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
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OF
Tennessee.
March
1857

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
The intimate friendship that has ever existed gives me the privilege of dedicating the following lines to my worthy preceptor,

W. H. Bowling M.D.

Professor of the institutes and practice of medicine in the Nashville University—And to whose wise and judicious instruction I owe much, and for whom I cherish a sincere admiration and most affectionate regard.
Preface

According to the customs and usages of all legitimate and regularly organized Medical Colleges, it is the duty imposed upon each and every student of said institutions, after becoming eligible for the degree of Doctor of Medicine, to write a thesis upon some medical subject and deposit with the Dean of the Faculty for examination, this as a preparatory step for taking the degree of M.D. And I having arrived at that point in the history of my life after the usual time of study, which has been a source of pleasure and interest, rather than an incumbrance, proceed to do accordingly.

For my subject I have chosen that of Typhoid Fever. I have not selected this subject in any vainly hope to advance any new ideas in regard to its diagnosis or treatment.
ment in this late hour in the day, after it has been deeply studied and scientifically treated by distinguished gentlemen of both Continents of great talent and long experience in the profession of Medicine. But I have rather chosen it on account of its frequent occurrence within the history of the Country. The very name of Typhoid Fever carries with it as it goes terror. There has been many able and important articles written upon this subject by illustrious predecessors whose remains now lie beneath the green sod, but whose names are written high on the walls of fame, and whose memories will ever be with sacred honor and love; and should ever be remembered in after days with deep gratitude by the present members of profession. But I believe
There has been no article of treatment produced for this disease by even the most learned and scientific of the profession which could bid defiance to this terrible monster and say thus far shall thou go and no farther. It meets the bravest and most scientific without fear and holds a thought with the longest and sloughiest arm of medicine—I will now proceed to take it up and give its history as we have studied and found it.

