AN INAUGURAL DISSERTATION
ON TYPHOID FEVER

SUBMITTED TO THE
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Typhoid Fever.

For better than two years past, I have been an eye wit-ness to an epidemic that prevailed in the South-western portion of Missouri: known in that coun-try by the name of slow fever. This epidemic, (if I am allowed the expression) commenced its ravages upon the people of that coun-try, about one year before my arrival. And not being treated properly, in a general way proved fatal, and was looked upon by the citizens to be as malignant as Cholera. Being unexperienced in the practice of medicine, I was
"Just to my mind" I knew what to do in order to sustain myself in arresting a disease of such horror, for it had already become a byword in the mouth of the vulgar, the doctors can't cure the slow fever. + + + + + + + 

This led me to study the disease at the bedside, and it is my intention to speak of the disease as it prevailed in my own country, and under my own observation independent of authors. This fever in most instances makes an insidious appearance. The appetite being much impaired a dullness about the head, numbness of the extremities and back,
especially the joints, and in the region of the kidneys. The skin is somewhat dry and heated-flushed face, accelerated pulse. The tongue slightly coated with a whitish fur. Such symptoms generally continue for a week or more, with slight remissions daily, and an increased intensity.

During this forming stage, there is in most cases a looseness of the bowels, if not they are easy moved by cathartics. The patient begins to feel by this time sufficiently ill to take his bed. The disease now begins to develop itself more fully...
...the Typhoid Grade. The tongue begins to lose its white fur appearance, and becomes dry and brown, with a red and fiery appearance about the tip and borders. The pulse becomes more frequent and febrile—quite compressible, increasing in a general way, from the hundredth, to our hundred and twenty—thirty, and even more. Of course. I have seen cases myself that the pulse was so much accelerated that it was impossible to count with any accuracy. Such cases are rare and seldom recover. The patient is seldom free from pain in the head, in most ins...
Tumors they are obscure. And it is not an unusual occurrence to bleed from the nose, which elevates the head in a considerable degree. The stool is quite dry and has a reputed of but little stability. The stomach in many instances is irritable. Truncal pains are felt in the abdomen, increased by pressure, especially in the right iliac region. Sym pathetic distention of the bowels is discovered by percussion, with a gurgling sound upon pressure by the hand. Diarrhea is not an unusual occurrence in the disease and frequently remits into ascen tery. I do not know that
I ever saw a case entirely clear of one or the other, and generally both, the former preceding the latter, and in some cases hemorrhage from the lower. This generally takes place in advanced stages. Sometimes this blood is red, but more frequently blackish and disintegrated. Red spots like freckles frequently show themselves upon various parts of the body, generally upon the abdomen and chest, but in most all cases by close examination they can be seen upon the face and limbs. At the same time we frequently see eruptions of small vesicles, budding, upon the neck and chest, these being so
transparent that they are hard to see. In fact, many physicians overlook them entirely.

In all the cases that have failed under my observation, I have remarked that there was more or less arrangement of the nervous apparatus. Sometimes developing itself in the early stage of the disease, but more frequently not before the second week. In most cases it is just a heavy dull throbbing pain, occupying but little attention of the patient. But I have seen it quite to the reverse, intense, acute, and distressing. Such cases are apt to diminish to some extent in a few days.
Delirium is not an unusual occurrence in bad cases. In generally speaking it is a bad symptom. In mild cases I have seen them entirely clear of this unfavorable symptom. Sometimes one of the first symptoms, but it is a rare occurrence. And the progress unfavorable. In a general way it does not make its appearance before the second week. In very violent cases the delirium is attended with wild and violent agitation, but often it is of a low muttering grade; sometimes the patient will arise suddenly from his bed, sit on the side, or wander about the room, if not restrained by the nurse, I knew one who left...
his room, made his way into the
garden, and when caught by the man.
visited, caught manfully, declaring
most fierce language that he
would not go back to his room.
We frequently see them very restless in
his bed, pulling at the bedclothes,
wrapping them over their heads, and
shaking in their position.
There is generally more or less stupor
however governed by the intensity of the dis-
case.
The physiognomy is greatly changed.
it is dull, listless and vacant. The slowness
indifference and apathy of the mind is well mar-
rked in the face. The eyes are heavy and
languid. There is an indescribable
restlessness, with a heavy Stupid eye.
ession of the countenance, impalpable with sadness, anxiety, and distress! The urine is not changed from its natural color for the first six days, but generally more opaque than in health. As the disease advances, the urine becomes highly colored, less opaque than in health. Deposits a sediment, that has a variety of appearances, sometimes dirty or muddy, at other times clear or whitish. Mixtures with other varieties too tedious to mention, that I cannot regard as of any value in the diagnosis.

