AND

INAUGURAL DISSERTATION,
ON

Typhoid Fever

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BY

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OF
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Dedicated
To
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By the
Author
Sylvian Fever

This is an essential or idiopathic fever presenting I suppose far greater diversity of symptoms than are presented by any one other disease to which humanity are subject and depending if upon any special cause up on one yet undecovered by the medical profession it is said to belong to the human family and to appear in every part of the globe.

With all its diversity of symptoms there are always leading and diagnostic symptoms sufficient to give us a recognition of it where it really exist. It usually makes its approach very insidiously. The patient is neither sick nor will as he will express it but thinks he needs a little medicine he feels uncomfortable times and sore
in his limbs and complains of dull headache. The skin is hotter than usual out the face flushed, and the pulse accelerates. The tongue is slightly coated. His appetite though not extinguished is much impaired and thus he may continue for a week or more before he feels himself sick enough to take his bed. During this period, he will have chilly sensations alternated with febrile excitement not at regular periods as in intermittent fever but perhaps several times in the day when the disease is fully formed. The chilling ceased entirely during this forming stage. There is either diarrhoea or great susceptibility to the action of cathartic medicine. Some will do that quite a small dose of cathartic may produce considerable purgation.
The disease sometimes though very rarely continued its usual period (is three or four weeks) in this mild form until recovery takes place but more commonly and indeed almost always the symptoms now grow worse. These are the general phenomena of fever such as frequency of pulse heat and dryness of skin flushed face pain in the head sometimes in the front and sometimes in the back of the head loss of appetite thirst and great general weakness.

There are also pain in the limbs and back and sometimes a feeling of drowsiness throughout the whole body in some cases there is much restlessness with want of sleep and in others there is a disposition to sleep all the time. The pulse in this disease varies very much in different cases in some it is slow full and laboring in others
it is frequent small and weak amounting often to 120 and more beats in the minute. There is not unfrequently a dusty hue of the complexion with a certain heaviness or dullness of expression which in its more cases very striking. Hem(orag) from the nose is not an un frequent symptom and in many cases quite a characteristic. It is generally slight but sometimes considerable and of vast benefit to the patient in alleviating the distressing headache. In some cases the fever has a tendency to recur daily or even twice a day and the exacerbation subsides with slight perspiration though quinine at this time does not seem to be of advantage in preventing returns of fever but rather renders it. These symptoms continue with little or no change for several days unless a gradual increase the pulse becomes weaker and more
frequent. The skin acquires greater heat and dryness. The tongue begins to redder at its tip and edges and shows a tendency to dryness.

The abdomen is found to be bimparactic and painful under pressure exhibits a gurgling sound particularly in the right iliacic region and diarrhea is frequently present. Cough with mucous expectoration frequently sets in and a roughness in the breathing or mucous rale is detected by auscultation. The urine is generally high colored and offensive and sometimes deject. The disease generally exhibits these symptoms until eight or ten days from the time of its complete formation when the tongue becomes very dry and assumes a brownish color particularly during sleep. Pharynx may participate in the dryness causing difficulty in deglutition. The lips become very dry
and sore and dourness collected about the teeth.

The tongue may be cracked and gashed and is
with difficulty protruded from the mouth.

The nervous symptoms which were hitherto
slight now become more decided. There is
considerable delirium. Tenderness determinate
often sits in; at this time and the patient
is troubled with deafness. The abdomen
is much distended rose colored spots
like flea bites may be found in them are
little reddened spots that disappear under
pressure and return upon its removal.