Nashville University,
Medical Department Jan 15, 1857.
Typhoid Fever

This is a disease which is not peculiarly adapted to any climate or location rather than another. It has been found to exist in high lands, in rolling land in cities, and in the country in high and dry locations. This disease now as Typhoid Fever is not a new disease, but it is an old fever, known by the Ancients as Typhus Fever. The symptoms in Typhoid Fever are very numerous, and it is somewhat difficult to diagnose it in the beginning. This fever begins rather slowly, and commences with several chills at the start. After the chill the fever continues for some time instead of going off (as in malaria) by a copious perspiration and leaving some headache. The tongue looks a little red at the tip and edges, and is narrowed at the point.
than it is when the patient is far from
illness. The patient goes moping about
for several days with some symptoms
of diarrhea. These are the first symptoms
in this disease. In Typhoid Fever there
always some cough, rather a dry hacking
cough it is; after this there is but lit-
tle other thoracic symptoms in the case.
There is always some head ache on hand
in this disease from the beginning to
end of the fever. The pulse in this dis-
ase is about 80 beats in a minute during
the first week of the fever. During the
second week of the disease the pulse
increased up to about 90 beats in a Min-
te. There is not so much fibrile excite-
ment in this disease as there is in other
fevers. But the fever is more constant
and regular and seldom or never abut
entirely until convalescence begins. There is generally pain in the feet and legs and some pain in the back. The mind of the patient is generally disturbed in Typhoid Fever. But the mind is still not interrupted until the bowels are first disturbed. The danger of the patient is in proportion as the delirium is great or less. There is danger of coma in great delirium. While in a state of delirium the patient is generally rolling up the bed clothes and imagining himself from home. There is also great danger in Somnolence. If the patient should sleep ten or fourteen hours at a time you will have reason to fear great danger. Constant vigilance is sometimes the case with the patient and he can't sleep and...
Typhoid Fever is a disease in its type, therefore would not deplete in this fever, but would preserve the strength of the patient as much as possible. The taste is often perverted and at times all of the senses are perverted. The state of the muscles is very much relaxed in this disease. There is a general debility of the entire system in Typhoid Fever. Agitation of the muscles frequently exists. Such as Subcutan Lenticulæ, it is a bad sign. The tongue at this stage of the disease is yet red at the tips and edges, and soon becomes brown dry and cracked, narrowed or psoriasis in shape. This peculiar coat of the tongue just described is very adherent in the fever and comes off in flakes in petches. When this coat comes off it leads
the tongue red, shining, and glistening in appearance. In a short time this process coat returns and the same brown exact black tongue is presented again as before the flatus will off. There is not so great in Typhoid as in Malarial Fever. No it exists also to a certain extent in the fever. Then is but little nausea and vomiting in this disease, though I have seen there is great diversity of opinion as regards nausea and vomiting in Typhoid Fever. We find but little abdominal pain in this disease, though in advanced cases of Typhoid Fever there afe to be symptoms of diarrhoea attended with some pain in the abdomen which though not very severe often give some trouble to the patient as well as the attendants. A terrible disease this.
The bowels easily moved, hemor rhyme from the nose, and such a tongue as described in the beginning with that peculiar odor, together with a hot cold and dry cough, and a dry Somnolent and Sibilantaphone. These symptoms combined will I think certainly prove to be Typhoid Fever. They afford important diagnostic Sighs. About the third week in this disease and in some cases perhaps the second week, red Spots form on the abdomen which is always pathognomonic. These red or rose colored Spots are small, often slightly prominent. They will appear under a slight pressure of the finger and return again after the removal of the finger. These rose colored Spots are present in the great majority of cases of Typhoid Fever, though not for
particularly, is it necessary for them to appear in every case that appears. At this stage of the disease the tongue continues to grow thicker and browner, and cracks or fissures and this coat may come off and leave the tongue clean and red, but it does not look natural after this. It looks red and shining and too narrow at the point to be natural. Hemorrhage is one of the early symptoms of typhoid fever. It takes place from the nostrils and is highly characteristic. The epistaxis is usually very moderate, and very seldom in any degree alarming. Hemorrhage from the bowels in advanced stages of this case is of much more importance to attend to than epistaxis; and is often a bad sign and is injurious from the evacuation it produces. The patient still...
continues to have headache. A peculiar gurgling sound is heard when the patient drinks water or any other fluid substance. Dullness of the mind is another strong symptom of this disease. Delirium comes on, but not in any considerable degree until the eight or tenth day of the attack. The patient is seen pulling the bed clothing around him, catching at nothing, imagining himself from home; and in some instances the delirium is violent even frantic.

And in the last stages of this fever the delirium becomes loud and of a muttering character. The sense of hearing is often very much affected in the last stages of Typhoid Fever. In this last stage of the fever the bowels are very easily moved by potable medicines. One of the most particular features or lesion in Typhoid
Fever is the ulceration of the intestinal canal. We find the ulcers beginning in the lower part of the jejunum and extending in great members through the ileum. We find them in various stages of progress. This ulceration of the Glom of DeBrey is I believe invariably found in Typhoid Fever, and in a state of ulceration they are often found elevated above the mucous coat of the bowels. There is great diversity of opinion as to the cause of this ulceration; as regards its cause I shall say nothing. There is a great tendency to sloughing of the skin in this disease. The retention of urine is another important symptom in the advanced stages of this disease and is considered by all to be a bad sign. The urine more scanty, thicker, colored and thicker in the advanced stage.
of this fever than it is in health. The
Spleen is often more or less enlarged and
softened in Typhoid Fever. I believe the
most of the visceras of the body are to a
greater or less extent softened from the effects of this fever. This disease has
been thought by some to be Contagious.
Though there are various opinions in regard to this point, I think myself
that Typhoid Fever is not Contagious.
Children and aged persons are least liable
to this disease than those who are betw
een the ages of fifteen and thirty. The young, the beautiful, the more intell
gent and those persons I believe to be the
most frequent Victims of this terrible
disease. One consolation it is to those
who have had it that no man, woman, or
child ever had Typhoid Fever more than
Once, and those who have had it will never suffer from it again. It is a strange phenomenon after recovery from Typhoid Fever that occasionally some one of the limbs of the patient is larger than the corresponding limb of the same person. This disease generally runs about 3 days and after this time it makes a change for the better or worse one of the two. A patient with the least form of this disease is very liable to perforation of the bowels. There is seldom an relapse in Typhoid Fever.

