

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

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OF

*Tennessee*

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To

W. H. Baubing M. D.

Professor of the institutes and practice  
of medicine in the University of  
Nashville &c. &c. Equally esteemed as a  
philanthropist profound scholar  
and dexterous teacher of the various  
branches of medicine ascribed to his  
chair, The treatise on Typhoid fever  
is respectfully inscribed as an evidence  
of the highest regard for his  
untiring and skillful exertions  
in the teachings of medical science  
by his friend and pupil

Francis M. Hughes.

## Typhoid. Fever.

The pathology anatomical lesions diagnosis prognosis and treatment has been controverted much and long by the most talented members of the Medical Profession. It was only separated from other diseases in, 1804, its nomenclature I believe is not settled yet, I will mention a few of the names by which it was familiarly known, Nervous Fever Abdominal Typhus. Enteromesenteric Fever & other terms = itis Follicular Enteritis. The name Typhoid was ascribed, to it by M. Louise. of France, but I believe in the present state of Medical Science there is little or no importance, attached to names I believe it is generally thought that the nearer maturity the science of Medicine arrives the less importance will be attached to names and I am fully convinced had medical Science approached that near



maturity that it would be  
much more agreeable to the Prof-  
-ession and better for the people  
I think it unnecessary to spend  
time in discussing the Nomenclature  
of this disease but will proceed  
to give my opinion with regard  
to its more important characters  
Symptoms Cause Anatomical Lesions  
Diagnosis Prognosis and Treatment  
which is full of interest to the  
Medical Profession This is a febrile  
affection presenting a considerable diversity  
of symptoms. Though it has in its  
course certain characters which distin-  
-guishes it from all other Febrile affections.  
From the best information that  
I can obtain I have arrived at the concl-  
-usion that this disease does not prevail  
at the same time and in the same localities  
that other fevers do

I am of the opinion it is a disease  
febrile, it exists at times in all of the  
middle and southern states. This is a mal-  
-ady that persons are very frequently  
effected with for several days before  
before they are conscious of the fact  
that they is anything the matter with  
them, This disease usually sets in abru-  
-ptly by a chill but several days  
prior to this chill the person goes  
moping about, complains of dull  
and heavy sensations, indifferent  
with regard to business, feels more  
comfortable in the new straw any-  
-where else, and then as I before remarked  
the febrile affection is ushered in  
with a chill. This is the first time  
the patient is conscious that there  
is anything the matter with him  
though the disease does not always  
make its appearance in this way

It sometimes increases on persons gradually, sometimes feeling nothing more than slight rigors until the fever develops itself. We rarely find the same set of symptoms in any two cases precisely alike. I will proceed to give those which is most frequently found occurring in this disease. Languor muscular and nervous debility. Rigors chills and very frequently both of these symptoms are present, the rigors making their appearance before the chill. The puls is accelerated. In the adult it is from ninety to one hundred beats per minute in the morning from 100 to 110 in the evening making the puls ten beats faster in the evening than morning. They are some other peculiarities of the puls aside, from the acceleration. The puls is fuller and stronger in the onset of the disease than they are in the termination of it.



They is the full intermitting puls  
the compressable puls. i. e. that is if  
you base on it at a certain point  
you cannot feel it beat below that  
point. The remicicular or wave like  
puls. is occasionally exhibited in this disease  
by this time headach exists, it most usually  
occurs in the fore part of the head it  
is a very disagreeable symptom, and it  
usually occurs in the first stage of the  
disease The second stage very frequently  
commences with diarrach which is a very  
troublesom symptom and it is present  
in a greater number of cases than any  
other symptom, by this time the change  
in the tongue is well marked it increa-  
ses in thickness at the base and appears  
to be longer than in health it is narrow  
at the point a yellowish white coat  
appears on the surface it is very red  
round the edges and tip

