AN INAUegRAL DISSERTATION,
ON
Typhoid Fever.

SUBMITTED TO THE
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Typhoid Fever

Is one of the most destructive maladies which man is subject to, and one of which there is great diversity of opinion since it is not man's happy privilege to enjoy uninterrupted health; it behoves the physician to give it more than a passing notice. How often is the medical man called to treat this disease and how much has he been perplexed when he has seen it rival his utmost skill and yield to none of the remedies in his possession of, but continue its rage like
old ocean when agitated by
the daintiest wind, but fortunately for its unhappy victims the
medical science has learned how
to meet and at what point to
take this destroyer of the human
race, it is a disease that is
becoming more and more
common through out our land
and country, seizing those
of both sex an every age.
The time at which it prevails
to the greatest extent is
between the months of september
and april however it is met
with at various periods, as
it becomes prevalent throu
gh out our land and country
the scientific physician ever on the alert armed an equipped ready to meet it at its coming, but not going forth as men did in a more antique day with a lance in one hand on a bottle of alcohol in the other to subdue inflammation and restore dibility. The lance is of the greatest paramount importance when used properly, but who be unite him that uses it in typhoid. Hence, we should ever be guarded in our treatment of this disease, not this alone but every other, and should ever be awake to the great
responsibilities which rest upon us, for the lives of nations so to speak is in the hands of the physician.

The profession has its troubles and difficulties yet often these are being comfort to the soul when he looks down the long vistas of time and knows and feels that he has relieved the sufferings of his fellow man, stimulated by such feelings let us never be idle, but prompt and ready to discharge our duty furthermore willing to spend our lives in study.
for knowing all we can we
know but little of best
man may study until he
grows ald gray and dimeyed
then sink beneath the tufted
 sod and feel as if he had
just began to learn.
man progress should ever
he onwards an upwards till
he has placed his foot upon
the topmost rounds of the
ladder of science, ever
remembering his many duties,
and that suffering millions
are looking to him for seli
of the study of medicin
should not be regarded as
a mere matter of speculative
curiosity. It involves matters of greater importance. While the physician is winning laurels for himself he restores comfort and happiness to many.

His opinions should be well founded remembering the office he holds.

Typhoid fever is one of these forms of continued. What shall we say respecting the predisposing cause? It is the opinion of some that it is produced by malaria. What constitutes this poison it is contended by many that it is produced from animal and vegetable decomposition.
alone. Heat and moisture are two essential products to carry on the process. This is an established fact, but we are not sure of the point of disease expecting its greatest influence when we have neither animal nor vegetable decomposition.

It has been proven time and again that malaria may spread where there is no vegetable matter. If we could, just follow P. T. Fergus in his many researches through Spain and Holland are the nearest cases on vegetable matter either exist or can expect an witness the destructive
influence of measure, it will be sufficient proof against its originating from vegetable decomposition alone. From many instances it is quite perceptible that it is generated from a moist earth, aided by heat of the sun, again it seems to be produced from its ventilated and pent up cellars.

With regard to its locality many theorists are of the opinion that it exists near the ground, an is not capable of escaping water, unless it be carried away by a storm, and
That it exerts a more deleterious influence on the animal economy at night than in day, why it is more conspicuous at night than in day is accounted for on the principal that the malarial poison is evolved in day and more concentrated at night, and that man is confined in one position for a greater length of time at night than in day. At night he refuses to lie on his couch an while asleep breathes this poison which poisons coming in contact with the mucous membrane of their passages is absorbed
and carried in to the sea-
circulation. Hence diseases is set up, but may we not have
the diseases when we have no
reason to suspect that it is neither
produced from animal vegetable
decomposition, neither from the moist
earth aided by heat of the sun.
My opinion is that we may, but since it is affect that
we have to treat and not
cause, we will see all
theories an endeavour to
point out the characteristic
signs by which we may be
able to recognize this disease
at any an all times.
First the patient may be.
seen walking about for several days, and when questioned will express himself as feeling dull and stupid, often more than others, as being lazy, which stage is lassitude. Secondly, muscular dulness. Third, cold signs. The patient may pass several days without being sensible of cold. There is also a slight headache, or rather a sense of weight and fulness, appearance of the tongue. It is possible that this disease may run its entire course without any change in the organ, but most generally it is cured with a white purulent
in a short time becomes becloud with a black streak in the center, edges and tip read allow thicker and longer with transverse and longitudinal cracks, around the teeth dark colored seeds are deposited. This coat may peel off of the tongue, which is not a favourable prognostication. The tongue will then present a slick and shining appearance. This coat often returns and is seen upon the tongue when the patient is convalescent, which will be difficult to remove with the sharpest
instrument, tongue usually dry, less thirst in this than any other fever. Small red spots on the abdomen and chest, a little elevated. Some term or twelve in number, which appear about the seventh or eighth day. Small pustules about the neck and thorax containing serum. Typhoid, diarrhea, dysentery, intollerance of light are pathognomonic of this disease. Hemorrhage from the bowels. This is a very unfa-
going to blood may have hemorrhage. normal discharge entirely free of blood. delirium, subcutaneous tenderness are characteristic of this disease. urine voided in great quantities but at longer intervals than most fevers. always free from deposit. the patient when in a perfect convalescent state can be aroused so as to answer intelligibly any question. pulse ranges from seventy five to one hundred and forty. occasionally does not exceed fifty. if pulse at first be fast and weak the patient is apt to remain sick for a long time. heat of body seldom very great. always made as
less cough, loss of appetite.

anatomical lesions. Peyer's glands always involved which glands are situated in last third of ilium. Abscessation of bowels which frequently results in perforation. Mesenteric glands often found in a state of inflammation. In some instances the meninges of the brain has been found to contain a small effusion of blood.

Treatment

we would not advise any interference at all. Not acting catharticks, small doses of hydrocyanic acid, esctas. AID and turpentine opium, astringent enema to assist
diarrhea. starch and laudanum. tannin. leech to the abdomen. warm fomentations.
blisters. niter. mucic acid. pediluvium.
bath. blisters to the nape of the neck. if their loom be

delequent as wild expression of countenance. neutral
mixture of great local action. cold applications to
the head may be resorted.
spts. eule. niter. nitrate of silver.
if their be any ulceration of
bowels. gun camphor. and opium
moore. bowels by mild enema.
cheese of diffusible stimulants.
and active purgatives.

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