AN INAUGURAL DISSERTATION
ON
SYPHOID 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

1857

W. T. BERRY & CO., BOOKSELLERS AND STATIONERS, NASHVILLE, TENN.
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Professor of the institutes and practice of medicine in the University of Nashville &c. Equally esteemed as a philanthropist, profound scholar and deserved teacher of the various branches of medicine ascribed to his chair. The treatise on Typhoid fevers is respectfully inscribed as an evidence of the highest regard for his untiring and skillful exertions in the teachings of medical science by his friend and pupil.

Francis M. Hughes.
Typhoid Fever.

The pathology anatomical lesions diagnosis, prognosis and treatment has been controversial much and long by the most talented members of the Medical Profession. It was only separated from other diseases in 1804, its former nature I believe is not settled yet, I will mention a few of the names by which it was familiarly known, Nervous Fever, Abdominal Typhus, Enteromesenterie Fever, &c. &c. &c. The name Typhoid was ascribed to it by M. Looiise of France, but I believe in the present state of Medical Science there is little or no importance attached to names. I believe it is generally thought that the nearer maturity the science of Medicine advances the less importance will be attached to names and I am fully convinced that near
maturity that it would be much more agreeable to the Prof-
ession and better for the people I think it unnecessary to spend
time in discussing the nomenclature of this disease but will proceed
to give my opinion respecting regard to its more important characters.

Symptoms, Cause, Anatomical Lesions, Diagnosis, Prognosis and Treatment
which is full of interest to the Medical Profession. This is a febrile
affection presenting a considerable diversity of symptoms. Though it has in its
course certain characters which distinguish it from all other Febrile affections.
From the best information that I can obtain, I have arrived at the conclu-
sion that this disease does not prevail at the same time and in the same locality
that other fevers do.
I am of the opinion it is a disease prese, it exists at times in all of the middle and southern states. This is admirably that persons are very frequently affected with it for several days before they are conscious of the fact that they is anything the matter with them. This disease usually sets in abruptly by a chill but several days prior to this chill the person goes moping about, complains of deëd and heavy sensations, indifferent to business as feels more comfortable in the sun than anywhere else, and then as before remarked the febrile affection is ushered in with a chill. This is the first time the patient is conscious that there is anything the matter with him though the disease does not always make its appearance in this way.
It sometimes increases on persons gradually, sometimes feeling nothing more than slight rigor until the fever develops itself. We nearly find the same set of symptoms in any two cases precisely alike. I will proceed to give those which is most frequently found occurring in this disease. Sanguine, muscular and nervous debility. Rigors, chills, and red, frequently both of these symptoms are present; the rigor making their appearance before the chill. The pulse is accelerated. In the adult it is from ninety to one hundred beats per minute in the morning from ten to one hundred in the evening. Making the pulse ten beats faster in the evening than morning. They are some other peculiarities of the pulse aside from the acceleration. The pulse is fuller and stronger in the onset of the disease than they are in the termination of it.
They is the full intermittent pulse, the compressible pulse, i.e. that is if you base on it at a certain point you cannot feel it beat below that point. The remicellar or wave-like pulse, is occasionally exhibited in this disease by this time headache exists, it must usually occur in the fore part of the head and it is an very disagreeable symptom. and it usually occurs in the first stage of the disease. The second stage very frequently commences with diarrhea, which is an troublesome symptom and it is present in a greater number of cases than any other symptom. By this time the change in the tongue is well marked. It increases in thickness at the base and appears to be longer than in health. It is narrow at the point a yellowish or white coat appears on the surface. It is very red around the edges and tip.
The tongue sometimes present a very red, fiery red appearance and after having been seen once I think is nearly forgotten. It assumes various appearances during the progress of the disease. It frequently three, or four times during the disease though when this coat first forms it has a dark colored streak passing down the middle of the Tongue. Some writers compare it to a piece of beef that has been in blood about three days. Persons at this stage very frequently find difficulty in protruding the Tongue and when they do so, it seems to fall out at once like the organ was paralyzed. Luminous exudations form upon the teeth by this time diarrhea is a constant symptom. Gasous condition of the bowels is produced and is alleviated by pressing over the
Illeocecal ulcers. Base spots make the appearance by this time by pressure being made on them they disappear but as soon as the pressure is removed the spots appear again. The fever generally runs lower in this than the ordinary fevers. The pulse is about 90 beats per minute saccharine of countenance clearness of the skin they now begin to show great anxiety of mind with regard to themselves friends or business. Dullness of expression pain in the back and legs very frequently occurs. Delirium frequently sets in about the third week which I look on as being very bad symptoms and one that the physician has much trouble in combating. Dullness of hearing is very frequent symptoms they very frequently imagine they see things that are not present and I believe this usually terminates.
in agitation or coma. Subcutaneous

