

AN
INAUGURAL DISSERTATION
ON

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.

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OF

Cornucopia Georgia

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

Typhoid Fever

This name is objected to by some as it implies other febrile affections. The English Authors confound generally this title, with proper Typhus fever. Typhoid fever runs its whole course sometimes without having any symptoms of Typhus fever.

The intestinal affection is as characteristic of this fever as any thing can be. It presents considerable diversity of symptoms having a recognisable character and constituting one and the same disease. It is common in Europe and the United States. The probability is that it belongs to the whole human race. Its identity in these forms was not understood until the researches of Louis, which, by determining its anatomical characters in connexion with its exterior

⁰⁰² Typhoid Fever

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character - give us the ability of knowing it in any form. Typhoid fever begins sometimes by a chill followed by the usual symptoms of fever and at other times, comes on deceitful and increases gradually so that it is nearly a certain fact that an individual can not tell the commencement, he feels uncomfortable, perhaps of sourness, little headache, the skin heated, pulse quickened, The Tongue if looked at will be lengthened and red round the edges with little fur on the middle, These symptoms continue slowly for several days and even a week, before the patient feels sufficiently ill to take his bed, sometimes the patient complains of no chill whatever. When the disease is formed the chill or rigors cease entirely and never return unless at some incidental inflammation.

Typhoid Fever

There are frequently during this beginning stage some looseness of bowels amount often to diarrhoea and, ^{usually} this is not the case. Cathartic medicines produce more effect than usual, even in small doses. The disease being now formed, expresses the symptoms of ordinary fever, frequency of pulse, heat and dryness of skin, pains in the head, nearly a loss of appetite and thirst and constitution debilitated. Pulse in robust persons not more than ninety or one hundred, but feeble persons it ranges from one hundred and five to one hundred and twenty five. The flush in the face is purple tint, greater than in other fevers and after that passes off, there is a dusky hue on the countenance. The symptoms continue the same for several days, pulse becomes frequent, and the tongue begins to coat itself with thick

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fur and red at the tips and borders,
after the disease is thoroughly set up in
the intestines; a cough begins either dry
or with a slight mucous expectorant,
urine scanty and high colored.
The patient begins to find out that he
is very sick, these symptoms follow
to the tenth and eleventh day.

The symptoms of the disease now
seem to be aggravated, the tongue before
little moist, now becomes dry and the
patient can not swallow without a
great deal of difficulty. Small erupt-
ions can be detected under the chin,
called Sudamina, one side of the face
cool, the other warm and if you
examine the abdomen closely, you
will find small spots scattered
about over it, sometimes extending
up to the chest and likewise subcutaneous tenderness,

ringing in the ears and followed by
deafness, the patient becomes some-
what delirious and remaining in one
position so long that eschars are
produced on the back, When
Convalescence is to take place the
tongue becomes moist and begins to
clean itself around the edges, The patient
pays more attention to things
around them, emaciation is more
evident at this time than before.
But if unfavorable, the pulse gives
away, gets slow and scarcely percep-
table, abdomen distended, hiccough
some times occur and should it
be a protracted case the tongue
will become scaly and will begin
at the middle ^{to scald} if convalescence
continues the tongue will become moist,
But if the tongue gets dry it is a

sign of aggravation of the disease
Sometimes the patient at this stage,
seems to be improving and all at
once the symptoms are aggravated
and the patient becomes delirious
and violent pains within the
abdomen the extremities get cold,
he has syncope, bowels constipated,
circulation fleeting, the cause of this
is that the intestines are perforated,
and the liquid contents escape
into the cavity of the peritoneum,
causing it to take on inflammation.
it occurs nearly always in the mild
form of the disease and most universally
fatal. This disease is a protracted
one sometimes it will run the whole
course in eight or nine days, generally
about the fifteenth and twenty first
day, it has been known to terminate

