AN INAUGURAL DISSERTATION
ON
Typhoid Fever
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BY
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Typhoid Fever

Gentlemen,

I propose considering as briefly as I can to do the subject as I may think justice, a disease known by different names, according to the time and place of its prevalence, town, Typhoid Fever; Tory Fever; Continued Fever, nervous Fever, &c.

Why Medical Men differ in calling one the same disease, by such variety of names, I cannot conceive. Unless it is, merely to differ with their medical brethren, or to perplex the mind of the medical student. I propose for the time being to call it Typhoid Fever as it is known or called by that name in this country. I do not select this disease, with any expectation of presenting before your minds any new features or points. Concerning it, but because I regard it as being a disease of
A vast deal of interest, a disease with which every practitioner should be familiar; a disease of frequent occurrence in this section of Country, and one which there is great diversity of opinions. Among writers in regard to its Cause: Contagious, SF., Treatment by Typhoid Fever: Thus, as it is laid down in the books according to different authors upon the subject, for it is to them principally, that Must Keppe, is a common febrile affection, whose Anatomical characters are enlargement, and special attention of the Intestinal Tubicles: Accompanied by increase of volume, softening, and occasionally suppuration of the mammae glands. The usual symptoms of this disease are Continuous fever of variable intensity, stupor, prostration, pain and gurgling on pressure in the right upper region, and
an Eruption appearing generally upon the abdomen & down part of the throat, presenting a Rose Colored slightly elevated Pustule, disappearing upon pressure, diarrhea, and a brownish Coating of the nostrils. This disease may be accompanied with all, or only a part of these Symptoms, it sometimes sets in abruptly, with a chill, followed by the usual Symptoms of Fever. But it more frequently comes on insidiously & gradually increasing so that it is a difficult point, and indeed almost impossible to fix the precise time of its Commencement. The Patient will be going about apparently well for several days before he feels himself sufficiently ill to take his bed. Complaining chiefly of a slight Swell of the limbs, and more or less head ache. Some loss of Appetite, the Tongue is raw or lip Coated. The Skin slightly heated, or perhaps there will be felt some—
Phlegm sensations—though this may be entirely absent when the disease is completely formed. The Chilling, if it be present, cases, and does not again occur, enliven by the assurance of some accidental inflammation. Diarrhoea is a prominent and early symptom of this disease occurring in the accres of the disease, though it may be postponed a few days latter. Yet obstinate constipation, says Dr. Wood, occasionally exist, but from the observation of many writers upon the subject. From my own, though, limited observation, I am of the impression. That cases of typhoid fever accompanied with obstinate constipation is very rare if ever. When diarrhoea is not present, there is some looseness of bowels—then being an extraordinary susceptibility of cathartic medicines producing evacuation—much easier than under ordinary circumstances.
and in much smaller doses other symptoms are now super added, such as frequency of the pulse. Though pulse may be but moderately accelerated, and again there may be 125 or even 130 strokes per minute. This great increase is observed in persons possessing an irritable constitution. There will be more or less thirst, almost a total loss of appetite, the heat of the face increased. The face flushed, have a more purplish tint. There is more fever and when this is absent, as it may be, there will be a dryness of the complexion. Head ache in some degree is thought never to be absent, and in some cases it is said to be the chief subject of the complaint. Whether this be true or not, I am not prepared to say. Those that I have run with disease, complaints but very little of the head, more than a dull & disagreeable feeling, as they would describe it, about the head.
Pain in the back & limbs; & a want of sleep.
there is apt to be more or less epistaxis, though
sore & profuse. There is sometimes daily remissions.
These symptoms continue about the same with
a slight increase, for a few hours or days. The
pulse become more frequent. The durtwig of
the Counting-drum. The tongue is yet Coa-
let. with a thicker fur, often appearing red
at the tips & edges there will be more or less
nausea & vomiting. Pains are felt in the abdomen.
A slight tympanitic distention is observed
by percussion. A Cough is said to be a
frequent attendant upon this disease, being
accompanied by a slight mucous expectora-
tion. & the Physical Signs of Bronchitis.
I do not believe that Cough is a frequent atten-
dant. For Cough. & the Mucus discharge is
not present unless there be some pulmo-
nary affection, and the lungs. it is said,
are never affected until late in the disease even to the very last moments. Almost of the patients by a number of cases are regarded where the bodies of those that have died of typhoid fever have been examined. And upon examination the lungs have been found to be but very little inflamed & enjoyed. If this be the case, there would be no cause for this cough in the outset or commencement of this disease. I have seen patients that was laboring under this disorder that did not complain of any cough whatsoever.

