

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

*R. M. Russell*

OF

*Arkansas*

1859

MEDICAL JOURNAL OFFICE,  
NASHVILLE.

# Typhoid Fever

This fever is to be found in all parts of the United States. But is mostly to be found in those parts where Malarial fevers do not prevail. But still as before stated it is to be found in all parts of the United States and according to various authors the ~~in~~ habitance of all countries and stations on the Globe are subject to it.

Symptoms. This disease generally comes on slowly and increases gradually so that it is often impossible to fix the precise time of its commencement. The patient, <sup>complains</sup> of being somewhat

uncomfortable and perhaps  
of weariness general uneasiness  
soreness of the limbs  
and often of a little headache  
and generally over one  
or both eyes. The skin is  
somewhat heated. The face  
generally flushed. The pulse  
is accelerated. The Tongue when  
examined is found to  
be slightly coated with a thin  
whitish fur. The appetite is  
impaired and the symptoms  
continue to increase  
with daily remissions for  
several days and perhaps for  
a week before the patient  
feels sufficiently ill to take  
his bed but at other times  
it sets in more abruptly

and the patient is soon considerably prostrated. During the first 3 or 4 days and perhaps the first week he has slight chilly sensations but hardly ever amounting to a complete chill or rigors. After the disease has gotten fully under headway the Chills generally cease. There is generally some looseness of the Bowels often amounting to Diarrhoea and there is generally an extraordinary susceptibility to the action of Cathartic Medicines which operate in much smaller doses than in most other Diseases perhaps one third of the amount of

Medacins will act on the Bowells in this disease that would take to act on the Bowells in a case of Malarial Fever. The puls in some cases is not much exelcerated some times not amounting to more than 80 or 90 beats in a minute At other times amounting to 115 or 120 beats in a minute and sometimes even more but not often. The flush in the face is more of a purple color than in most other diseases. The patient often experiences pain in the Back and Loins. There is often restlessness and a want of sleep

The patient often bleeds at the nose but generally but little. As the disease advances the pulse becomes more frequent and generally more feeble. The Tongue coats its self with a thicker fur and it is generally red at its tip and borders.

The patient generally has some cough and it is generally a dry cough with but little expectoration. As the disease advances the tongue often becomes dry with a dark brown coat on it. Swallowing is sometimes difficult. The abdomen is often swollen and the patient generally lies on his back. If the abdomen and chest be examined

6

there will sometimes be found red spots like Flea bites. The patient is often Delirious and there is often a hardness of hearing. The Tongue is often protruded with difficulty and sometimes trembles when an effort is made to protrude it, Dark Sordes Collect on the Teeth Gums and Lips. Sometimes there is Twitching of the Muscles. The patient often picks at the Bedclothes and imaginary Things and often mutters half formed sentences. There is often Hemorrhage from the Bowells, Some of the most important symptoms are of this disease are Hemorrhage of the Bowells Diarrhoea Rose colour.

7  
spots on the Abdomen and the  
Chest Symptomata The Pulse  
being less frequent in this  
disease than it is in most  
other Feavers, Hemorrhage from  
the Bowells and nose and  
also Nervous symptoms Dub-  
noss in Hearing Delirium &  
The Tongue being Red at its  
Tip and borders and being  
Thicker and narrower Small  
doses of Nudacius acting free-  
er than in most other dis-  
eases &

Anatomica Charges Tyndes  
Glands are always affected in  
this disease and generally  
found to be ulcerated on a  
post mortem examination,  
The Spleen in almost all



case is more or less altered being generally enlarged and softened and according to Dr Wood the Liver is frequently softened and the same may be said of the Kidneys though in a less degree altered The Heart is sometimes softened and very often many of the other organs are found altered, The Blood has much less fibrin in it than it has in other diseases Causes Nothing precisely is known of the causes of this disease it is supposed to be produced by a species of Poison which may perhaps correctly be called Typhoid poison. It is generally admit

not to occur twice in the same individual, young men and women are more subject to it than the old very young children are not apt to have this disease, I treated one case where it occurred in a man over forty years of age five cases where it occurred in persons between twenty and twenty five, and some eight or ten where it occurred in persons aged between ten and twenty, It may occur at any season of the year but most commonly it occurs in the fall and winter. It is generally admitted not to be contagious and it is also my opinion