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fatal as late as the seventh week,
Convalescence generally takes place
about the twenty first day, The mild
form two weeks, the average duration
of convalescence is from fifteen
to thirty days, it is a self limited
disease, commonly recovers in nine
weeks, The disease recovers just
as slow as it takes it to develop itself.
Anatomical character, There is hardly
an organ in the body that does not take
on inflammation in Typhoid fever. inf-
lamation of the organs is a character-
istic sign of this disease, there are
certain Anatomical changes takes
place, which are so seldom wanting,
Should be considered as essential
as the peculiar pustule eruptions
are of Small-Pox, those which are
considered characteristic of

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Typhoid fever, however are the thickening, softening and ulceration of the glands of Peyer, it is regarded as a necessary post mortem test of the extent of the disease. Louis deserves the credit of fixing its precise relation to this form of the disease, Peyer's glands has been seldom seen at the commencement of the disease, but have been examined at all stages from the seventh day, at first they are discovered to thicken, elevate and then lengthen, the longest diameter being in the direction of the intestines. Louis describes two varieties of them, the hard and soft.

Those near the ileo caecal valve begins first to ulcerate, and then they continue to go upwards.

Those near the ilio caecal valve are in

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high state of ulceration, while the
upper ones are just visible. after
these glands are in a high state
of ulceration, the surface becomes
ulcerated and constitute one and
the same ulcer. they generally spread
and then ^{the} ulcers burst the muscular
coat away and it penetrates the
peritoneal cavity. Louis examined
fifty five cases found eight perforations,
the opening is found in the middle
of one these patches and supposed
to be done by the force applied in
the bowels, the ulcers are not certain-
ly fatal for post mortem examination
has proof that they have a tendency
to heal, and also enlargement and
ulceration of the mesenteric glands,
There are other lesions met with in
Typhoid fever, softening of the heart

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Spleen, liver, and Kidney and inflammation of the Meninges of the Brain. The blood is also changed the fibrin is diminished, the best Pathologist say that the softening of these organs, is not inflammation but rather the result of direct loss of vital connexion in the organs from debility.

The cause of this disease is little known although you will find it in prisons, where they are crowded together and the prisons not well ventilated: and may be found on board of ships, but these are not the only places, it visits the healthy places of the country even among the mountains but generally you will find it on ridges

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This disease is not contagious nor does it prevail epidemically but it gets into the system just like malarial poison is received, the people are poisoned with it and ~~not any~~ person knows how the poison gets in to the system. It was observed by Louis that persons over thirty seldom ever had Typhoid fever and that it generally played on young subjects, the liability decreased from thirty as long as life last, This disease has been supposed to be a mere Gastro enteritis but the stomach is hardly ever inflamed and dissection has shown a distinct difference between Typhoid fever and Gastro enteritis, by showing the disease

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State of Peyer's glands.

Diagnosis, The best symptoms of this disease are its slowness and deceitful mode of attack, dull expression of the countenance, diarrhoea at the beginning, inclination to epistaxis, bronchial rales after the ninth day, generally dryness of tongue, coma and delirious, Tympanitis of the abdomen, softness of the spleen, and other organs, the rose colored eruption called *Sudamina*, duration of the disease exceeding that of other disease. It is very difficult to diagnosticate the difference between Typhus and Typhoid fever. Typhus runs its course sooner and seldom, if ever have diarrhoea like Typhoid

The eruption differs in Typhus it is on the extremities, while Typhoid occupies the abdomen and chest, the anatomical characters are different, Typhoid has disease state of Peyer's and mesenteric glands, while there is not any in Typhus fever.

Dr Jenner states that the spots in Typhoid fever abscond while those in Typhus remain after death. Bilious fever may be known from Typhoid fever by its bilious vomiting and yellow skin, duration short, dissection confirms the diagnosis in bilious fever, the stomach is inflamed and the liver discolored, while in Typhoid it is never the case, there is no disease of Peyer's glands

in Bilious Fever, while in Typhoid it is a characteristic symptom. The most important symptoms of Typhoid fever are so visible to a practitioners eye that it is not a very difficult matter to distinguish it from other fevers, but avoid a hasty decision and give the disease time to develop itself, for it is a difficult matter to decide with certainty, any disease at the commencement.

