

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
J. S. W. Gaylon

OF
Kentucky

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

Typhoid Fever

The disease that I have chosen as the subject of the present dissertation is one, although of comparatively recent origin, yet it is one upon which much has been both said and written; there are many points in connection with the subject - as its causes, pathology, contagion, &c - upon which there are differences of opinion amongst medical authors.

My limits are such as not to permit me entering into a full detail of the subject, but merely to speak of points of a more practical bearing.

Typhoid Fever, is a non-eruptive idiopathic fever. The primary cause of which is, doubtless, some latent poisonous principle afloat in the atmosphere which being inhaled into the lungs, and absorbed, contaminates the blood and through it brings about that peculiar condition of the system, termed the Typhoid diathesis.

The secondary, or exciting causes are many such as excessive fatigue, heat, exposure &c; or it may be pneumonia, Dysentery, or some other disease; or the

invasion of the disease may be so insidious and gradual, as to appear to have no exciting cause.

When pneumonia or dysentery, acts as an exciting cause, the disease is termed Typhoid Pneumonia, or Typhoid Dysentery.

This disease has been clasped by most authors with the eruptive fevers, and I have no doubt it has been accompanied with an eruption. in some epidemics in certain localities, ^{but} I am inclined to the opinion that this eruption was dependent upon some other morbid principle in the blood, and that the development of the Typhoid fever was an exciting cause for the development of this other morbid principle; consequently this eruption is not a part of the disease under consideration. It is true, my own observation is limited comparatively speaking, but it corresponds with the observation of a vast number of intelligent, and close observing physicians of these united states, who have searched again and again, for this eruption without

being able to find it. I will not speak of the pathologic of the disease separately, but may give my views on certain points incidentally, while detailing the symptoms, or while speaking of the treatment.

Symptoms. Typhoid Fever does not always commence in the same way, sometimes the invasion of the disease is ~~certain~~ sudden without any premonitory symptoms, but generally the forming stage is of long duration. It is frequently the case that for several days previous to the regular onset of the disease, or before it assumes its proper aspect, and before the patient is rendered unable to pursue his ordinary avocations, he is affected with certain symptoms, which may be considered premonitory of the fever. These preliminary symptoms result apparently from an altered condition of the nervous system. The poison in the blood

frequently disturbs the function of animal life before it causes palpable derangement in the mechanism of the circulation.

The expression of the patient's countenance alters; he becomes pale languid and abstracted. Those about him observe he is looking very ill. He is feeble, and easily fatigued, reluctant to make any exertion of mind or body; listless, and apprehensive frequently of some evil. He loses his appetite, his bowels is perhaps irregular sometimes confined, sometimes affected with diarrhoea, his senses loose their natural delicacy. He has uneasiness or wandering pains in various parts of the body, and occasionally there is some giddiness - drowsiness perhaps, during the day, and unsound and unrefreshing sleep at night. In short he has general malice, or indisposition for about one week.

The regular onset of the disease is then generally, marked by distinct rigors or chill, frequently accompanied with severe head-ache, or perhaps by a pain or aching across the forehead, or else by heaviness and Vertigo.

On other cases as I before said these preliminary movements are altogether wanting, and the invasion of the disease is sudden without any warning in the midst of good health, and I believe so far as my own observation extends these sudden attacks generally prove most fatal.

We are now to consider the symptoms proper, of the first stage of the disease. And as I before said, the invasion of the disease is marked by distinct rigors, or chill, accompanied with head-ache.

It will be perceptible, even when there

6

6

has been no premonitory circumstances, that symptoms arise even, thus early, which belong to the nervous system, and denote some disturbance and alteration in the functions of sensation, thought and voluntary motion. They are compressed, says Dr Watson, ⁱⁿ under the general phrase febrile oppression; and they are different from what we notice when pyrexia supervenes upon inflammation; there seems to be a want of power to exercise either thought, or voluntary motion properly; the patient presents the appearance of one that is intoxicated; the muscular power is sensibly enfeebled, and he staggers a little if he attempts to walk. The tongue will now be found white on its upper surface, thick flabby and pointed, with a red tip and edges. It will also be found to be tremulous, the pulse will be found quiet, and generally more

frequent than usual, however, in some cases where the constitution is very strong the pulse is not accelerated; indeed in one case that came under my own observation the pulse was below the normal standard of frequency. The skin is dry and hot, and there is generally thirst to a greater or less degree, loss of appetite, with uneasiness and watchfulness or with drowsiness and stupor. One cheek is frequently flushed. The bowels are frequently irregular, either constipated, or diarrhoea is present. If the latter be present it is a matter of great importance, particularly if there be involuntary evacuations of the bowels.

Some tenderness will be found upon deep pressure over the right iliac region. All the secretions will be more or less deranged. The changes that generally

occur during the second period are the following; - The pulse becomes more frequent, weaker and more compressible. The tongue is being covered with a dark coat, beginning in the middle of the posterior part; the teeth and lips become covered with sordes of a dark color; the patient frequently becomes delirious, his voluntary movements become very much weakened, and are sometimes exercised irregularly. The posture that the patient almost always assumes in this stage is indicative of his weakness, he lies on his back, sinks down and slips towards the foot of the bed. Other proofs of muscular debility approaching to paralysis, are apt to present themselves. The voice becomes feeble, the patient can scarcely utter an audible sound, perhaps he is unable to swallow. Sometimes the power

of deglutition is not entirely lost, but from the dry and parched state of his tongue and throat he is unwilling to make an effort to swallow.

The patient frequently lies with his mouth open through which he breathes, which greatly enhances the tendency to dryness. There are also convulsive startings of the tendons, which is technically called, sub-sultus tendinum, and other involuntary and irregular movements of the muscles.