They are sometimes very fine so much so
as scarcely to be discoverable. These spots
are considered by Dr. Wood to be the most char-
acteristic symptoms of Typhoid Fever close
inspection will discover. Caudal a small
vesicles upon the neck and chest and some
times over the whole body.
The symptoms may here remain stationary for a week or more and recovery take place and I am glad that I can say from the cases I have seen with my Preceptor that I believe that a vast majority of the cases do stop at or before this point and recover. However should the disease not stop here a complete Syphens State is developed the symptoms become overpower ed and ready to yield to its more powerful foe. The tongue is incrusted with a coat of thicker brown or black and often dries up to not more than half its natural size or is gushed and done giving it a thick hard dry appearance dark borders are upon the teeth gums and lips. The surface of the body is generally cold and clammy though sometimes hot and emitting an unpleasant odor; indeed this odor can generally be detected very soon after the full formation of the disease. The subcutane
is increased sometimes so much that the hands and arms are in constant motion and general spasm and even make their appearances. The patient picks the cover on the air and mutters to himself and sometimes he will rise from his bed and walk out or go in an adjoining room under the delusion that someone is calling him. He lies upon his back and often slips involuntarily down into the bed. Pustules purplish spots appear upon the skin, bed sores form upon the hips and because he may have involuntary discharge, or retention of urine or hemorrhages from the bowels or nostrils. Finally if the case is to terminate fatally the pulse becomes either excessively frequent or slow and scarcely perceptible. The extremities are cool and during the icterus sometimes occurs. Continence assumes
The hippocampic aspect and life is quietly and almost invisibly resigned.

When a favorable termination is to take place the tongue becomes moist and clean gradually from the edge and tip the pulse becomes less frequent and acquires greater fullness. The stupor and delirium subsides the patient begins to notice things around him and manifest some anxiety about himself. The tympany diminishes and the appetite returns. The tongue sometimes instead of cleaning gradually from the edges through off its fur in flecks leaving a red smooth and shining surface. This does not indicate a convulsion unless the tongue becomes moist and then the convulsion is apt to be tedious. If the tongue remains dry it is apt to coat over again and again become clear and this change may take place.
several times. If however after the tongue has
cleared and again becomes permanently dry the
patient is again in imminent danger and this
is the condition which induced Dr. Wood to
try the oil of turpentine which has since gained
great celebrity in the treatment of this
affection. Death may and does occur in
this disease from perforation of the bowel
the patient dying in a short time with
symptoms of acute Peritonitis. This may
happen in the midst of convalescence
and more frequently in mild than in
aggravated cases fortunately however this
is a rare occurrence.
This disease has no exact time in which
to run its course it usually lasts from three
to six weeks, though some cases terminate
sooner and others even later than this
time. The symptoms most usually met
with and most important in making a diagnosis in this disease are diarrhea which is an almost uniform symptom. It sometimes even precedes the fever but most generally comes on a day or two or follows the first exhibition of a catarrh. The stools are generally of a yellowish or brownish color and of a healthy appearance except in consistence. Symptoms is almost always present beginning on generally several days after the formation of the complaint the colon is generally the seat of this morbid collection of gas. Headache is almost always present in the commencement of the complaint. It generally occupies the forehead and eyes though sometimes is situated in the back part of the head and is dull and heavy rather than acute. Hemorrhage from the nostrils
is not an unfrequent symptom twitching of the tendons at the wrist in greater or less degree is apt to be observed. Frequent pulse cough bronchial rales dry tongue with red lip and edge dull expression and a true dullness of mind hardness of hearing and delirium are symptoms some of which are always present and not unfrequently all upon examination of the body the rose colored spots and sudamina may generally be discovered

