

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.**

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*March* 1857

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

## Typhoid fever.

This disease which I consider very fatal, has been ravaging almost every inhabited portion of the Globe for a century. It has always succeeded in baffling the skill of the medical world. Since the days of Louis <sup>30</sup>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 upon Typhoid fever for the purpose of making known some means by which it might be made let-go the system. But little success has crowned those who have yet investigated and written extensively

upon this fever. Still it seems that much of the history of this maledy remains in obscurity. But notwithstanding we have remedies that will stay the progress of this most fatal maledy if correctly administered.

Yet numbers are being consigned to an untimely grave because our country is overrun with quacks and unqualified practitioners; who administer medicine, and kill their patients, when if nature had been left free to act their patients would have survived.

Yet the young physician in the middle of the "Nineteenth-century" in some vicinities in Tennessee; who has

stored his mind with medical knowledge, and who would treat this disease scientifically must stand back, and give the field to the quack, and "boasting Thompsonian" who are well qualified to send their patients over Board, in this disease.

Symptoms.

The patient is seized slowly with languor, and complaints of general uneasiness, numbness of the limbs, dejection of spirits, amazing depression, and loss of muscular strength, weariness, and soreness; respiration is commonly laborious, and interrupted with deep sighing; the temporal arteries often throbb violently; pain in the head, and back; the tongue

if examined is found to be thicker, rounder; red at the tip, and edges; it is coated slightly with a thin whitish fur; the skin is heated, the face flushed, the pulse quicker, smaller, and harder, often fluttering, and unequal; the appetite is impaired more or less.

These symptoms will continue for 6 or 8 days gradually increasing often with a daily remission; during this period slight rigors alternates with hot sensations; though chilliness is sometimes not felt, in the beginning.

The intellect is very obtuse, the patient converses reluctantly, moves slowly about his room is not ill enough to confine him-self to his bed, but too feeble to labor, and thus he passes from day to day till the disease

is completely formed. Chills cease, the patient is confined to his bed. The disease being fairly formed the patient has the phenomena of fever, great general weakness, thirst, no appetite, hot, and dry skin; though not as much so as in other fevers;

frequent pulse, dulness of expression.

Headache is seldom absent, and often annoys the patient very much; pains in the limbs, and back, soreness of the muscles, hemorrhage from the nose or bowels. The tongue becomes dry, and brownish; is protruded with much difficulty, and is seen to tremble in the effort. Diarrhea is very common in the first week; soreness, and pain is felt in the right iliac region produced by inflammation of the glands of <sup>Peyer</sup>.

## Unfavourable. Symptoms.

The nervous symptoms become more decided, sub-sultastendinum makes its appearance. Stupor supervenes.

Hearing becomes dull, and painful. Partial or complete delirium, and then the patient will speak of the business, work, avocation, or occupation that he was following at the time of his attack. He will think him-self away from home, and will request you to let him go home, and will often try to get up from his bed, will often involuntarily slip down in the bed.

The eye if examined has a terrific appearance, and you cannot get the patients attention.

He will often have from 3 to 15  
new-cider discharges in 24 hours.  
A gurgling sound is heard in the  
thoracic region. A few red spots are  
some times discovered upon the  
abdomen, and neck. He will mutter  
delirious half formed sentences.

He may have involuntary fecal evacua-  
tions, retention of urine. The pulse  
becomes very frequent and fluttering  
or feeble and slow. One or both of the  
Parotid glands become very much  
tumefied near the close of life.

Circulation becomes languid.

Extremities get cold, and clammy;  
and life's last flickering rays are con-  
sumed by the few leaden moments  
of time: while the patient in  
articulomortis often has convulsions



Symptoms of a favourable termination.  
The pulse are not so frequent, they are  
fuller, and rounder; the skin is not so  
hot, and it will relax; the tongue is  
a little moist, and begins to clean itself  
slowly, at the tip and edges; the delirium,  
and stupor gradually abate, and things  
around him are more attractive, and  
he will manifest some interest  
for himself, and he has some desire  
for food. Should his tongue remain  
clean, and moist I would expect my  
patient to improve slowly. But should  
the tongue get dry clammy, and coat  
again and again I should apprehend  
danger, and convalescence would  
be slow he might have debilita-  
ting night sweats, and feeble  
appetite. Slight causes would

disturb the bowels. Abscesses often break out near the parotid glands, and boils appear in other regions of the body. The duration of this disease is very uncertain.