The tongue sometimes presents a very red fiery red appearance and after having been seen once I think is nearly forgotten. It assumes a variety of appearances during the progress of the disease. It frequently <sup>cleans</sup> three, or four times during the disease though when this coat first forms it has a dark colored streak passing down the middle of the Tongue some writers compare it to a piece of beef that has been in fire about three days. Persons at this stage very frequently find difficulty in protruding the tongue and when they do so, it seems to fall out at once like the organ was paralyzed. Glutinous exudations form upon the teeth by this time diarrhoea is a constant symptom. Caseous condition of the bowels is produced and is detected by pressing over the



Illocecal valves raise spots make their  
appearance by this time by pressure  
being made on them they disappear  
but as soon as the pressure is removed  
the spots appear again. The fever  
generally runs lower in this than the  
ordinary fever. The pulse is about 90  
beats per minute rancor of countenance  
dusky skin. They now begin  
to show great anxiety of mind with-  
regard to themselves friends or business  
dulness of expression pain in the  
back and legs very frequently occurs.  
Delirium frequently sets in about the  
third week, which I look on as being  
a very bad symptom and one that the  
Physician has much trouble in combat-  
ing dulness of hearing is a very frequent  
symptom they very frequently imagine  
they see things, that are not present  
and I believe this usually terminates

in rigalence or coma. *Subsultus tenelinum*  
is very frequently present Typhoid The  
puls becomes thready the surface of the  
body and extremities become cold, if the  
pores of the skin are not entirely  
closed up clammy perspiration takes  
place and more frequently of an ight  
than at any other time, when this sweat  
ing stage sets in it lasts for several  
days These symptoms will not be found  
in all cases of this disease I have omitted  
some symptoms that may be found  
in exceptional cases The symptoms  
just given I am conscious would make  
a pretty aggravated case of Typhoid  
fever but are the symptoms which  
I believe most generally appear in the cases  
~~which~~ we meet with in the united states

Typhoid Fever is looked on by all great practical minds as being a formidable disease though not of necessity fatal. It is thought to be very manageable in the mild form and not necessarily fatal in the more malignant grade. When the patient has the proper medical attention and placed under favorable circumstances for getting well many of them do so, though it is a disease that presents a variety of types and grades with regard to malignancy. In some instances it is very mild only lasting a few days. In other instances its duration is from fifteen to seventy days those which last seventy days is looked on as being the worst form of the disease. From the best information, I have been able to obtain upon this subject I think the average length of this disease to



To be about twenty two days

I think the prognosis of this disease should be much more favorable in private practice than in hospitals I think many persons die from being crowded together in gails ships and hospitals. The same occurs where they have nothing to breathe but adulterated atmosphere and premature officiousness of the physician who would under more favorable circumstances get well, and in this way I think a great many cases have terminated fatally when under more favorable circumstances they would have recovered, it appears that the malignancy of this disease differs in different years some years it is much more fatal than others I was belired some time since that the science of medicine could not

be brought to bear successfully on this disease, but quite a change has taken place in the minds of medical men with regard to this point, for it is now believed and so taught by the great lights of medical science that but few diseases exhibit the controlling influence of medicine, <sup>more</sup> than this disease, I am conscious of the fact that this disease cannot be suddenly cut off, or interrupted in its course, but I believe it may be conducted in the majority of cases to a favorable termination <sup>unless</sup> without the aid of the skillful physician, the disease would terminate in death & it makes no difference how aggravated the case may be, it should not be looked on as of necessity fatal, We are taught by the highest authority that it is only inarticulate <sup>or</sup> mortice that life should be despaired of. The most desperate

case is that of Perforation of the  
Bowel and in this deplorable  
condition the balm of gileade may  
sometimes be found in casting  
my minds eye towards those cases  
which are more mild in their  
character, not even the most mild  
is free from danger, for these mild  
cases may become malignant or  
Perforation may take place. The  
Prognosis depends on a variety  
of circumstances and therefore in  
the language of Professor Wood it should  
be cautious