There are grades or variations in this disease from the very ondulast form in which there is but little disturbance of the system to that of the most fatal and alarming imaginable in which the brain seems especially involved. Delirium and sleep soon sets in and the patient will be for several days muttering delirious
delirious sentences it being sometimes impossible to arouse him to consciousness when general prostration takes place black sordes collect about the mouth and death ensues frequently at the end of a week. It seems that the lungs are quite liable to take an inflammation in this disease super acting a pneumonia than to which renders it much more dangerous and difficult to manage as regards the anatomical characters of this disease. It seems that there is a necessary and universal change in but one organ in the body and is in the skin in the Glances of Typho These glands are always found to be in a state of inflammation and ulceration so much so that this condition in them is characteristic of Typhoid Fever as the
peculiar pustular eruption is of small
pox is characteristic of that disease.
The circumstances under which this disease
is produced are so diversified that
nothing precisely is known of its cause
sufficient for me to say that I believe
any exposure to heat; cold or damp;
fever; fatigue; bad living; breathing
the air of badly ventilated houses
or any other circumstances that will
damage the functions of the different
organs of the body may produce it.
It will occur at any season of the year
and is now the endemic fever of this coun-
try but I believe that it is more fre-
quent in winter than in summer; it seldom
occurs twice in the same individual.
Though it may be so; for a case in a pa-
tient came under my observation
in 1856 a negro man at Plunkett. Tim was attacked in the spring with this disease and recovered after a very serious and protracted illness. He was attended by my Preceptor and I saw him frequently. In December he was again attacked and my preceptor attended him again and during Christmas he invited me to see him and called my attention to the circumstance of its being the second attack and observed that it was very rare. It is thought by many Physicians and all the people to be contagious. I think as it ordinarily occurs it cannot be imparted from one individual to another but in an epidemic of the disease where several are confined in the same room without proper ventilation it probably may be contagious.
Very young children and very old persons fortunately enjoy an immunity from this terrible disease.

Treatment. From the little I have not and seen and the much I have heard concerning this terrible disease it seems to me that there are few serious diseases which exhibit more happily the influence of judicious treatment. The practitioner should never be discouraged no matter how unmanageable the symptoms, but perseverance to the end for the most alarming and apparently desperate cases may recover. Neither should he be care less and negligent no matter how mild the symptoms, for the mildest cases may prove fatal. The prognosis should therefore always be cautious. On account of a great susceptibility to the influence of cathartic medicine caution should be used in its exhibition.
In the commencement some mild cathar
tic sufficient to thoroughly evacuate the
bowels should be administered.
Two teaspoonfuls of castor oil or a small
cap of Epsom Salts will generally answer.
The purgative should then be diarrhoea with
juice the addition of 20 to 35 drops of lanolin
oil to the castor oil will be serviceable. Afterwards
throughout the complaint the state of the bowels
should be attended to. So as to control the dia-
rhoea or if on the contrary the bowels are bound
to procure at least one discharge daily.
To procure this the mildest laxatives will
suffice a fluid drachm or two of castor oil a
secrecy powder, a drachm or two of Epsom
Salts or two or fifteen grains of Rhubarb
may be given for a dose and repeated if
necessary; after the disease has continued
for some time and the patient very
much reduced thereby it is best to keep the bowels open by enema, and I knew none better or more convenient than warm but and water. The headache in the common month generally requires attention and is in many cases promptly relieved by an emetic. However should this fail or be contra-indicated cupping upon the temples or back of the neck rarely fails to give relief. Sanguine bleeding might be resorted to if indicated by acute congestion or inflammation. After the headache has been relieved or the means calculated to relieve it has been employed and the bowels have been thoroughly evacuated it is recommended that the patient be left upon refrigerant diaphoresis and the neutral mixture, now these may sometimes be of
service but from the observation of most
practitioners I have conversed with upon this
subject and from the little experience I have
in this disease from personal observation
I believe they frequently irritate the stom-
ach and worry the patient and in this way
oftentimes do more harm than good.
Should the skin be hot and dry, sponging
with cold water and cloths wet with cold
ice water applied to the head gives more
relief than any other remedy. It not
only relieves the burning heat of the sur-
face but it reduces the pulse and appeases
or mitigates the excessive thirst and causes
rest. To relieve the irritable stomach so
common in this complaint and the burn-
ing thirst ice is far superior to any other
remedy and instead of causing the bowels
to become too loose it frequently checks the
Diarrhoea. The patient may vomit a green or blue liquid from the stomach in which case the lime water in tablespoonful doses mixed with an equal quantity of cold sweet milk or ice water given every two or three hours generally gives relief very soon. Restlessness and wakefulness at night should be quieted with the extract of Nux vomica given in five or six gramine doses every hour until three or four doses are given or rest is obtained.