The delirium is peculiar, his mind seems elsewhere, he is inattentive to all that passes around him, muttering disjointed words, or sentences, like a man talking in his dreams, from this state of delirium - technically called Hyphomania - The patient may be aroused by loud speaking addressed to him,

or by the sight of a stranger for a short time, but he presently relapses. The patient is sometimes deaf, and occasionally there is partial loss of vision; the patient may be observed peering at the bed clothes, which I always take as an unfavorable symptom. The disturbance of the functions of hearing and vision, however, generally makes its appearance during the third stage.

On the third stage, the symptoms make a ~~change~~ change according as the case is going to terminate. If the disease is about to prove fatal, all or a part of the symptoms increase in violence. The pulse becomes very weak and frequent - generally over one hundred, sometimes in certain constitutions it rises to one hundred and forty, or even one hundred and sixty. The lungs sometimes become affected -

Sometimes the bowels just now become seriously affected, and when there is large passage of blood, which is sometimes the case, the disease is apt to prove fatal, any of the viscera is liable to take on inflammation, and rapidly cut the patient off.

If the disease is about to terminate favorable, the symptoms or a part of them, become lighter and gradually disappear - the patient again begins to notice what is going on around him, and is sensible to the calls of nature, or he may linger for several weeks, without a great deal of change being observable.

I do not mean that all the symptoms that I have enumerated is observable, or present, in every case, nor do they occur in the order which I have mentioned them,

nor are they confined invariably to the stages in which I have placed them.

Indeed these stages into which I have divided the disease, are entirely arbitrary, simply that I might have some system about my description.

Prognosis. This is always doubtful. We can never be sure of recovery even in the mildest cases, whereas, on the other hand we should never despair entirely as long as life remains.

Treatment. The first thing is to understand that this disease is of long ^{continuance} ~~duration~~, and is also self-limited in duration, that is - we know of no remedy that will cure it, and that it will not terminate until it has completed its course. It sometimes runs its course in three weeks, sometimes in six, and sometimes in three months.

It is best to let the patient and disease alone, so long as they appear to agree together very well, without the latter taking advantage of the former, by attacking him at any particular vital point, and generally the patient will outlive the fever, unless he started out to die.

On the next place should the disease attack with violence a vital organ, as the brain, lungs or bowels, or rather, should these organs or any one of them, not possess sufficient force of vitality to resist the enervating, and disorganizing influence of this condition, it will become necessary to use remedial agents to protect them, and to support the general strength, and thus assist the recuperative powers of the system.

When if, the brain becomes affected it is

proper to shave the scalp and apply cold to the head continuously, until the symptoms no longer demand it, should the parenchyma of the lungs be the seat of engorgement sufficient to embarrass their function, apply dry cups extensively and repeatedly over the chest, and give Turpentine, if the bowels become affected apply a blister to the abdomen and particularly over the right iliac region; and give sub-nitrate of bismuth in addition to the Turpentine,

But notwithstanding, Typhoid Fever is a disease that requires no active treatment, yet it must be watched closely, indeed it is one above most of diseases demanding the especial supervision, and untiring watchfulness of a Physician.

First. He must guard the patient that he does nothing himself, and that, nothing be done for him, or with him, by others, to jeopard his chance of recovery. Second. He must see that he is placed, and kept in the most favorable circumstances as regards bodily comfort, temperature, ventilation &c; bodily want - as diet properly and judiciously ordered, limited and adapted to the stages of the disease; also, as regards the application of Stimulants, and when to be used.

Third. He is to watch and listen a sentinal's eye and ear the distant approach of those insidious complications, to which we have already referred, and which are sometimes the result of this disease, in one or more of the vital organs; and begin early to assist the patient's constitution

to withstand or overcome them, 14
We must beware of treating this disease
actively, even in the beginning - One
injudicious dose of purgative medicine
in the beginning, may prove the
source of his gradual, but inevitable
decline and final fall. One of the first
and the most prominent symptom
throughout the disease is weakness, or
loss of vital energy; and depletion in-
creases the impoverishment of the blood,
and its tendency to anaemia.

The patient seems completely enervated, very
slight muscular effort, seems often entirely
to overcome him, so that rising up in bed,
quickens the pulse, and if frequently
repeated, will often seriously damage
the prospects of the case.

Typhoid Fever, is a disease that requires
more watching than active interference.

But if there is One remedy in the Catalogue of the materia medica, which seems to be adapted to this Condition more than another - if there is anything which seems calculated to relieve the complications which generally arise in this disease, or prevent them - or they make their appearance - it does seem that that agent is Serpentine a good formula for the use of Turpentine is the following.

- Serpentine ℥ss
- Gum Ararabic }
- Loaf sugar } aʒij
- Comp. Spt of Lavender }
- Bi Carb of soda }
- Camphor water q.s.

To make an eight ounce emulsion.
 Dose - For an adult One Table spoonful three times a day (well shaken) and so continue.

If there should be much diarrhoea, and the emulsion does not check, it is well to give five grains of Sub-nitrate of Bismuth in a spoon full of water, after each passage.

It may be necessary in some cases to use a little Laudanum or Creosote, in addition to the above mentioned remedies.

When the skin becomes hot and dry, it is beneficial to sponge the surface of the whole body well with cold water.

At a variable length of time from the beginning of the attack, sometimes ten days, or two or three weeks, the skin will become cold or even alarmingly cold. It is some times proper to give stimulants before this stage comes on, when, for instance, the adynamic character of the disease is very apparent in the first stage, or if accompanied with passive hemorrhages i. e. brandy and quinine; but stimulants

are generally imperatively demanded when the cold stage has set in.

These are other complications, but they should all be treated upon the same general principles.