The first lesion that this disease makes is in the blood, <sup>where</sup> in healthy blood that the fibrin amounts to three parts in the thousand, but during the existence of this disease the fibrin is about half what it is in a healthy condition, from the fact that the blood affords the different tissues their nourishment, by a natural process of reasoning from the facts just stated that they is nearly and organ failed in the body, that does not on post-mortem examination reveal more or less diseased condition, though some organs are much more diseased than others. This disease is one frequently of unusual length, the organs involved are diseased according to the malignancy and length of duration of the disease, They are certain anatomical characters which are always present in this disease and as looked

on by the great practical minds  
of the profession as the postmortem  
test, failing to find Peyer's glands  
diseased, we, came to the conclusion  
that the disease did not exist, if  
death occurs in the early stage of  
the disease, the glands of Peyer as mostly  
thickened or raised above the surround-  
ing mucous membrane. The longer the  
patient labors under this disease the  
worse the glands of Peyer as involved  
I donot think the lesions in any two  
cases as precisely the same and this  
diference is owing to the disease being  
more malignant in some cases than  
others. The length of this disease varies  
considerably I think it is safe to say from  
fifteen to sixty days and in this way  
I think the great diference revealed  
on postmortem examinations may be  
accounted for. The glands as found to

present different colors They are two  
varieties distinguished by Lawis which  
he denominates the hard and soft  
The patches which he denominates  
hard are found to reveal on postmortem  
examination, and dissecting beneath  
the mucous coat and resting upon the  
muscular coat a layer of firm brittle  
matter the cut surface exhibiting a  
smooth, shining appearance. The soft  
is less elevated and does not possess  
the white layer that the hard does  
if it is elevated at all it is supposed  
to be caused by inflammation of the  
mucous membrane or of the cellular tissue  
beneath, the first appearance of this  
membrane is mammilated, this gives it  
an articulated appearance, this appearance  
is said by Lawis to be produced by  
an enlargement of follicles, though this  
appearance is said to be lost in the



progress of the disease it is said  
in some instances that both forms  
just described as exhibited in the same  
patches The patches vary in number  
their scars to be no definite number  
of them, but usually appear opposite  
the mesenteric trough these patches  
do not all occur at the same time they  
seem to make their appearance regular  
ly and successively They make their  
appearance first near the ileocecal  
valve traveling up the intestines The  
consequence of this development  
that those which appear first  
is pretty well developed while the  
others are very small, those in the upper  
portion of the intestines are just  
visible while those in the lower portion  
as in a state of ulceration, I am of  
the opinion that where this disease  
ends in death that the glands of Peyer

as always undergoing ulceration  
this inflammation frequently trails  
up the bowel involving the glands  
of Brunner and instances are recorded  
where this inflammation has trailed  
up the alimentary canal until the  
Stomach and pharynx have become  
involved but when this process terminates  
the whole patch constitutes one ulcerated  
surface. in some instances it is one  
coat of the bowel and in some the  
other. The peritoneum is sometimes  
perforated perforation may take place  
at one or more points and I do not believe  
that there is any precise stage for this  
to take place, but may take place  
from the second to the last stage  
and when perforation does take place  
disolution is the most frequent result

This disease has bin treated upon  
diferent principals by diferent Practis-  
-ers of medicine ever since such a disease  
has bin recognised I believe the treat-  
-ment has bin varied according to the  
fancy of the practitioners, when this disease  
was first recognised and seperated from  
other diseases, one theory with regard to  
the treatment had precedence for archi-  
-le, and then an other, at that period  
medical science being in its infancy.  
This disease seems to have not bin  
well understood, and it was thought  
by our fathers all that was necessary  
in the treatment of this disease was to  
bring the patient under the constitutional  
influence of mercury, though the future  
development of medical science taught  
them soon that this was not correct  
for their patients laboring under the  
severest form of typhoid would die



