

AN

INAUGURAL DISSERTATION,

ON

Typhoid Fever

SUBMITTED TO THE

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Typhoid Fever

This is a common febrile affection presenting a diversity of symptoms, having certain characteristics of recognition and in all its forms constituting one and the same disease.

It is the ordinary Endemic fever of Europe and of those parts of the United States where none of the Miasmatic Fevers prevail and it is found more or less mingled with Miasmatic fevers within its own limits.

It is to be found in all the inhabited portions of the Globe no age or sex of the Human Family being exempt from its ravages, The nomenclature of this Disease is very much unsettled and perplexing. It is the continued

Fever of Watson the Enteric Fever
 of Wood many other names might
 be added but having selected the name
 mentioned in the outset the following
 remarks will apply to what is com-
 only termed Typhoid Fever

This disease shows itself under various
 forms and does not always commence
 in the same way. It often happens
 that for several days before the Disease
 assumes its distinct and proper aspect
 the patient is affected with certain
 morbid symptoms which may be consider-
 ed premonitory of the Disease rendering
 it difficult to mark exactly the comm-
 encement. Typhoid Fever may occur
 at any season of the year but is
 more common in the winter and

Autumn. It has been and is now
thought by some to be a contagious
Disease and many have been the facts
put forth in proof of the contagious-
ness or noncontagiousness of this Fever
both in Europe and the United States.

Nothing is known of the cause of the
Disease. It is often generated where num-
bers are confined in illventilated apart-
ments and their food being of an
unwholesome nature,

It appears to originate in prisons cities
and Hospitals not properly ventilated.

This Disease often occurs in those visiting
Hospitals and it is a well known fact
that young men coming from the
country into the city are liable to
be attacked with this Fever, while the

inhabitants of the place are more
 entirely free from its attacks than
 others we also find many individuals
 much more predisposed to it than
 others. It is a Disease that is said
 not to occur twice in the same person,
 but numbers of cases are reported
 in which it occurred a second time
 in the same individual. It rarely
 attacks persons above the age of fifty,
 being more common between the
 ages of twenty and thirty than
 during any other period of life,
 Every person that has a predisposition
 to this form of Fever will probably
 be attacked before he reaches the
 age of fifty, the cause of its frequ-
 ency between the periods above

mentioned seems to be that the
Predisposition is more easily kindled
from the great exposure at this
period of life to the vicissitudes
of the weather; these vicissitudes
being amongst the exciting causes
of the disease.

As to the true nature of the Disease,
we are yet uncertain as we are
in relation to all other essential fevers.

When there is inflammation in
the outset, it has a tendency to assume
a low form analogous to
Typhus; in the end, this probably
owing to the debilitated condition
of the patient caused by the long
continuance of the Fever.

It is our intention to give

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The symptoms principally as we have collected them from the best authors our own experience and opportunities for observation in this disease having been rather limited. The symptoms of Typhoid Fever vary as the Disease advances, and we will for the sake of convenience divide the course of the Disease in the first, second and third stages. We do not adopt this plan because the Disease runs its course in three weeks or in two weeks but the symptoms are somewhat varied.

Typhoid Fever often begins with a chill followed by the usual symptoms of fever; but it more frequently

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makes its appearance in an insinuating deceitful manner and gradually increases. The patient complains of tenderness and soreness of the limbs with Headache;

The tongue is coated with a thin, whitish fur; The pulse is accelerated to ninety or one hundred strokes per minute; the skin is heated; the appetite is impaired.

These symptoms may continue for three or four days during which period the patient may have small rigors, alternating with fibrile sensations; though sometimes the patient complains of no chill. This is the forming stage. The chill if previously present, now ceases

and is not again experienced unless perhaps on account of the insidiousness of some incidental inflammation.

Diarrhoea is a common symptom, being according to Louis almost uniformly varying very much in different cases both in duration and severity. It is more common and severe in long continued cases than in mild ones. The number of discharges varying from two or three up to twenty during twenty four hours.

The Diarrhoea commences at different stages of the Disease, but rarely after the second week. In mild cases it makes its appearance generally late

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in the Disease and sometimes is
altogether wanting; in severe cases
it is protracted four or five weeks,
and in fatal cases late in the
Disease. The discharges are involun-
tary escaping without the knowledge
of the patient. The stools resem-
ble peasoup and sometimes are
yellow containing also portions
or streaks of blood. This however
seldom obtains before the second week.
Headache is another symptom that
is generally present during the first
week of the Disease, being as common
an accompaniment of the mild as
of the severe cases, but subsiding
earlier in the severe than in the
mild ones. We often mark the,

commencement of the disease by
 Headache, the pain being generally
 confined to the forehead and the
 temples, its severity being greatly
 increased during the febrile exacerba-
 tions. Epistaxis is quite a common
 symptom of this disease. It may be
 met with at any period of the
 Disease and is more frequent in
 grave than in mild cases the quant-
 ity of Blood sometimes is very great
 and other it scanty.

