seven days when the disease seems  
to change in its nature. The  
first stage is usually accom-  
panied with rigors and sometimes  
with well marked chills, the chills  
are said to occur most frequently  
during the day. It seems to me that  
persons laboring under the influence  
of this disease are peculiarly suscep-  
tible to the influence of cold the slightest  
breeze inducing chilliness of the whole  
economy. The pulse now become accel-  
erated ranging from ninety to one



hundred and becoming more and more accelerated as the patient becomes more debilitated till they sometimes get as high as one hundred and forty. The surface of the body is generally hot, there is flush or heat of the skin it is not unlike that attending other fevers, only that it is peculiar in its location, sometimes confined to the extremities while the trunk is moderately cool. The patient most generally retains his natural colour in this disease to an advanced period. Headache is a constant attendant, it begins with the first and is generally the last to be relieved, it exists sometimes to an alarming degree and sometimes very mild. The pain in the back or along the

Spine is an accompaniment of the first stage, and as the disease progresses this symptom continues to subside until it is not perceptible. The tongue is coated in most cases though there are instances of mild cases where the tongue has retained its normal colour throughout the disease, this affection generally comes on about the second week. After the chills in Typhoid fever there is no sweating stage. If there is any delirium (and there generally is in severe cases) the mind is apt to run with the former occupations, frequent remarks are apt to be made in relation to things previously impressed on the mind. The patient is said to sleep a great deal, the thirst here like in other febrile disorders is generally governed by the febrile

action being more thirst when the fever is high and less when it is mild but there is less than in most fevers. there is a rose coloured eruption or spots that exist on the abdomen generally but have been found on the chest. This seems to be one of the marked characteristics of this disease. Emaciation is not so well marked here as in most fevers it comes on slow and gradual. There is great muscular debility. Bleeding from the nose is a frequent accompaniment and some times causing great inconvenience and many bad apprehensions and often requires mechanical treatment to arrest it. Pain over the abdomen is present it is sometimes severe and sometimes mild the sentence

of this pain depends on the severity of the diarrhoea. Diarrhoea is a marked and prominent symptom in Typhoid Fever being present in nearly every case, the period for its appearance is uncertain, sometimes it is present from the beginning and in other cases beginning at different periods of the disease, the discharges sometimes in protracted cases become involuntary its duration is uncertain. There is frequently hemorrhage from the bowels. The anatomical lesions are various and numerous scarcely an organ having escaped, First I will speak of the circulatory apparatus the most important of which is a softening of the texture of the heart, and a diminution of the fibrine of the blood and there is said also to be a



Change of colour of the lining membrane of the aorta, changing to an abnormal dark red colour. Next and to which the most attention has been directed is that of the Digestive apparatus, the small intestines are diseased in all cases of Typhoid Fever and considered to be the most serious lesions, the duodenum is seldom the seat of much disease its mucous membrane being sometimes congested. If there is much hemorrhage during the attack a post mortem examination generally reveals a collection of coagulated blood in the small intestine of a dark brown colour, the mucous membrane of the small intestine becomes red and thickened this frequently occurs in patches. Peyer's glands is the part to which

a great deal of attention has been directed they are at first increased in thickness and softness, the number of papillae affected are about fifteen or twenty in number, these papillae are sometimes the seat of extensive necrosis and these necrosations are generally circumscribed and consist of cellular tissue the mucous membrane and sometimes of the muscular coat. The Gallium is affected and its size is increased, sometimes it is as large again as its natural size. The only lesion of the Liver is congestion and a slight change in colour. The parotid glands are swollen. The mucous membrane of the larynx is also reddened. It is not easy to deter-

mine the duration of any disease  
but more especially is it difficult  
to determine the duration of  
Typhoid Fever for the reason  
that it is difficult for the patient  
to fix a precise time at which  
he was taken; but the average duration  
is from two weeks to twenty eight  
days. The period of convalescence  
is more protracted than in other  
diseases especially if the case has  
been protracted. The patient  
after having almost entirely  
lost his appetite for a length  
of time begins to experience an  
appetite for food, from this time  
or period convalescence begins.  
There is no true relapses in  
this disease. As to the causes

of Typhoid fever there has been many theories offered and many have been laid aside or become obsolete while new ones have been suggested. I would suppose or at least it seems from daily occurrences that some of the modern theories are real and not hypothetical. Locality. This disease prevails more extensively in the East and New-England States than in other parts of the United States. It has also been asserted by some authors that this disease did not exist in malarial regions, but this false suggested idea has been long since swept into oblivion, as it is known to prevail as an epidemic in malarial regions. It seems to be of



a migratory character exist rather  
in a circumscribed limit one  
season and moving as it were  
the next season to another neigh-  
borhood, and prevailing there also ep-  
idemically. Persons after once  
being attacked seem to be exempt  
from a second attack, but  
this is as yet a mooted point and  
not for me to decide. It seems  
to prevail more extensively in the  
Autumn than in other seasons  
but does prevail in any season  
of the year. It is not contagious  
at least the most evidence is  
opposed to the contagiousness of it.  
Age seems to have some influ-  
ence, persons of middle age and  
those in the bloom of life being most

frequently attacked while persons of advanced age are not so susceptible or at least are not so liable to be attacked yet no age or sex is not entirely exempt from it. It may prevail sporadically or epidemically. If the symptoms of typhoid fever are properly discerned and well understood it is seldom necessary to be mistaken for other diseases as the diagnosis seems to be plain. but still it is sometimes it is mistaken for Dementia or disease of the brain. At first there is well marked chills or rigors soon followed by head-ache, and pain in the back, confusion of the mind. Rose coloured eruptions or spots over the abdomen and picking at imaginary objects, cold and

and furred tongue. Languidness,  
and soreness of the extremities, &c.  
I believe are the most prominent  
and characteristic symptoms of  
Typhoid Fever. Treatment, there has  
been a great deal said in relation  
to the treatment of this disease,  
it is not me to enumerate them  
here as they are almost innumerable,  
I confine myself to the modern  
and most approved and efficient  
manner of treating this disease.  
If the bowels were very costive I would  
not think it improper to give a pur-  
gative still it is seldom requisite.  
Laid Sulphuric combined with Mucic-  
acid gum Arabic should be given through-  
out the disease given in diminution  
and increasing doses and seems to

act more efficient than any  
other remedy in this disease. If the  
surface is hot should sponge with  
Vinegar if there is much head-ache  
blisters should be applied to the  
back of the neck, If the Spas Turpentine should  
act too freely on the bowels it should be  
combined with Opium or a grain of  
lead - For Epistaxis should come on  
so as to excite alarm we may  
inject cold water if this does not  
prove efficient, should use a tampon.  
For hemorrhage from the bowels should  
inject Laudanum per rectum for  
pleuritic pains that are frequently  
present resort to Leeches, blisters &c.  
On the latter stages in extreme  
debility quinine is injected per  
rectum with great benefit for its



tranquilizing principles. if the patient  
is sinking diffusive stimulants  
are indicated and may be given  
with material benefit, but if given  
too freely they produce injurious effects.  
The diet should be abstemious should not  
use solid food or anything that would  
have a tendency to irritate the alvi-  
entary canal, in convalescence  
should use nutritious and easily  
digested food.