The symptoms that I have mentioned such as frequency of the pulse, thirst, coated tongue & continuing about the same. Until the 7th day other symptoms are now added. The tongue that was previously moist becomes dry and assumes a brownish coating. The abdomen becomes distended. Red spots resembling flea bites app.
erating first upon the Abdomen, then upon the Chest & Neck & occasionally upon other parts of the body. It is at this stage of the disease, the Rose Colored Euphination, that I have had an occasion to refer. Marks its appearance, disapearing on pressure. Slight elevation & raised above the surface of the skin. Appearing first on the chest and then upon other portions of the body. Its duration is variable. Sometimes lasting but a few days, and some times persis-
ting several days. When it last for several days, it is said to consist of several successive crops, becoming darker before fading away. This Euphination is one of the most prominent Symptoms of Typhoid Fever. It is said by some to be such an impor-
tant & characteristic Symptoms, that whenever this Euphination occurs, there is almost sure to be Typhoid Fever, particularly if the Patient
has fever. But this is a mistake. For this
emission, or an emission very similar in
character, frequently presents itself in
different diseases of the bowels. The pain
in the head if it be present now, pains
and is followed by delirium. Tep's short
rap of hearing delirium is difficult.
The tongue is protruded with difficulty. So
if the disease runs on. a Complete Typhus
Condition is set up. The tongue is gashed
and sore. Sores accumulate around the
 gums & teeth. The skin is hot & dry. The de-
tritus is in the dorsal position. The Patient
slides himself down in the bed. Must be
words not understood. & Bites at the bed
clothes or imaginary objects. The urine
and faces are passed involuntarily. The
Patient not being conscious of the fact.
The retention of urine may exist.
Farah is still present to some extent, the stools are variable. Some times amounting to 20-25 per day or more, possessing a yellowish or brownish appearance, and in the latter stages they are dark & mixed with blood. In speaking of emptions, I should have mentioned another kind of emption, appearing about the 14th day, small in size, called Sudamina, appearing on the body and other portions, in the advanced stages. This is apt to be scabbing of the parts that are exposed to hard surfaces, and it is stated by some authors, that this scabbing of the parts is frequent in this disease.

Upon anatomic examinations it is stated by authors, in words & others, that there is scarcely an organ found in the body, that is not in some way affected either by scabies.
Inflammation or Enlargement, the lungs as I have already remarked, are enlarged with blood, as is the heart. The spleen is considerably enlarged. The air passages are in some degree to be ulcerated. The mucous membrane of the Rectum & Colon is softened. Regal Glands are either softened or ulcerated. Most frequently the latter. The Attenuation of Regal Glands Says. Clymer & Thrus is an custom in Typhoid Fever, that it may be regarded as its Anatomical or Organic character. I think this is a mistake for they are found to undergo a change of structure, in persons who have died of Cholera, Phthisis & Carcinoma. Typhoid Fever may terminate in 4 different ways. 1st, by Recovery, 2nd by Coma, 3rd by Aspiration, & 4th by Apoplexy. Death by the first mode is said to be
Most frequent. Blood taken from patients laboring under Typhoid Fever is said to contain less Albumen & Globulin than when in health. The duration of this disease is variable. The mean duration is said to be from 16 to 28 or 30 days. Though Convalescence have been established as early as the 14th and even the 10th day, according to some Authors.

Recurrents.

Typhoid Fever

as a general rule never attacks the person the second time. Yet I believe that it may in fact do so occasionally. It will merely relate a case of its recurrence. A Patient was brought to the hospital - Somerville, last winter in charge of Dr. Austin Flint, labouring...
under Typhoid Fever—presenting all the characteristic symptoms of this disease. He recovered, pronounced well, and was discharged from the hospital, but in some five or six weeks afterwards he returned having the Second Time Typhoid Fever—Accompanied with the Rose-Colored Empyema—pain and gurgling a presence in the right pleuric region, diarrhoea of. The

The complications of this disease is Perforation of the Intestine, Hemorrhage, & Sometimes Inflammation of the Respiratory Organs. The first mentioned is the most fatal—Complication. Pneumonia is said to be a complication of this disease— but do not believe that it is ever a Complication of true Typhoid Fever.