is very frequently present. The
puls arises a short distance from the
stem and extremities become cold, if the
poors of the skin are not entirely
closed up. clammy perspiration takes
place and more frequently of a night
than at any other time, when this sweat
ning stage sets in. It lasts for several
days. These symptoms will not be found
in all cases of this disease. I have omitted
some symptoms that may be found
in exceptional cases. The symptoms
just given I am conscious would make
a pretty agitated case of Typhoid
fever, but are the symptoms which
I believe most generally appear in the cases
about. We meet with in the United States
Typhoid Fever is looked on by all great practical minds as being a formidable disease though out of necessity fatal. It is thought to be very manageable in the mild form and not necessarily fatal in the more malignant grade. When the patient has the proper medical attention and placed under favorable circumstances for getting well many of them do so, though it is a disease that presents variety of types and grades with regard to malignancy. In some instances it is very mild only lasting a few days. In other instances its duration is from fifteen to seventy days those which last seventy days as looked on as being the worst form of the disease. From the best information, I have been able to obtain upon this subject I think the average length of this disease to
to be about twenty two days

I think, the prognosis of this disease should be much more favorable in private practice than in hospitals. I think many persons die from being crowded together in jails, ships and hospitals. The same occurs where they have nothing to breathe but a deleterious atmosphere and premature officiousness of the physician who would under more favorable circumstances get well, and in this way I think it a great many cases have terminated fatally when under more favorable circumstances they would have recovered. It appears that the malignancy of this disease differs in different years some years it is much more fatal than others. It was believed some time since that the science of medicine could not...
be brought to bear successfully on this disease, but quite a change has taken place in the minds of medical men with regard to this point, for it is now believed and so taught by the great lights of Medical science that but few diseases exhibit the controlling influence of medicine more than this disease. I am conscious of the fact that this disease cannot be suddenly cut off, or interrupted in its course, but I believe it may be conducted in the majority of cases to a favorable termination without the aid of the skillful physician. The disease would terminate in death if it makes no difference how aggravated the case may be, it should not be looked on as of necessity fatal, as taught by the highest authority that it is only in particular instances that life should be dispensed with. The most desperate
case is that of Perforation of the Bowel and in this deplorable condition the balm of gilead may sometimes be found in casting my mind's eye towards these cases which are more mild in their character, not even the most mild is free from danger, for these mild cases may become malignant and Perforation may take place. The Prognosis depends on a variety of circumstances and therefore in the language of Professor Wood it should be cautious.
The first lesion that this disease makes is in the blood. In healthy blood that the fibrin amounts to three parts in the thousand, but during the existence of this disease the fibrin is about half what it is in a healthy condition; from the fact that the blood affords the different tissues their nourishments by a natural process of reasoning from the facts just stated that they is nearly and organ found in the body that does not on postmortem examination reveal, more or less diseased condition, though some organs as much more diseased than others. This disease is one frequently of unusual length. The organs involved as diseased according to malignancy and length of duration of this disease, they are certain anatomical characters which are always present in this disease and unlooked
on by the great practical minds
of the profession as the postmortem

Test, failing to find the glands
diseased. me, come to the conclusion
that the disease did not exist, if

death occurs in the early stage of
the disease, the glands of the
thickened or raised above the surrounding

membrane, the longer the
patient labors under this disease the

more involved the glands of the

I do not think the lesions in any two
cases are precisely the same and this
difference is owing to the disease being

more malignant in some cases than
others. The length of this disease varies
considerably. I think it is safe to say from

fifteen to sixty days and in this view

I think the great difference revealed
on postmortem examinations may be
accounted for. The glands as found to
present different colors. They are two

varieties distinguished by Lewis which
he denominates the hard and soft
the patches which he denominates
hard as found for reveal on postmortem
examination, and dissecting beneath
the mucous coat and resting upon the
muscular coat, a layer of firm brittle
matter the cut surface exhibiting a
smooth, thinning appearance. The soft
is less elevated and does not possess
the white layer that the hard does.
If it is elevated at all, it is supposed
to be caused by inflammation of the
mucous membrane or of the cellular tissue
beneath. The first appearance of this
membrane is manifested, this gives it
an articulated appearance. This appearance
is said by Lewis to be produced by
an enlargement of follicles, thought this
appearance is said to be lased in th
progress of the disease it is said
in some instances that both forms
just described are exhibited in the same
patches. The patches vary in number
their seems to be no definite number
of them, but really appear opposite
in mesentric strangly these patches
donot all occur at the same time they
seem to make their appearance regular
by and successively They make their
appearance first near the ileocecal
valve traveling up the intestines. The
consequence of this development
is that these which appear first
are pretty well developed while the
others at very small. Those in the upper
portion of the intestines as just
visible while these in the lower portion
as in a state of ulceration. same of
the opinion that where this disease
ends in death that the glands of Teyes
as always undergoing ulceration.

