AN INaugural Dissertation
ON
A Fever, denominated Typhoid,
which prevails in Northern West
Tenn.

Submitted to the
president, board of trustees, and medical faculty
of the
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for the degree of
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Observations on a variety of Fever, denominated Typhoid, which made its appearance, in Northern West. Tenn., about the close of the winter of 1846.

This may be preeminently styled a malevolent region of country; for although in the greatest extent of its surface, it is rightfully considered an elevated section of country, still its surface is traversed by numerous streams, with wide swamps, intersected by lagoons. Interspersed over its highlands are many glades, which retain a great amount of water near their surfaces, till the middle of the summer season, and frequently later. From an examination of its topography, the existence of all the circumstances necessary for the production of Miasma, would be inferred; and a short residence in it, during the summer and autumnal months, would be sufficient to verify the correctness of the inference.

All the varieties of Fever, thought to be produced by Miasma, (Intermittent, Remittent, Contagious, &c.) are found to prevail.
very generally throughout the entire country, in the higher as well as the lower localities. I have previously these remarks, not because it is considered that Miasma, has anything to do with the production of Typhoid Fever (for were this the case, instead of first meeting with it at the aforesaid a period of time, it would have existed from the settlement of the country and been ranked among its indigenous diseases) but from the conviction that Miasma in a great many instances exerts a modifying influence over the disease, both as it regards its phenomena and treatment. Remedies, which in other localities have been esteemed pernicious in Typhoid disease are not only borne without injury, but exert a decidedly beneficial influence over the disease, in the locality under consideration.

Mercury and Quinine, remedial agents, though interdicted by Northern Practitioners, are found, highly beneficial in the south in this variety of Febrile Disease.
Typhoid Fever as it prevailed in the section of Country designated, is a species of Febrile disease, characterized by debility, the system whilst under its influence, presenting well-marked indications of depression and exhaustion.

In many cases that have fallen under my observation, it has resembled very closely, what is described in surgical works, as a state of frustration with atenement.

The first cases occurred during the general prevalence of Cholera in the Southern and Western States. That section of Country did not then, nor has it ever suffered from the ravages of Cholera. But its atmosphere had a decided tendency to Cholera, which manifested itself in an irritable condition of the alimentary canal. Emesis and Hyperesthesia were frequently induced, under the most cautious medication, and were the means of a rapidly fatal termination in this, as well as in other species of Fever, of a life serious character.

The first six or eight cases, terminated fatally, despite the efforts, of the entire skill of the profession around them—worn out by
Diarrhoea, induced either by a cholera diarrhoæa or too active medication.

The cases that have fallen under my care have occurred in the proportion of four, during the winter and variable months of spring, to me in the summer and autumnal months.

Common summer and autumnal fevers, have, since the appearance of this disease, in the above mentioned section of country, sometimes assumed a low, lingering, form, like unto, and requiring a similar treatment to this disease. In all such instances, an unusual amount of intestinal irritation has been present, and those practitioners, who have resorted to a free use of purgatives, in ordinary fevers, have been most perplexed with such lingering cases.

Debility has been the characteristic symptom. The exciting cause, whatever it may be, has depriued the vital energies, as evinced by the general obtuse state of the senses and the enfeebled, though in many instances, highly excited, condition of the circulatory apparatus.

As a general rule the first symptoms differ but little from those which usher in other
febrile attacks. The only difference I have noted (with the exception of the cruelest times of debility
already mentioned) is a peculiarly distressing pain of the head, of its temporal and frontal regions, and which has invariably disappeared about the termination of the third day.
After the cessation of this suffering about the head, many patients persuade themselves they are better, and manifest a good deal of incredulity when informed they are suffering an attack of fever, from which they cannot, at best recover, under several weeks; and this idea of improvement has followed many cases, through their entire course, the patient not failing to answer better, when interrogated as to his condition at any time, until fairly in a state of convalescence, when general malaise, a sense of his debility, and irritability of mind and body, present themselves. The lesion in such instances, is doubtless in the nervous system, which has been rendered incapable of transmitting to the mind correct impressions as to the condition
of the temperament it in habits. This condition of
the mind has existed in some of the mild,
and in most of the severe cases, with which
I have met. The mind may, under such cir-
cumstances, be entirely healthy as it regards
its manifestations, towards, surrounding sub-
jects, or there may be an apathy, or condi-
tion of general inattention present.
The condition of the skin and perspiratory function
has differed much in different instances. In former
having been hot and dry in some cases. Throughout
the entire course of the disease, in others there has
been no appreciable departure from its nor-
mal, soft, perspiring, pleasant condition, during
a very protracted attack; and again, in others
profuse perspiration of the head, breast, and
upper extremities, or over the entire body, has been
so frequently present and has persisted so long,
that apprehensions have been excited, lest they
might exhaust and wear out a patient, who
in other respects promised to do well.
I have seen a few instances, in which, a pro-
fuse perspiration of the head, breast, and,
upper extremities, succeeded a regular cra-
certainty of fever during the afternoon, giving a temporary alleviation to all the existing symptoms. In the cases immediately alluded to, the feet and hands became cold in the forenoon previous to the increase of fibrill excitement; and this periodical coldness of the hands and feet has not been an uncommon occurrence in the disease, as it prevailed in that particular locality.

