AN INAUGURAL DISSERTATION
ON
Typhoid Fever
SUBMITTED TO THE
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Typhoid Fever
Perhaps there is not a disease in the whole category of human maladies the history, pathology, and treatment of which have elicited more controversy and discussion than that of typhoid fever. And notwithstanding they have been subjects of long and continued controversy—subjects which have received the attention and pains of investigation of some of the most illustrious men that have ever adorned the medical profession; yet there still seems to exist a wide discrepancy of opinion in regard to the true pathology and correct treatment of fevers of this class.
Typhoid Fever

In the first place the pathology of typhoid fever has suffered all the changes and vicissitudes which have characterized the history of general pathology. There is in regard to it, there have been various and fluctuating views. And in regard to the treatment, it is absolutely astonishing to see the great diversity of opinion that exists in the minds of medical men. This being the case, the scientific investigation of typhoid fever must necessarily be, to the young student, exceedingly difficult and perplexing, and amidst such chaotic confusion...
Symptoms

e he should certainly be slow in deducting his conclusions.

Symptoms

Syphilitic fever generally makes its attack in a very slow and insidious manner. The patient is frequently unable to tell the precise time his sickness commenced. The commencement of the disease is usually attended with chill or rigors, followed by an increased heat of skin and perhaps repeated every day for three or four days. Sometimes the extremities are cold while the body is very hot, and vice versa. The pulse ranges between 70 and 140, in proportion to the
Symptoms
danger and severity of the
disease. The patient is usually
affected with cough and some
thoracic oppression.
The nervous system in typhoid fever seems to be
essentially and predominantly affected; the patient
complains of dull headache,
pain in the back, arms
and legs; he is pale, languid
and abstracted—listless and
apprehensive, and is very
reluctant to exert himself
either mentally or
physically. There is dulness
of expiration, picking of
the bed clothes and not
unfrequently, excessive
domnolence.
Symptoms

debility is a very prominent symptom. Delirium is a very common symptom in typhoid fever; it is most usually of a low muttering character and generally makes its first appearance during the night. It is sometimes the most formidable symptom, with which the physician has to contend—the patient is wild and almost furious, requiring considerable force to confine him to his bed.

Digestive and abdominal symptoms. The tongue in the first stage of the disease, in a great many cases, presents very little marked difference in its appearance, but as the
Symptoms
disease advance and become
more grave and severe, the
tongue becomes narrow and
pointed, black and fissured.
Thirst is always in propor-
tion to the amount of
febrile excitement.
The appetite is nearly always
absent from the beginning
to the end of the disease.
The very idea of eating is
offensive to the patient.
Symptoms of gastric derange-
ment are manifest in a
majority of cases—nausea
and vomiting frequently
occur during the progress
of the disease.
Diarrhea is one of the most
Common and when viewed
Symptoms in connection with other symptoms is perhaps one of the most characteristic symptoms of typhoid fever. It varies considerably in different cases and is not confined to any particular stage of the disease.

The discharges are generally liquid, having somewhat the appearance of cider or pea-soup and emit quite an offensive odor.

The number of stools is usually in proportion to the severity and gravity of the disease.

Pain or a disturbing sensation in the abdomen is a frequent symptom—when present...
Symptoms and distepe the patient in a great many cases during the whole course of the disease it is located usually in the hypogastrium or around the umbilicus. Tympanity or a distended condition of the parietes of the abdomen with flatness is a very common and somewhat characteristic symptom. Like diarrhea the degree and severity of this symptom generally exist in a corresponding ratio with the danger and severity of the disease. Also in connection with this there is another symptom of considerable importance in a diagnostic
 Symptoms

point of view of a peculiar gurgling sound in the region of the cecum, which can be produced by preparing over that region.

In typhoid fever there is constant and gradual diminution from the very commencement of the disease; though it is frequently the case, that it is scarcely perceptible until the advanced stage. Odor, occurring at various periods of the disease, is quite common.