Symptoms which are almost sure, and more or less local. Tympanites generally comes on from the third to the seventh day. Diarrhea comes before with or soon after the fever in most cases.

Sub-cultus Tendinum is often prominent; the mind becomes wandering upon waking from sleep, and it will continue to get more profound until complete delirium supervenes, the patient will speak in a low voice, or mutter.

Anatomical lesions  
The cause that produces this disease

affects the glands of Peyer so as to produce irritation inflammation, and ulceration; some times perforation is the result. The heart is often found softened. Causes. I know nothing of the cause, I think it is poison that gets in to the circulation, and locates itself in Peyer's glands. It is thought by some to be contagious; and in proof of this they give cases of individuals bringing it in to healthy neighborhoods, and spreading the complaint. But again it is found in isolated vicinities, and cases. The age most subject to this fatal malady every informed mind knows physician or not. The young man who is in the bloom of youth is the subject of its choice. I have thought even a

mong young men it was partial; selecting the young man who was trying to store his mind with useful knowledge, and who was the most profound. Some constitutions are more predisposed to it than others, and all are more subject to it from the age of five to twenty five than after that time. Exciting causes are mental disturbance, change of locality, hard, and fatiguing labor in the sun exposure to wet and cold.

#### <sup>or</sup> Treatment.

Ventilation is very essential in the beginning, and throughout the disease. Change the patients clothing often, and sponge the head, and other parts frequently when hot. Give a mild cathartic in the

beginning of the sulphate of magnesia  
or castor oil. If there is pain, and  
diarrhea give 10 or 15 drops of landanum,  
at the same time. In mild cases do  
but little; for often in trying to  
assist nature in this disease with  
much medicine the patient is sent  
to the grave, when if nature, had  
been left free to act it would  
have thrown off the disease,  
and effected a cure. Give the  
patient cold water, and ice  
in small quantities often if dis-  
sired. If the bowels are running  
give landanum, sugar of lead,  
and starch injections: if not  
contrary indicated by inflamma-  
tion. Should the patient have  
much heat, and pain in the head

shave the scalp, and apply a blister  
to the nape of the neck

Recipe.

Pure oil of Turpentine 23

Mucilage, Gum Arabic 3/23

Compound spirits Lavender 23

Mix well, and give a teaspoonful hourly.

Recipe

Citric acid 70 drops

Aqua 23

Carbonate of potassa 3i

dose Teaspoonful hourly.

In ordinary cases of Typhoid fever  
this treatment will do. But  
in obstinate cases certain  
local affections require  
special remedies. For pain  
in the abdomen, emollient

Cataplasms, blisters, or mustard  
poultices, upon the abdomen  
day after day are very good.

<sup>For</sup> For subsultus, restlessness,  
wakefulness, or general une-  
asiness, give sweet spirits of  
nitre, or opiates may be used  
if not contraindicated.

If the tongue continues dry,  
and blackish, and the skin  
feels as though it had been  
parched, and the abdomen rem-  
ains undiminished, I would  
increase the oil of turpentine  
in emulsion of gum arabic, or  
sugar; and if it disturbed  
the stomach, or bowels, I wou-  
ld add a little laudanum.

<sup>For</sup> Typhoid fever is a very

debilitating disease especially  
in its advanced stages; so  
much so that tonics, and  
stimulants are very essential.  
Wine whey is the best stimu-  
-ant. Should the strength be-  
-come reduced very much  
I would give carbonate of  
ammonia, wine, or brandy.  
If the extremities were to get  
cold I would apply Cayenne  
peper in hot brandy, or hot  
oil of Turpentine, and blis-  
-ters to the inside of the thighs  
till they reddened the skin.  
In obstinate, and continued  
delirium shave the head,  
and apply a blister over the  
scalp. After the patient



passes the critical point, and begins to convalesce should be attacked with exhausting night sweats, which is often the case in this fever. He will need tonics, and the best is sulphate of quinine. Simple bitters, and mineral acids are very good.

Diet. in convalescence.

It should be mild, and easily digested. At first rice-water, weak gruels, toast, boiled butter-milk, and nutmeg. If any irritability of the stomach should exist give a little lime-water. After a few days give mutton soup, and rice.