The condition of the circulation has differed as widely as that of the skin. In many cases, the pulse has been abnormally slow and languid, during the entire course of the fever, whilst in others there has been but little variation from the healthy pulse—those manifestations from this source, being by no means commensurate with the existing amount of disease.

The three conditions which I have observed are, an exceedingly frequent, quick, and feeble pulse, that in which it differs none or but little from the healthy pulse, and that in which it is morbidly slow, both as to its frequency and stroke.
In every case, there is deranged action of the \textit{secretory organs, their functions suspended, or products vitiated.}

The Tongue, always indicates a serious amount of visceral, not to be the least disease. Its conditions are generally the same: contracted and small of volume, tip and edges red, and in grave cases of a dark purplish appearance; the surface of the organ covered with a dark brown or black coating, sometimes moist, at others dry, rough, and cracked. The teeth and gums covered with dark cords.

The disease has been uncertain in its duration, usually terminating about the close of the third week, though sometimes convalescence has occurred, at the end of the second, at others not before six or eight weeks have elapsed.

The course of the disease and period of convalescence very frequently occupy several months. The only troublesome complications, I have met with, have been inflammatory action, usually, of a low grade, of the lungs, characterized by hacking cough, and difficult
respiration— and an unusual amount of intestinal irritation.

The prognosis is favorable in the absence of these or other serious complications.

I have been favored with no chances for post mortem examinations, consequently my notions as to its pathology, are derived from the investigations of others, and a careful observation of its symptoms, course, and terminations.

Medical writers have generally located its pathology in disease of the follicles of the intestines—a peculiar inflammation of the glandular patches of the small bowels. But is this sufficient to account for the various morbid appearances in Typhoid Fever. Is it evident or is it yet to be demonstrated that inflammation as a cause of the kind in question or even, when general enough to implicate a very considerable extent of the mucous surface of the intestinal canal, is sufficient to give rise to this disease, its peculiar low, drawn-out, lingering character— or are we to suppose that the cause
whatever it may be, creates a positively deforming, deleterious influence over the system, sinking its energies to a state in which healthy glandular action cannot take place, and that the inflammation and ulceration, which so frequently occurs about the glandular patches of the bowels, are the consequence of deranged and vitiated secretions, reacting on them. This question is thought worthy the consideration of the profession.

In the treatment of Typhoid Fever, the grand indication is to get the patient in a condition in which he can be safely carried through the disease, by the administration of tonics, and stimulants. When properly administered, they never do harm, and are borne in many instances, to a surprising effect. But first, as to the treatment of the disease, in its incipient stage. This is preparatory, and consists in cleaning the bowels freely of their contents, so that they may not, by their retention, be permitted to aggravate the disease, nor create the
bowels, by their fermentation, to invincible action. For this purpose, any of the mild or purgingatives, or calomel, with officina, or Dorni Pilex, may be given, followed by castor Oil, if the practitioners, for­fer it. Nothing drastic, or irritant, should be given at any time, or under any circumstances.

After the bowels have been fully freed of their contents, by this course of treatment, the patient should be slowly and cautiously, if it be a grave case, put under the constitutional influence of Mercury, not because it will arrest, and cut short the disease, as in many other species of fever, but because, it places him in a condition, in which a caution, but in some instances a liberal administration of this salve, will in simple and uncomplicated cases, certainly bring about a favourable result.