Having now gone through the first
 week, we will examine the chara-
 cteristic symptoms of the second.
 Tympanites is the first symptom
 brought into notice in the second
 week, which however may be sometimes

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noticed during the first week but
it is more properly a symptom
of the second. The distention varies
from slight to extreme rigidity of the
abdomen. Delirium is another symp-
tom making its appearance generally dur-
ing the second week of the Disease, sometimes
being very great. It is most commonly
noticed in the patient after being
aroused from disturbed sleep.

The Delirium at first is only present
during the night, the exacerbations
of the fever greatly increasing it, so much
so that the patient will sometimes
endeavour to get up and if not restr-
ained and walk about the room declar-
ing that he is well. He is troubled
by visionary objects; is continually

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peering at the surrounding things
and is employed with the imaginary
objects around. The muscles of the
face are twitching or we have
Subsultus tendinum. The patient
is now deaf and this is the time when
he sinks into a deep coma from which
he may be aroused by loud speaking.
He now slips or slides down in the bed.
The next we propose noticing are
the Eruptions that make their app-
earance during the second. They
are rose coloured and are first
discovered upon the abdomen and
chest sometimes however being seen
upon the back but less commonly
than upon the abdomen and chest.
These spots appear in crops or patches

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varying from half a dozen up to fifty
in number. According to some
writers these spots will vanish under
pressure while others contend that they
are not affected. They are lenticular
in form, scarcely raised above
the skin, and in Brunnetta they
often escape notice. The next and
last we will notice are the Sudamina
which make their appearance
about the last of the second week.
They are transparent circular
vesicles varying from the size of a
pin's head up to a quarter of an inch
in diameter and cannot be seen
unless in an oblique direction.
These Sudamina are of short duration
generally disappearing after the third

or fourth day. It is about this time
 that we notice Sordes upon the teeth
 and lips. The tongue is of a
 brown color and gashed across
 its middle. The pulse is more full
 and frequent. The symptoms of
 the third week are as those of
 the second being aggravated or
 abated according to the nature
 of the case. The Diagnosis of this
 Disease is difficult at the beginning
 especially from Bilious fever when
 it is inclined to assume the Typhoid
 form. In Typhoid Fever we have
 Diarrhoea, Headache, and appearance
 of the patient. and after the first
 week we have Tympanitis, Lilium
 Rose coloured Eruptions and the

Andamnia. The glands of Peyer
 are morbidly enlarged, this
 enlargement commencing near
 the terminus of the ileum and
 extending upwards. The mesenteric
 glands are sometimes enlarged
 and also softened; the Liver,
 Spleen and Lungs are affected,
 and thickening of the mucous
 coat of the Intestines with softening
 of the heart takes place. The
 mucous coat of the Pharynx is
 changed also that of the Oesophagus
Treatment.... The treatment of
 Typhoid Fever varies as the case
 advances. In simple forms of
 the Disease, very little treatment
 required. Give some mild catha

rtic as castor oil to evacuate
 the bowels, if there be Diarrhœa
 as is generally the case we may
 give twenty or thirty drops of Lau-
 danum along with the Oil, and
 if the Diarrhœa should become too
 profuse, give Opium until you check
 the Discharge. The patient should
 have at least one full evacuation
 daily and if he becomes costive.
 the exhibition of one Siccity powder
 be of benefit by correcting acidity
 of the Stomach if any is present, and
 evacuating the bowels. If the Stomach
 should be irritable and the patient
 is unable to retain the medicine
 given, we may affect our object by
 Emmata which should be mild

After evacuating the bowels, our next attention is to the febrile symptoms. If the patient is seen early in the Disease and the pulse is full and strong and there is determination of blood to the brain, we may take blood from the arm. This should not be carried too far and should not often be resorted to.

After the third day cups and leeches may be applied to the head and if the pulse remain full and the skin dry, the Effervescent draught may be given. Throughout the Disease sponging the surface when hot and dry will often abate the fever.

The gastric symptoms may be treated with cups Leeches and warm

cataplasms, during the second week
 the tongue and skin are dry, the
 pulse more frequent but not so full,
 with Tympanitis we may administer
 Calomel to unblock the secretions
 of which small doses are preferred
 of Blue mass ~~we~~ give one grain
 every two hours until Ptyalism is
 produced, Camphor may be given to
 relieve the flatulencies ammonia also may
 be given in doses of four or five
 grains, should the symptoms not
 yield to the mercury, we may adm-
 inister the Oil of Turpentine in doses
 of fifteen or twenty drops.

Finis