Prognosis, This disease is not considered fatal at all times, although the symptoms may be unfavorable yet there is a chance of recovery, there has been cases reported to have recovered after intestinal perforation,

Yet on the other hand no case how
 favorable it may present itself, can
 not be looked on with perfect
 safety, for all cases are liable
 to perforation, the prognosis therefore
 should always be cautiously given,
 the favorable symptoms are the
 tongue becomes moist and the patient
 noticing things around him,
 Among the unfavorable symptoms
 are constant delirium, a belief
 of the patient that nothing is the
 matter with him, sudden shifting
 of position, deep coma, profuse
 diarrhoea, hemorrhage from the bowels
 great prostration and frequency
 of pulse, retention of urine,
 and want of strength to get
 the tongue back when protruded,
 Some of these are bad symptoms.

^{me} Treatment of Typhoid fever,

In the first stage desist from all active treatment, there is often diarrhoea at the beginning or the bowels are easily acted on by cathartic medicines, if the bowels are costive give him Sidlitz powders or oil until they operate, if the patient is in much pain give the Castor oil with Laudanum.

"Nathan Smith says keep every thing clean, about the patient, wash him every day and put clean linen on him every other day if not every day."

I agree with Dr Bowling in giving Turpentine at the beginning, Dose of the Turpentine mixed with Gum Arabic ʒi. ʒj. Compound spts of Lavender 2ʒ spts of Turpentine 2ʒ

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Mix and give one Teaspoonfull every
three hours night and day, never wake
the patient to give it to him.

If pulse full, strong, and sanguin-
ous determination to any organ
you should cup and leech,
but always desist from bleeding
as it must be remembered that
the disease is debility, bleeding
generally prostrates the system,
and cause the patient to sink
under the disease. Leeches and
cups should be used to the back
of the neck in cases of cerebral
fulness and to the chest and
abdomen when the symptoms
of inflammation is indicated
Refrigerent diaphoretics should
be used, Dovers powders, Ipecacu-
anah and opium, If the patient

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is restless at night give Dovers powders
for it is essential that the patient
should sleep. should diarrhoea
become exhausting, check it by
injecting with cold water and
give opium. the nervous symptoms
is often quieted by giving cam-
phor, cold ablution should be
used in cases of excess heat of
the skin, and the patient should
drink cold water at liberty
Turpentine has been found ad-
vantagous in all stages of
Typhoid fever especially the
third week.

If the tongue cleans itself from
the middle towards the edges and
after cleaning, keeps moist convales-
cence has commenced, but if
the tongue becomes dry, increase

of typhoid fever and no abatement
 of other symptoms, these symptoms
 are best met with the Turpentine
 as they occur from ulceration of
 Peyer's glands in the ileum,
 turpentine acts as a stimulant
 and chiefly as an alterative to the
 ulcerated glands in the in-
 testinal mucous membrane,
 at the advanced stages of Typhoid
 fever, stimulants and tonics is con-
 sidered essential, when the pulse
 is slow and feeble, skin cool, the
 tongue and teeth crusted with
 dark sordes, stimulants has
 been found to a great deal of
 good, should the stimulant in-
 crease the heat of the skin and
 and frequency of pulse, augment
 delirium, it should be omitted,

but should they relax the skin and relieve
 the nervous disorder, they should be cons-
 idered as acting favorable, pure Brandy
 is the best stimulant, epistaxis, plug the
 nose with a cloth cigar, give large doses
 of opium when the intestines are perforated.
 If there is retention of urine, draw the water ^{off}
 with a catheter, should stranguary be pro-
 duced by Turpentine, it is a favorable sign.
 Regimen should be looked after, give
 him enough nutritious food to keep up his
 strength, Dr Bowling says give the patient
 butter milk as ^{much as} he can drink, the bowels
 should be opened every day. exhausting sweats
 at night, should be treated with Quinine,
 the patient should be guarded against
 excessive indulgence in his diet and
 should be restored back to his streng-
 th with perfect quietude