And you may have them existing together.
- Constituting what is called Typhoid Pneumonia.

Typhoid Fever has been supposed by some to be merely Gastro-enteritis, but inflammation that is a prominent symptom of the latter disease is absent in the former. Peyer's glands is not affected in Gastro-enteritis.

Diagnosis.

Although there is no one or even two symptoms that could be regarded as being truly pathognomonic of Typhoid Fever, yet there are certain symptoms occurring with such constancy and with such frequency, then in any other disease.

That in most cases a timely and certain diagnosis, may be fully established when a febrile disorder of several days' duration is attended with early & marked...
Epistaxis. Rose Colored Emption. Pain in the Right Side Region. These would be no difficulty in making out our diagnosis.

But as it has been said, Syphoid Fever may exist with only a part of these symptoms. How may we distinguish it from any other disease, in the Commencement of this Disease? You cannot tell it from any other Fever. Neither do I believe that you can distinguish any other from this, in the Commencement. But if I was called to see a Patient that was attacked with a febrile disorder, lasting from 3.6 or 7 days, with diarrhoea. Coated Tongue. Though this was not a characteristic symptom, presenting the Rose Colored Emption. I should pronounce it as a Case of Syphoid Fever.

Syphoid Fever has been, and is yet oftentimes confounded with Bilious or
Resistant Fever. But no one should fail to distinguish the two diseases. Mark the difference. Typhoid Fever occurs very abruptly. Headache & vomiting that is always present, and a very prominent symptom of Bilious Fever is not a prominent symptom of Typhoid Fever. But to the contrary is frequently absent. You have not the marked tendency over the abdomen that you have in Typhoid Fever. Further is the Emption that is present in Typhoid Fever, present in Bilious Fever. There is no Ephistasis in Bilious Fever but there is in Typhoid. It is sometimes confounded with other diseases, such as Incephalitis & Entirites. But I deem it unnecessary to make the distinction.

Identity of Typhoid & Typhus Fevers. The question of the identity of these two diseases, has been of very great...
interest. Respecting which much diversity of opinions at one time prevailed. It is believed by some writers upon the subject that Typhoid & Typhus Fever was one and the same disease, while others assert that they are essentially different though we find them presenting symptoms very much alike in their character. I believe them to be different diseases. Typhoid Fever attacks a person's life abruptly. A patient that is attacked with Typhus Fever is caused to take his bed almost immediately instead of having diarrhea or in Typhus. There will be constipation. Delirium occurs much earlier in Typhus than does it in Typhoid Fever. Also does the emption (rose color), it occurring in 3 or 4 days in Typhus when on the other hand it does not appear before the 10th day and sometimes later. The emption in Typhus does not disappear but very little if any; it is
not raised above the surface of the skin as it is in typhoid, and the infrequency of the abdominal symptoms that you have so constantly in typhoid, and other symptoms I might insinuate, but will not tax your patience in so doing.

Prognosis.

I think, should be guarded against for independently of typhoid as it is thought by some authors being almost a fatal disease. Perforation of the intestines is apt to occur and most frequently in mild cases, and when this is present it is thought to be in a large majority of cases fatal. Though this disease is regarded by some to be a serious and almost fatal disease, I do not regard it as nearly any disease as being essentially fatal. The most unfavorable symptoms of this disease as complete delirium, profound coma, rigidity,
—of the limbs, excessive diarrhoea & hemorrhage from the bowels. Though these symptoms be present, the case should not be regarded as a hopeless one, and permit the patient to go down in his grave, without making an effort to save him. For certainly there is no condition so low, no symptom so fatal that death should be regarded as inevitable. If the patient is to recover, the pulse & heat of the skin will diminish, a restoration of healthy respiration, and a disposition in the tongue to become moist & clean.