It is necessary to observe much caution in attempting to induce the mercurial impression, for if this medicine be given
in portions too large, or too frequently repeated, in small doses, it will certainly irritate the bowels, produce watery, and exhausting stools, and aggravate the intestinal affection. Colonel and the Blue Pill are the preparations I have generally used, preferring, always in grave cases, the Hydrag. Sub. Muriat.

It should be given in doses of a grain once in three, or four hours, or of two or three grains once six or eight hours, with or without Opium, as circumstances may require. If tolerated well by the bowels, if it do not produce, more than one or two, good, consistent, bilious stools daily, it should be given alone, because of the tendency of opiates to arrest the action of the secretory organs. If however the mercury produce purging, Opium must be added. Six or eight days and frequently much earlier, will suffice to induce its peculiar effects.

In mild cases, it will be sufficient if the mercury, only, by its stimulating effects, keep
up, a healthy action of the secretory organs
as evidenced by their healthy manifestations,
and the character of the defecations, but
if the case threatens to linger a long while,
if it does not improve, its peculiar effects
should be induced.
Severe cases should be blistered over the ab-
dominal region, and upper and lower, 4
branicles over the abdomen, to subdue or
avert intestinal disease, at the 4 branicles to
keep the circulation, equalized. This parties
when applied just in anticipation of the
stage of collapse, answer the valuable pur-
poses of lessening it in degree, and shortening
its effect.
After the patient has been blistersed, or sooner,
if indications of collapse supercine, wine
and Quinine should liberally administered.
But few cases will require less than a
pint daily; and I have frequently given double
that quantity with the happiest effects.
Its exhibition can be properly restricted to no
period of the disease, as many cases bear it ad-
vanugously, from the commencement.
While the wine affords a healthy degree of stimulus, improving the energies of the system, the Quinine should be given for its permanent tonic properties, in doses of from two, to four or six, or eight grains, once in two, four, or six hours, according to the urgency of the case, allowing the patient, intervals of abstinence from its use, as circumstances may require. When the Wine and Quinine have failed to effect the object in arousing and sustaining the system, I have frequently added a few grains of Pulv. Camphor, to each dose of the Quinine, and in other instances, administered the Carl of Ammonia freely. A good article of Brandy, is sometimes preferable to wine, because more stimulating.

By this method of treatment, where the pulse was frequent, feeble, and compromised, a reduction in its frequency, and an increase in its volume and force, have been produced, and when it was morbidly slow, and languid, it was thereby brought up to
the healthy standard, and the feelings and appearance of the patient much improved. But this condition of the disease is generally overcome by the stimulus of the Mercurial incipient. Many cases which had presented this character from their onset, were, as soon as the peculiar effects of this medicine, produced apparently, and really, much improved, the languor of mind and body giving place to a much more healthy condition of both. and the secretory and assimilating functions resuming to some extent, their accustomed, healthy actions.

This method of treatment has been eminently successful in my hands in the treatment of this disease. I have not lost a case to which it was applied in fully two years of my case book in that time showing about fifty cases, which were esteemed grave enough, to be noted for reference, and I have some cases noted that were so low as to be hardly conscious of surrounding objects. A few in which
Cold asthenias and weakness persisted from ten days to two weeks. I have continued the counter irritation to the extremities and bowels, in most of my cases till convalescence was fully established, and have made a practice of allowing as much mild nourishment as the patient desired, unless symptoms of intestinal irritation were strongly developed. Where diarrhoea supervened, I used the sugar of lead in doses of three or four grains, with half grain of opium, as often as this complication required it, and when this remedy failed to meet the indication, mucilaginous injections into the rectum were added. In cases in which, from the appearance of blood, or a purulent mucus in the defecations, ulceration of the bowels was inferred, the Nitrates of Silver in the form of pills, or emulsion of Typhus fever was administered.

The bowels, when the debility is not great, may be suffered to act once or twenty-
four, or forty-eight hours; but when the debility was extreme, I frequently suffered them to remain, six or eight days, unremoved, and in two of the cases in which the hiccup and cold extremities persisted so long, one of the patients had one evacuation only, during ten days; the other was twelve days, without a stool; and I doubt not that a full evacuation from the bowels, would have sunk either patient at any time during that period. Though it was not altogether from an apprehension of this kind, that the bowels were suffered to remain so long inactivity. Their dissolution was almost constantly affected, and they were therefore abandoned, except so far as to give Brandy or Wine, as freely as it would be taken.

The whole of which is
Respectfully Submitted

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