Some physicians rely principally upon mercury curricals in this disease. I believe this practice applied indiscriminately to be a very hazardous one and fraught with much danger to many patients. I cannot see the indications for the vigorous use of the medicine in Typhoid Fever as it occurs in this country; and in fact the opinion of the
ablest practitioners in this country who see it and treat it and test the power of medicine upon it is against this vigorous use of mercury when the tongue becomes red and dry and the tympanites is considerable mercury is of no avail and should therefore be withheld but when the tongue has little or none of these redness and dryness so common in syphoid fever mercury in the form of hydrastinum can etc given in doses of from three to five grains three or four times a day for four or five days in succession is thought to have the happy effect by its alternative influence of shortening the duration and mitigating its symptoms. But the remedy universally in use and the one in which the profession has to greatest confidence in the treatment of
This disease is the oil of Turpentine. It is to be given at all times and stages of the disease when the tongue is red or dry without particular regard to any other symptoms; should it irritate the stomach or wrong it may be combined with an arzodyne such as Sandozine or one of the salts of Morphine.

There is a condition not uncommon in this affection in which Dr. Wood considers the Turpentine eminently the remedy. It is in the latter part of the disease when convalescence seems to have set in when the tongue having rapidly cleared by throwing off its fur in flakes again becomes dry and red thus evincing a serious increase in the intestinal disease. The remedy should be administered in an emulsion in such close that from ten to twenty drops shall be taken at each time and repeated.
every two three or four hours as the urgency of the symptoms may require. An emulsion made of eight ounces of water two drachms of gum arabic and two fluid drachms of turpentine of which a table spoonful may be given at a dose will answer the purpose. This remedy acts in some measure as a stimulant but chiefly as an alternative upon the inflamed and ulcerated surfaces of the intestinal mucous membrane.

Stimulants and nourishment are all important in this disease and should be administered as early as the symptoms will admit for in consequence of the lingering and exhausting nature of the complaint the system without timely assistance from stimulation and nourishment will sink below the point
at which any artificial means can be of service. The practitioner should therefore be at
ways on the alert, and wherever the surface loses its heat and becomes cool and the pulse loses
its hardness and fullness and slower than
natural or faster and more feeble. Administer
wine whey brandy or port wine assuming
best to answer the indications of the case.
Diarrhoea is generally the most troublesome
symptom in a case of Typhoid Fever and one
in some instances completely unmanage-
able but generally speaking opiates and
astringents will control it. The subnitrate
of Bismuth in large doses ten or twenty
grains combined with chalk with or
without the addition of opium every four
or six hours often acts like a balm in
relieving this symptom. The Bismuth with
opium and nitrate of silver is strongly
recomended in the diarrhoea and also in
the hemorage from the bowels which is not
uncomom in this afflection. In as much as
it appears to me that there is great reason
for preserving the stomact in as healthy
a state as possible in this disease, I would
advist from using any medicine
containing it by the stomach, and endeavor
to check the diarrhoea by injections of acetate
of lead and of morphia five or six grains
lead and half a grain or more of morphia
in three or four ounces of cold water.
A strong decoction of the bark of the tans
oak with laudamum used by injection will
sometimes answer the purpose when all
others have failed. Mustard plasters should
be applied to the bowels, and warm soottis of
must or wheate bread and hops should be
kept constantly applied.
My Dr. J. H. Cook of Franklin Town is in the habit of using alum for the diathesis in this disease where the usual means such as opium or morphia and achat of lead chole bile bismuth and opiate and astringent injections have failed. He has it in doses of four or five grains every two three or four hours according to urgency of the symptoms and has never known it to fail to check the most obstinate diarrhoea. The stools very soon begin to thicken under its use and in the course of three or four days the diarrhoea ceases altogether. It is a remedy he prizes very highly and I have myself seen him use it frequently with complete success.