At this time some of the brightest  
lights of the profession commenced  
the abandonment, of this mode of treat-  
-ment. The objection urged against this  
mode of treatment is that the patients  
will die before they can be brought  
under the constitutional influence of mercury  
but with the advocates of this doctrine  
I beg leave to dissent & do not think they  
would be much difficulty in trying  
a person laboring under this form of  
disease or at least before the system of the  
patient got below the secreting points.  
I have seen them die when laboring  
under the constitutional influence of  
Mercury and think in this disease  
that it is contraindicated and frequently  
does serious injury. It is an well known  
effect of mercury upon the human  
organism that it diminishes the  
amount of fibrin in the blood

It is equally as well known  
that there is a deficiency of fibrin  
in the blood in Typhoid fever in admin-  
-istering mercury in this disease it would  
diminish the fibrin of the blood, when  
the indications are that it should be  
increased, I though I can conceive of  
a condition in Typhoid fever that a  
blue pill might be indicated, but from  
my very limited experience and from the  
record that has been handed down to us  
I think the present mode of treatment  
more efficient and successful than that  
which has had precedence prior to this  
The success of the present mode of treatment  
depends to a very considerable extent on  
the skill of the physician, not that  
the science of medicine can be brought  
to bear so effectually upon this disease  
but that he can prevent harm from  
being done to the patient

I am not of the opinion there can be  
any definite mode of treatment laid  
down for any disease therefore the  
symptomatic and rational mode of  
Treatment is the one to be pursued  
I think if the bowels are constipated  
or any Syble in them we might pre-  
mise adase of castor oil, if this cathartic  
develops any unpleasant symptoms it  
would be the duty of the Physician  
to check them with the proper remedies  
but, if they was diarrheals at the commen-  
cement of the disease which is most  
usually the case it should be checked  
gradually by giving Gum camphor and  
Opium. We should administer from  
the onset of the disease to its termin-  
ation a mixture, composed of Gum  
Arabic three an a half ounces Spirit  
Turpentine two an a half drams com-  
pound Spirit Lander two an a half drams



This mixture must be raised according to the urgency of the symptoms age and constitution of the patient for the adult at least four or five times a day. Place them under the most favorable circumstances for getting well that can possibly be done which I conceive to be is for the patient, to be placed in Summer or Autumn in a large and well ventilated room and also where the air can have free access to the patient I am also of the opinion that the most extreme caution should be used with regard to cleanliness if the disease occurs in Spring Summer or Autumn I think the patient should be sponged with cold water frequently and especially during the access of fever for the purpose of reducing the temperature of the body

and this should be continued during  
the fever, and when the fever subsides  
the spunging should be dispensed  
with and if the disease occurs in  
winter warm water should be used  
instead of cold water. The patient  
should be dressed every other day.  
The food should be taken from  
the patient at the onset of the disease  
what little they do use but it be  
nothing but what is very easily digested  
never making the patient at any stage  
of the disease to administer medicine  
or food. If hemorrhage occurs from  
the nose, pour cold water on the  
neck and if this does not check  
it, inject cold water up the nose  
and if you do not accomplish the  
desired object, with the remedies just  
stated. We would advise the use of  
the tampons. If hemorrhage occurs

from the bowels inject Ice water  
up the rectum. Tympanitis is a very  
prominent symptom in this disease  
and one that the Physician frequently  
has much trouble in relieving, but  
to relieve this distressing symptom I  
would fractic the abdomen and if it  
occured at the onset of the disease  
this would probably relieve it, but  
failing to accomplished the desired  
object I would then blister the abdomen  
Against the disease has progressed  
to this fare, the patients strength  
is declining pretty rapidly, as it is one  
of our principal objects to husband  
the strength, I would commence giving  
him food of that that was easily  
digested and passed a great deal of  
nourishment, if the disease is not  
abating by this time it is evident  
that for the recovery of the patient  
all of our hopes resto



on the constitution of the patient to  
carry him safely through the disease  
keep him quiet in body and mind  
give him plenty of food that is easily  
digested and affords a great deal of  
nourishment, Give stimulants if neces-  
sary Port or Madras Wine Brandy if  
the patient wants it, frequently about  
this time perforation of the bowel  
takes place, when this happens our  
only <sup>hope</sup> rests on Gum Opium,