Cause—

It is believed generally acknowledged by the profession that one known really of the cause of typhoid fever. Yet there exist a variety of opinions upon the subject. Some believing that it is generated...
by a poison exhaled from human bodies. Where many are crowded together in galea ships and some, again, that it is produced by a vitiated state of the atmosphere, from a putrefaction of dead animal and vegetable matter and other stuff. That originates in an animal poison and is contagious. As an objection to the 1st proposition, I'll quote from Watson's Practice, page 974: The natives of the Arctic Regions, who, in order to shelter themselves from the coldness of their climate, lived during the greater part of the year in close and subterranean dwellings, from which the fresh air is studiously excluded and in which the atmosphere became so offensively foul as to be scarcely supported by a stranger. Yet Typhoid Fever is not known among them. I also think it impossible that vitiated state of the atmosphere, from the putrefaction of dead
Animal and vegetable matter could give rise to this disease. If so, the medical student who spends a greater part of their time in the dissecting rooms, inhaling the foul and offensive air, would certainly contract the disease. But we find them as free from it, as any other places of people. But the circumstances mentioned, may and no doubt do sometimes act as predisposing causes. They are apt to produce a debilitating effect, and when the patient has imbibed the true exciting cause, which may not be able to bring the system into subjection. These predisposing causes (as I prefer calling them) may by the influence they are capable of exciting enable the true exciting cause to act, & by this indirect means be the cause of producing a phthisic state. It is, as has already been remarked, believed by some writers, that the cause of this disease
Originate in an Animal person, and is Contagious. This proposition coincides with my own belief respecting the Cause of Typhoid Fever. My own impression, is that it is capable of imparting itself from Person to Person. For understanding this is designed by the high Authority, honor & distinction. P.J. Wood agree that a Case cannot be shown where Typhoid Fever was ever transmitted from a Person labouring under this disease to a healthy Person. Others will tell you that it cannot be Contagious from the fact so many Persons who have in the course with the sick, do not Contract the disease. I have had them to tell me, that it was impossible for Typhoid Fever to be Contagious that they had armed Patients (Typhoid) even sit by the bed side when the disease was at its height day & night. Yet they escaped the disease. I admit that if they had never had Typhoid Fever
that it was an escape and nothing more. But the force of this argument or reasoning is, I think, completely broken down by the well-known fact that in respect to diseases which are acknowledged by all to be contagious and which in fact are communicable by inoculation. Variola for an example the same kind of exemption notious ly happening we meet with the same exemption in Barbada, Carolina, Cynanche Porrida &c. No one will deny the contagiousness of the above mentioned diseases. Neither do I believe that any one will pretend to say that who are exposed to these diseases will certainly contract them. It is well remembered that Barbada made its appearance in this City Nashville, a few months ago, that all that was exposed to this poison if I may so speak, have Rebeola that had not had it previously...
No, several of my roommates testified to me that they had never had scarlet fever. They remained exempt. Notwithstanding, they were equally exposed as any that contracted the disease; enough I think has been said upon this one point. I will now proceed to investigate the Contagiousness of Typhoid. Now I do not wish to be misunderstood in reference to the Contagiousness of Typhoid Fever. I do not believe & in fact I know that it is not altogether as contagious as those diseases. That I have had occasion to refer to. But I assert that it is to some degree contagious, and will proceed from my own observation & the observations of different authors, to prove my assertion. Typhoid Fever made its appearance in the section of County in the year 52, previously such a disease was hardly known to exist there. I mean the County
in which I live. The first case that occurred was in my little town Paris, in a few days other members of the family was sickened down with the same disease and in a brief period of time every member belonging to that family was attacked with the same disorder. They were visited by their friends, which a greater majority of them also contracted Syphoid Fever, and it seemed to spread in some way (by contagion), until a very large majority of persons who had communication with the sick had Syphoid Fever, whilst those that was not exposed remained entirely exempt. This disease has been more or less prevalent with no one since & I notice that those that have intercourse with the sick is very apt to be affected, whilst those that are not exposed do not have it.
delivering a lecture upon this disease. Said I did not believe in the Contagion of Typhoid Fever until a few years post-lique. That time I have been forced to change my opinions. I believe Typhoid Fever to be Contagious. By witnessing instances similar to those I have already related. I will not therefore tax your patience in stating them. I could relate other instances, given by Dr. Watson, Oliver, Ebers & others going to prove the Contagion of this disease. but believing that I have stated sufficient proof to convince the impartial mind, that Typhoid Fever is probable by Contagion. I deem it unnecessary to proceed any farther with the subject.

