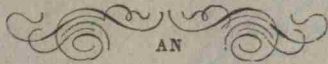


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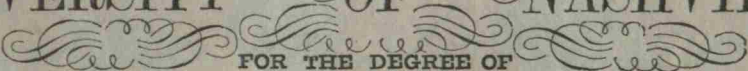
Typhoid Fever

SUBMITTED TO THE

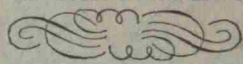
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



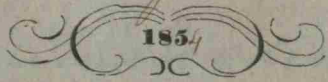
DOCTOR OF MEDICINE.

BY

W. F. J. Clements

OF

Georgia



1854

W. T. BERRY & CO,
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NASHVILLE, TENN.

A Thesis on Typhoid Fever

It is not to be presumed that the Medical Student, who is merely beginning his studies; learning as it were the elementary principles by which he is to be governed in his future practice, would be able to write an essay which shall advance any thing of importance that is not already known to the profession. The knowledge which he possesses of medicine must be gleaned from other and better sources than his own observation. He has never been on the stage of action; but is only preparing himself to fulfill the mission which he has received from wiser and more experienced devotees of the profession. From them he receives his

instruction and from them he
receives his credentials to depart
to whatever clinic he may wish
to combat with, the great enemy
of mankind, disease.

In treating of my subject I
shall not endeavor to advance
any thing new or original or
any speculations of my own,
but shall follow the beaten track
of those who have so ably instruc-
ted me. Typhoid fever has pre-
vailed for the last few years in
the upper portion of Georgia where
I reside as well as in other
portions of our country and
thus it has produced a mortal-
ity scarcely exceeded by that of
any other disease. It is to the

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typhoid fever than in any other. The man is unwell for several days before he is obliged to enter his bed, which he always avoids as long as possible.

The pulse is generally somewhat accelerated in this fever, though it may be natural or even below the natural standard. In some cases the pulse is as low as fifty beats per minute. The appearance of the tongue is very varied and taken by itself is a symptom not to be much relied upon, though by the people, and also by the physicians it is among the first to receive attention. When taken in connection with other symptoms we may learn a great deal from the tongue.

It is generally covered with a whitish
 mucous coat in the beginning
 of the disease and in severe
 cases it becomes thick, cracked
 and scaly, with red edges; these
 large scales will come off and
 leave the tongue very red and
 denuded. There is always a want
 of appetite or loathing of food
 and frequently sickness of
 stomach and perhaps vom-
 iting; though there is less
 gastric disorder in this than
 in most other fevers. Thirst is
 not generally very great in
 this fever, and not unfrequently
 the patient does not crave
 more water than ordinary. There
 is very often, indeed, generally

Some diarrhoea attending this fever; this we would anticipate from the inflammation of the intestines characteristic of this disease. The urinary organs are generally less disordered in this than in other fevers. The quantity and quality of the urine is nearly the same as in health. The color of the skin is nearly natural except the rose spot, - a little red spot about the size of a mustard seed which makes its appearance on the face and breast occasionally, but more frequently on the abdomen. They are never very numerous, but when they appear they are considered as pathognomonic of typhoid fever.

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There is very often some delirium attending typhoid fever. The patient will lie for hours apparently unconscious of surrounding objects, but appears to be thinking of, and probably talks, of occurrences which had transpired prior to his illness. If he is aroused he may converse rationally as long as you are talking to him, but you no sooner cease to question him than he is again talking incoherently or probably fancies himself engaged at the employment he was before he was taken sick. Patients will sometimes lie for hours and appear to be very earnestly engaged in picking at their clothes

or working with their fingers at
 some little specks on their skin;
 frequently they continue in
 this condition for several days,
 lingering as it were between
 life and death. If the case
 is to end unfavorably the pulse
 gives way and becomes extremely
 frequent and almost im-
 perceptible, the abdomen becomes
 greatly distended, extremities
 cold and the whole surface
 covered perhaps with a cold
 clammy sweat, on the other
 hand, if the case is to end
 favorably, the pulse becomes
 fuller and less frequent
 and the tongue begins to
 regain its natural appearance.

Gradually cleaning off or the
 more protracted and dangerous
 cases the scales come off very
 quiet and leave the tongue
 red and shining. The convales-
 cence like the invasion of this
 disease is always very slow.
 weeks and even months will
 elapse before the patient gains
 his wonted health.

The most common and char-
 acteristic lesion occurring in
 this disease is the inflamma-
 tion of the glands of Peyer in
 the small intestines. This is
 regarded as an infallible sign
 of Typhoid fever and can be
 made a post-mortem exam-
 ination of the body of a patient

Whom we thought - had died of
 this disease and were not to
 find this lesion present we
 would say that we were mis-
 taken in the diagnosis. The
 mesenteric glands are also
 nearly always found enlarg-
 ed softened or ulcerated.
 The brain and some other
 organs are now rarely found
 diseased.

As to the cause of Typhoid fever
 we know nothing certain. It
 may be and is undoubtedly
 often produced when many
 persons are crowded together
 in bad and confined air, as
 is the case often in Hospitals
 ships, prisons &c. but here, in

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our country where ^{it occurs} now of these
conditions exist. Indeed it would
rather seem to prefer the high &
hilly country where we would
suppose there was no local cause
whatever to produce the disease.

We say of this as of other diseases
for which we can assign no other
cause, that it is produced by
some poison in the atmosphere;
but of the nature of this poison
we know nothing.

I believe typhoid fever is at present
considered by nearly all to be a
non-contagious disease. Though
some still contend to the contrary.
I have known some instances
in which it appeared to have been
propagated by contagion, but I

expectant plan of treatment is the
 best, that is, to use no active means
 except for the relief of local inflam-
 mations or other complications
 as they may arise in the course
 of the disease. In the beginning
 of the disease we should admin-
 ister some *Mica purgativa* to vac-
 uate the bowels of their irritating
 contents. We may give some *Mica*
acidulous drinks as lemon water,
 claret &c. A great many of the
 profession think that the Citrate of
 potash is peculiarly beneficial. I
 know that this is a most pleasant drink
 for the patient, but whether it exerts
 any special influence over the disease
 or not I am unable to say. When the
 skin is dry and hot we may use applications

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of cold water to the head breast and abdomen with great advantage. Small doses of doses-powder may be given to promote diaphoresis and render the patient comfortable. If there is tenderness of the bowels, cups leeches or blisters will be of great benefit. In the last stage when there is great depression of the vital powers, stimulants and proper diet should be administered in order to support the patient. And with the view of combating the ulceration of the bowels we should employ the spirits of turpentine.

The remedies are so various and numerous that I deem it unnecessary to enter into a minute detail of them.