Diagnosis, The most characteristic symptoms of this disease are the frequent slow and insidious mode of the attack the diarrhoea at the commencement of the disease or soon afterwards the dull or heavy expression of the countenance the dusky hue of the same the tendency to bleed at the nose the cough or bronchial symptoms out of fourteen or fifteen cases I treated last year and this, the cough was present in every near all of them the rose coloured eruption the deafness the stupor the duration of the disease exceeding that of most other diseases all are diagnostic symptoms

One of the diseases Typhoid may be mistaken for is malarial fever. The latter ~~may~~ must generally be distinguished by its more regular and decided remissions and by the yellowness of the skin and the billious coat on the tongue and by its shorter duration and by the absence of those signs that generally occur in typhoid fever. If there exists any doubts as to the correct diagnosis Quinine should be given as a test and if it fails to moderate the fever typhoid may <sup>be</sup> suspected. The average duration of this disease is about three weeks but it may run on for six or eight weeks or more or it may not last three weeks

Prognosis, if the patient keeps his right mind and appears to take a good deal of interest in his welfare it is a favourable symptom, if the disease assumes a mild form from the start it is a favourable symptom. A general abatement in the symptoms the more favourable. The nearer the pulse assumes its natural standard in health the more favourable. High fever with early delirium is a unfavourable symptom if the patient thinks there is nothing much the matter of him it is unfavourable. Delirium subsultus tremulus Epileptic fits and a difficulty in swallowing are all unfavourable

symptoms. Treatment. In  
 the treatment of this disease  
 the patient should be quieted  
 as much as possible, and all  
 exertions both physical and  
 mental should be checked  
 as much as possible. If there  
 exists any doubt on the part  
 of the physician as to the di-  
 agnosis Quinine should  
 be given as a test and if  
 this fails to check the disease  
 the physician may know that  
 it is not malarial fever. When  
 the physician is satisfied that  
 it is Typhoid fever he should  
 begin with the spirits of tur-  
 pentine it should be given  
 in doses of four or five drops  
 every two or three hours.

through the disease. it is best  
 administered in a mucilage  
 of gum arabic and loaf sugar  
 to which the compound spiri-  
 ts of lavender may be added  
 so that the patient may  
 take the same amount  
 of the compound spirits of  
 lavender <sup>he takes</sup> as of the spirits of  
 Turpentine There are some other  
 symptoms that often occur that  
 should be met promptly Hemo-  
 rage from the nose if profuse  
 should be met with cold appli-  
 cations and if cold will not  
 check it the nostrils should  
 be plugged. Hemorrhage from the  
 bowels may be checked with  
 cold injections and cold appli-  
 cations If the diarrhoea is moderat<sup>e</sup>

it should be let alone but if the bowels is too active Opium should be given and creosote should be given in moderate doses, if the bowels are not active enough they may be moved by scabloty powders or some other mild cathartic. It is very important that the patient should be kept clean and his room should be well ventilated. He should be allowed as much cold water to drink as he wants, If the skin is dry and hot he should be sponged with cold water or binedar and water. If the patient is delirious and does not sleep well at night he should have opiates to procure rest



If the abdomen is much swollen and tender to the touch poultices should be used, and sometimes a wet towell may be applied to the abdomen, But the most important remedy is the use of spirits of turpentine which should be given through the day and omitted during the night. The patients diet should be light but nourishing. It may be necessary to resort to stimulants sometimes in the advanced stage of the disease, and perhaps the best stimulant is pure old corn whiskey. But stimulants should be used with great caution.