There is mast usuall but little hemorrhage. Though sometimes it is very severe, requiring the physician's immediate and prompt attention.
Symptoms

Cutaneous eruption about the second week of the disease, the lentil-like, rose-colored spot most generally makes its appearance. It occurs on different parts of the body but is most commonly found on the thorax and abdomen. The number of spots varies considerably in different cases, sometimes being very few and other times a very large number, so as to dapple the whole surface of the thorax and abdomen. They are about the size of a small head, slightly elevated, of a bright rose color and of an evanescent character.
Anatomical Lesions

There is another eruption sometimes occurring in the progress of this disease, which has received the name of endeminal. It consists of transparent circular vesicles usually appearing about the shoulders and sides of the neck.

Anatomical Lesions

In typhoid fever there is nearly always a lesion of the small intestine. Some pathologists contend that this lesion is invariably present—that it is never found in any other disease and consequently is peculiar to typhoid fever. Others deny the assertion and contend that this lesion is not only
Anatomical Lesions

Sometimes entirely absent, but that it is frequently found in diseases which are essentially different from typhoid fever. The most usual pathological change observed in the small intestine, is inflammation and ulceration of the glands of Peyer. The glands are confined to the ileum and are most numerous near the ileo-ceco-valve.

In a great many cases the large intestine is found distended with flatus and sometimes it is the case that the Cecum is found in an inflated condition, but the alterations here are not so common as in the small intestine.
Anatomical Lesions

Considering the frequency and severity of Cerebral Symptoms in Typhoid Fever, a person might be led to the conclusion that there existed in the brain corresponding alterations in structure and appearance; but this is far from being the case, for it is frequently found to be the case, that the brain of those who manifest symptoms of Cerebral Arrangement in their most aggravated form, exhibit after death very little, if any alteration in structure and appearance. The most Common Changes Consist in the Effusion of serum.
Anatomic Lesions

Between the Arachnoid and pia-mater, a gray tinge of the cortical and injection of the medullary substance. The spleen is generally found enlarged of a dark color and of soft consistence. When the duration of the disease has been very long it is sometimes found enormously enlarged. The liver is said to suffer comparatively little in this disease as not infrequently being the case that in autopsical examinations there is observed in it no appreciable alteration. The change when any exists most commonly consists in softening.
Causes

There is but little known in regard to the predisposing cause of typhoid fever. It prevails in nearly all parts of the world and its ravages are sometime truly appalling. Persons between the ages of fifteen and thirty are most liable to be attacked with it—the negro is said to be as liable to it as the white man with infinitely less power of resistance. It is maintained by some that the disease is alone propagated by contagion, but that it is not the case especially in our part of the country is a fact to which nearly every experienced physician will testify. Persons are said to suffer this disease but once.
Treatment

In regard to the treatment of typhoid fever, there is as I have before stated a very great difference of opinion. Nearly every practitioner has his own peculiar mode of treating this disease; one will place implicit confidence in the use of purgatives and blister; another will condemn the use; one will contend that bleeding is capable of arresting any case of typhoid fever; another will pronounce it not only entirely useless but absolutely injurious; one will still recommend as a remedy; another will be shocked at the very idea of bleeding a patient suffering
Treatment

From this disease, the most judicious plan of treatment I conceive, is always to let the patient alone, when he is doing well; the care of him and all efforts to cut short the disease will prove a source of injury to the patient. The disease is bound to run a specific course, and should the practitioner be fortunate enough to conduct his patient safely through, he will certainly have achieved much. Strong active medicines are inapplicable to the treatment of this disease; the patient should be kept as calm and comfortable as possible.
Treatment

All unnecessary furniture should be removed from his apartment and the room kept well ventilated. Colonel from its depilating and defatting effect is contra-indicated. Opiates to arrest diarrhoea and if necessary an enema of lanolinum and starch; emollient applications over the abdomen frequently exert a very salutary influence; use cold water freely both externally and internally to relieve cerebral symptoms. Take the patient’s head, blister the back of the neck and apply cold applications freely to the head. Commence giving oil of turpentine in the
Treatment

Early stage and keep the patient well saturated with it throughout the disease.

Recipe. Mucilago gum arabic 3/3

Conf. 3 spoons Lavender

Oil of Turpentine 1 2/3

Mix, use 1 teaspoonful every hour. When there is great prostration and debility, cardials and stimulants are of considerable importance. In convalescence the patient should be kept on a light nutritious diet and should take sulphate of iron or some other tonic for the purpose of giving tone and energy to the system.