The subcutaneous Tendsimum is often useful and requires constant direct application to its relief. Yrs of Nile
Hoffmanns anaodyne Hynocarium and Camphor in pills. This symptom when excess is divided denotes great disturbance of the central spinal centers and is but little amenable to remedies but subsides as the disease gets better.

SYPHONILY seems to have a definite course to run and this course it will run despite the doctor and his medicines, therefore I think all vain attempts at cutting it short with large doses of quinine or any thing else should be withheld and it should be the aim of the physician to combat the symptoms as they arise; and rather to guide them force the disease; and he should endeavor to do this with as little medicine as possible. Great attention should be paid to diet. The patient should be allowed such diet as he desires provided the articles are not likely to be
inferous. Rice, tea and toast or crackers, milk and
and milk and arrowroot are the articles
most commonly prescribed. Buttermilk seems
to be a favorite drink with many persons
suffering with this disease.
When the patient is very febrile and much
seduced, beef tea or essence of beef should
be prescribed. Having given the treatment
that is recommended to moist the symptoms
which are almost always met with in
Syphoid Fever, I will now give the treatment
I would pursue in any ordinary case
of this disease. If in the beginning, if I
had anemic, and am amicable, advisable I would admi-
ister one of Sir Isaac's blue as a gentle corrus
ice of Rhusburb or castor oil, if the bowels
were not sufficiently open and apply
cold wet cloths to the head if the head
was hot and painful. If the patient
could not rest well at night I would give
The Hyoscyamus at bedtime; the next day should
the headache be distressing I would take blood
from the temples or back of the neck by means
of cups and if the tongue was red on its
tip and edges or have a tendency to become
dry I would prescribe the Respiration immedi-
ately every three or four hours during the day
and let the patient rest at night. I would
allow him to take cold water or ice in moder-
tion; should there be tenderness in the abdo-
men, I would apply mustard once or twice
a day and keep warm poultices of wheat
bran on account of its lightness; upon the bowels
constantly I would allow him to eat something
at meal times. As long as the patient remain
tolerably comfortable without excessive fever
and with even slight diarrhoea one or two
loose operations in the twenty four hours
I should continue this plan and expect him to recover in the course of three or four weeks.

If about the eighth or tenth day or sooner the symptoms should grow worse as is not uncommon on the tongue becomes drier the diarrhoea increases and the abdomen becomes more distended with water as increased by itself from pressure I would apply a large blister over the abdomen and let it remain six or eight hours or until it drained well and keep it dressed with poultices. I would give the turpentine every two hours and to every other dose add five or six drops of the spirit of eau de rose. I would endeavor to control the diarrhoea with opium and strychnine injections as acetate of lead and acetate of morphia and the bark bark tea with houndman or Turkish and houndman and wine.
This case support the Patient upon Port wine or Brandy and such mild nutrie-
ment as I could induce him to take I believe will a great majority of cases
will begin to mend upon this treatment by the end of the third week but should
as will sometimes happen the Symptoms still increase I can do no more than
spur him with cold water if the sur-
face is very hot and this is said not
to be frequent The case and support him
with brandy and tonic doses of quinacrine
when the pulse is feeble and the skin cool
which is more frequent The case; and
try to control the diarrhoea with the usual
al medicines as Bismuth Aperients and employ
servous stimulants as Sweets Spirits of Hites,
Camphor, Hyoscyanus &c to relieve Subse-
tive Tenderness if essential and if then
to much delirium or stupor apply a blister to the occiput; this sometimes though not always has a happy effect upon the case; relieving the delirium and delirium as soon as it has drawn. These are the most unfortunate cases and for the most part fatal. Though sometimes and I might not unfrequently they agreeably disappoint friends and doctors and recover.