This inflammation frequently proceeds up the bowel involving the glands of Brunner and instances are recorded in which this inflammation has proceeded up the alimentary canal until the stomach and pharynx have become involved but when this process terminates the whole patch constitutes one ulcerated surface, in some instances it is one coat of the bowel and in some the other. The peritoneum is sometimes perforated perforations may take place at one or more points and I don't believe that they is any precise stage for this to take place but may take place from the second to the last stage and when perforation does take place dissolution is the most frequent result.
This disease has been treated from different principals by different practitioners of medicine ever since such a disease has been recognised. I believe the treatment has been varied according to the fancy of the practitioners. When this disease was first recognised and separated from other diseases, one theory maintained to the treatment had precedence for awhile, and then another. At that period medical science being in its infancy, this disease seems to have not been well understood, and it was thought by our fathers all that was necessary in the treatment of this disease was to bring the patient under the constitutional influence of mercury. Though the future development of medical science taught them soon that this was not correct for their patients suffering under the serenest form of typhoid would die.
At this time some of the brightest
lights of the profession commenced
the advancement of this mode of treat-
ment. The objection urged against this
mode of treatment is that the patient
will die before they can be brought
under the constitutional influence of mercury
but with the advocates of this doctrine
I beg leave to dissent. I do not think they
would be much difficulty in noticing
a person laboring under this form of
disease or at least before system of the
patient got below the exciting point.
I have seen them die when laboring
under the constitutional influence of
Mercury and thinks in this disease
that it is contraindicated and frequently
does serious injury. It is well known
effect of mercury upon the human
organisms that it diminishes the
amount of fibrin in the blood.
It is equally as well known
that there is a deficiency of fibrin
in the blood in Typhoid fever in administering mercury in this disease it would
diminish the fibrin of the blood, when
the indications are that it should be
increased, though I can conceive of
a condition in Typhoid fever that a
blue pill might be indicated, but from
my very limited experience and from the
record that has been handed down to us
I think the present mode of treatment
more efficacious and successful than that
which has had precedence prior to this
The success of the present mode of treatment
depends to a very considerable extent on
the skill of the physician, not that
the science of medicine can be brought
to bear so effectively upon this disease
but that he can prevent harm from
being done to the patient.
I am not of the opinion there can be any definite mode of treatment laid down for any disease. Therefore the symptomatic and rational mode of treatment is the one to be pursued.

I think if the bowels are constipated or any Stye in them we might prescribe a dose of castor oil. If the cathartic develops any unpleasant symptoms it should be the duty of the physician to check them with the proper remedy. But if they were diarrheal at the commencement of the disease, a stricter is most usually the case it should be checked gradually by giving Bellum camphor and opium. We should administer from the onset of the disease to its termination amongst, composed of Bellum Arabic three and a half ounces, Spirits Turpentine two and a half drams compounded and Spirits Lavender two and a half drams.
This mixture must be carried according to the urgency of the symptoms age and constitution of the patient for the adult aterproof all every three hours. Place them under the most favorable circumstances for getting well that can possibly be done which I conceive to be as for the patient to be placed in Summer or Autumn in a large and well ventilated room and also where the air can have free access to the patient. I am also of the opinion that the most extreme caution should be used with regard to cleanliness if the disease occurs in Spring Summer or Autumn. I think the patient should be sponged with cold water frequently and especially during the action of fever for the purpose of reducing the temperature of the body.
and this should be continued during
the fever, and when the fever subsides
the purgation should be dispensed
with, and if the disease occurs in
winter warm water should be used
instead of cold water. The patient
should be dressed every other day.
The food should be taken from
the patient at the onset of the disease
what little they do use but it be
nothing but what is very easily digested
never washing the patient at any stage
of the disease to administer medicine
or food. If hemorrhage occurs from
the nose, pour cold water on the
nose and if this does not check
it, inject cold water up the nose
and if you do not accomplish the
desired object, another remedy is just
stated. We would advise the use of
the Tampons. If hemorrhage occurs
from the bowels inject ice water
up the rectum. Sympathetic is every prominent symptom in this disease
and one that the Physician frequently
has much trouble in relieving, but
to relieve this distressing symptom I
would puncture the abdomen and if it
occurred at the onset of the disease
this would probably relieve it, but
failing to accomplished the desired
object I would then blister the abdomen
Against the disease has progressed
to this stage, the patient's strength
is declining pretty rapidly, as it is one
of our principal objects to husband
the strength. I would commence giving
him food of that sort that was easily
digested and passed agreeable of
nourishment, if the disease is not
abating by this time it is evident
that for the recovery of the patient
all of our hopes rests.
on the constitution of the patient to carry him safely through the disease keep him quiet in body and mind give him plenty of food that is easily digested and affords agreeable of nourishment. Give stimulants if necessary Port or Madeira Wine Brandy if the patient wants it frequently about this time perforation of the bowel rather place, when this happens our only resort is opium.