The Treatment of Typhoid Fever—W.H.

The first thing to be done is to have the patient placed in a quiet, comfortable, and pleasant situation, removed from all annoyances at the beginning of the fever. Have the room well ventilated and warm.
in general order. A good nurse is almost indispensable for the sure success of the patient. Cleanliness of person of clothes and bedding are highly important also. Yet there are various modes of treating this disease. Strong and active medicines do more harm than good I believe in the fever. Often at the beginning there is a diarrhoea or a predisposition to that effect or a very great susceptibility to the action of cathartic medicines on the bowels. And in this state of affairs I think it would be wrong to begin the treating with cathartic medicines. A mild laxation in the beginning, such as Sulphate of Magnesia or Olive OIl is in my opinion a very good thing, and if any irritation exists in the bowels the Oil in connection with a few drops (10 or 15) of Oxalic pen Tin
will perhaps be still better. If there is much diarrhea in the beginning a small quantity of opium and Camphor is very good. A little lemonade or Orange water is good in the beginning of this fever. Flag Scour Tea injected into the rectum is very high recommended. If there be much pain in the head leeches should be used. If very great inflammatory symptoms exist in the case venesection should be resorted to. Take from the arm for causes of blood and repeat if found necessary. But great attention should be paid to the strength of the patient and not bleed so as to cause the slightest debility whatever. You should only bleed when the pulse is very full and strong. The patient should be managed so as to have as much rest as possible.
Peace and quietude are highly essential for the welfare of the patient. Cold applications are said to be very good. The entire person should be sponged with tepid water every day or two, and more particularly when there is much fever, occasionally sponged with soap and water. The patient should be allowed ice water when, and as he calls for it. If in case of hemorrhage from the bowels, ice water injections and perhaps a few drops of lanolin will interfere. The injection, ice water injection is a good remedy also for hemorrhage from the most. Colonel is used in Typhoid Fever will have I think an injurious effect on the patient. This fever under consideration has a very great tendency to diminish the fibrin in the blood so will Colonel.
do the same thing to the blood. Mercury will certainly kill if much used in this form. Avoid as much as possible all debilitating agencies—If there should be very great headache or much throbbing of the heart then I think it would be advisable to bleed the patient—If hemorrhage from the bowels should return again use an injection of Sugar of lead and Laudanum. In an advanced case of Typhoid Fever

\[ \frac{\text{Pota of Turpentine}}{32} \]
\[ \text{"} \frac{\text{Lavender}}{32} \]
\[ \text{Gum Arabic} \frac{3}{34} \]

Mix and use a teaspoon full every three hours; this will be found very beneficial when the bowels are much. Diurese will not stop or check this disease as it does on material fever. The \[ \text{Spis Turpentine} \] give
in this form acts as an alternative to the ulcerat
portion of the bowels, and for this reason should
be given every few hours in doses from 10 to 15
drops. In great epistaxis should the ordinary
remedies which have been mentioned in this
article, fail to stop the bleeding you should
then resort to more effective and certain on
me such as plugging up the nostrils both
posteriorly and anteriorly.

When a favorable termination is about to
take place with the patient, the tongue
becomes moist and begins to clean its-surf
generally begins to clean first at the
tip and edges, the pulse also lessens in
frequency and acquires a greater full
ness. About this time the Stupor or
delirium Subsided, when these chang
table place you can then and not an
til them by the for recovery of the pa
Great attention should be paid now to the diet. A light nutritious diet should be used. Such as rice water, gum arabic, arrow root, gravel, broth of various kinds occasionally a soft boiled egg without much seating in it. Some of the ought to be given frequently during the 24 hours from soon the beginning of the fever to the end of the same. This gave about completed my ideas of Typhoid Fever. I have as I think given some of the principal symptoms, its course and its treatment as best I think. This concludes what I have to say upon Typhoid Fever. Hoping that I have not labored in vain, I commit this Thesis to my beloved Faculty of the Nashville University for examination. William H. Childress.