Cough and bronchial rales are very common in this disease. But it is seldom we meet with such...
Journey or sense of oppression in the chest. Though rare or frequent in all the cases that fall under my observation, with only a few exceptions, the cough is generally dry, sometimes followed with slight-mucus expectoration. The dry hoarse and tubular rales may be heard more or less especially over the thoracic region, and are much greater in proportion to the amount of oppression or dyspnoea, than in ordinary catarrhal affections. They afford an important diagnosis—seldom make their appearance before the second or third week. Generally the second. They occasionally give place to an expirant or sub-crepitant rattling.
creating the occurrence of inflammation in the parenchyma of the lungs. As the disease advances, the mouth and tongue becomes very dry. The tongue is often encrusted with a dark coating, dry gashed and sore. But often it becomes smooth and glazed, of a fery appearance.

Dare sorens collect upon the gums and teeth. I have seen a few cases when there was no aparent of this sorens, the gums thin, shin, and white, passyed of very little vitality. The tongue not so red as common. Thore and narrow with the aspere sharp like that of a serpent. Such cases are apt to prove fatal. I do not
I recollect of ever seeing a case recover under such symptoms. As the disease advances we constantly see new symptoms arising. The skin varies very much in its appearance and temperature in different individuals. In some the skin appears to be of a uniform temperature throughout the whole course of the disease; in others I have seen the extremities cold and clammy while the body was hot and dry, and vice versa. I have seen patients perspire more or less throughout the whole course of the disease. This sweat is generally confined to certain portions of the body, the brow, and extremities.
and of a remittent character, cold
And clammy in its nature, sending
out an unpleasant odor. At
other times we see them drenched
in a caliginous sweat, that is
so copious as to render it im-
possible to keep the patient dry
enough for comfort. This sweat
will continue for days with the
remissions daily. It is astonish-
and alarming to see the effect that
this profuse perspiration will have up
on its victim—almost as prostrat-
ing as venesection—So alarming
is this symptom, that the unex-
perienced practitioner will readily
comprehend the its prognosis, if
not—speedily arrested.
If I had the time and space I could write pages upon this respiratory symptom that would be of great utility. Indeed there is not a symptom that arises in the disease but what would fill pages if justice was given, and a reasoning philosopher to wield the pen.

Thus I have given a general history of this disease, touching only the cardinal points, and just touching them. The anatomical discussion with many other symptoms of great interest has been entirely omitted.

This we were bound to do, for if we had suffered ourselves to dwell fully upon the respective points, giving them a deep investigation, it would...
have smelt this little thesis into a big book, a year's labor for a scientific man.

With a few remarks upon practical treatment I'll close.

There has been so many different plans held out by different practitioners, and authors that I hardly knew how to form a treatment in its proper light. In my first practice I had great fear of giving medicine in this disease. Therefore confined myself to very simple remedies in a general way: generally gave aonce hill of five grains, that (very twenty-four or forty eight-hours) combined with a little tincture or morland or some other astringent, this was necessary in account of the
The great tendency of the body to lose off, gang through the day, mucus and droppings and the art of expectation as directed by Dr. Woods practice. In advance stages where there was great activity, I generally relied upon tonics—wines, brandies. I saw Dr. Partridge an excellent time in a great many instances. Eliciting vital I found very good to run off the calmer in the sweat. Sometimes sugar of lead or the notion answer very perfectly.

This was my first mode of practice. And I believe my success in this was about as good as any rule I ever followed.
maling my treatment knew to an old physician to whom I had called to consult at a case, he informed me that I was young and inexperienced in the practice of medicine, as well as other things. And he as a friend would set me all right. So that I could ascend the ladder of fame and become a shining star of the great west.

Said he, "You must use camphor and opium, look up the bowels and continue the treatment until you salivate the patient." If you see that you are about to fail with this, resort to some other mercurial plan—salivate the patient.
The consequences be what they may"—For said he, you will never lose a case when you succeed in taking care of them. Not only that but—You will abort the disease at once."

We studied about what we had learned from the old Doctor. And finally put it into practice. But soon found that it was a down-hill business. My patients would die before I could get them under the influence of the remedy. I lost at score cases within a month than I had before in six months. This shook me and caused me to "stop my wild career," and go back to my former practice.
In nearly all my practice I have
some mercury, but with the greatest
cautions. I thought the liver should
be kept active—though I'd avoid
phygism. I found tasting the
abdomen, especially over the right
ilium to be of great utility.
Sparging with cold water was
a remedy that I valued highly.
I was pleased to hear the treatment
of Prof. Bowditch, in this disease.
The non-mercurial plan. I know
from what he says and my own
experience that he is right, and
they who give mercury are in
the wrong, and "know not what
They do."

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J. Bartlett