I proceed therefore, Gentlemen, to the treatment of this particular form of disease. and the first that presents itself to our minds is. Can we cut short the disease or-
in other words, have we a remedy that will set as an abortive. I say not, for it is agreed by nearly all writers upon the subject that typhoid fever is a self limited disease, therefore cannot be cured. Yet a great many remedies have been recommended, and in fact are now used for the purpose of curing this disease. Various tonics, antiperiodics, opiates, have been recommended. One physician asserts that he cures all his patients by the administration of tonics, others asserting that they cure typhoid fever by opiates and others again by purgatives, but what influence does such assertions have upon the minds of enlightened and scientific physicians? None, for it has been said typhoid fever will not admit of cure but will run its own course until it has arrived at its termination.
either to end in death or recovery. & if it would admit of cure. we should never think of doing so by poisons such as Colomel. Blue Pill & Hydraz Cam. cata which are usually resorted to for this purpose. For Colomel is a depurating medicine, the fibrin being always diminished already in jaundice. and as this is the case. we should not want to measure to lessen it still more. and in addition to this objection. the bowels are in such a very easy condition to induce diarhœa. if it be not already present. we should abstain. by all means. from the use of purges. The remedies for the purpose of avoiding diarrhoea. as it is a very serious complication. it is advised by Authors. that. if the bowels are passive. to let them remain in that condition. for 3 or 4 days. by 20 doing
the necessity for starting the bowels by purgative medicines, is frequently supplanted by a spontaneous action of the bowels— which is far preferable. I saw several cases of typhoid fever treated in this way by my worthy Preceptors, Drs. W. & L. Pendel, last year during my stay in Louisville. The simplest mode of treatment is to give his patient from the beginning 1/8 morphine and 1 oz. brandy every 4 hours, expecting the bowels to remain if they are inclined to be costive for 3 or 4 days. Then should it be necessary, short them by giving a mild enema—giving his patient plenty of fluids. He says that in this disease, the morphine will not constipate the bowels, but will the brandy act directly in the commencement of the disease as an astringent. S/p. Turpentine is highly recommended.
in this disease, giving it in minute doses at the commencement of the disease. It is said that suppression of the intestine will very rarely if ever occur, if the patient is kept under the influence of opium. Though by others, it is not so highly recommended. My own idea is, in regard to the treatment of typhoid fever, is to give as little medicine as prudence will admit of doing, all that we can do in the treatment of this disease, is to foster the reaction if possible, and assist nature in her efforts. This is all we try to do, finding we cannot cure the disease.

If I were called to treat a case of typhoid fever— I would order the patient to be placed in a comfortable room, admitting plenty of fresh air to come into the room. Removing all filth from the
Room & about this person, I would then
commence my treatment with small doses of lum-
pentine, believing this to be as good a remedy
as any, giving it in small doses 27 to 33 pds
every hour in an emulsion of Lime-arabic. It is
thought by some, to be best given in combina-
tion. Impentine, 1. Larracord at 32. Lime-ar-
abic 33 1/2 given in doses of 2 to 3 every
two hours. I would suffer the bouds to
remain Costa if they should be so. For a few
days, if I then thought proper to move them.
I should do by giving an injection of Lum-
pentine or some mild enema of a different kind.
Should retention of Urine occur I would use the ordinary means for Correcting it. If
Hemorrhage occurred Impentine, is said
to answer as well, to opinion to Correct it. I would
suffer my Patient to have cool Water to
drink and a sufficient amount of Indi
Fious food in advanced cases. I would
positively force him to use food. Such as
beef tea, Poached Eggs &c. for in advanced
stages. Patients are generally Connected & indig-
ferent in regard to such things. I would
administer stimulants, such as Brandy, Amo-
nia &c. if there was Saline. To have his head
and apply the ice Cap. Upon him also
occasionally, if there be the slightest sign of
vomiting with Vinegar & water.

I submit this Essay, Gentle-
men to your kind consideration, if there should be found
anything in it, that coincide with the experience of
your enlightened minds. You will please let
your Criticisms be mild, for He that made
man, did not intend them to see alike nor think
alter, but to the Contrary that all great men
should differ— I have the honor of
addressing My self, Most Respectfully Yours.

January 15th 1857— J. H. W. Pritchett