AN INAUGURAL DISSERTATION
ON
Typhoid Fever
SUBMITTED TO THE
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This is a common serious affection that presents a great diversity of symptoms, but having a certain recognizable character by which we are enabled to detect it under every variety of aspects. It is the ordinary endemic fever which we are liable to in those regions where miasmatic forms do not prevail, yet it sometimes occurs in miasmatic localities. This disease sometimes comes on very abruptly, commencing with a marked chill; at other times the attack comes on so very insidiously that it is with difficulty that the patient can detect its commencement. The patient
generally complains for sometime of weakness, with indisposition to move about. He feels sluggish and complains of headache, with pains or aching of the extremities, and with a general degree of languor. His skin is somewhat thin. The tongue is coated with a thin film. The appetite is impaired to some extent and there is some acceleration of the pulse. These symptoms continue slowly to increase in intensity, though with a tendency to daily remission. Finally the patient finding himself unable to follow his daily business takes his bed. After the disease is completely
formed the chilly sensations that was previously complained of. There is often at this stage of the disease diarrhoea, or if diarrhoea happens not to be present, the bowels are very susceptible to the action of cathartic medicines, so much so that diminished doses act copiously and in a shorter period of time. These symptoms daily increase in intensity. The skin is hot and dry. The pulse is much accelerated. The face is flushed, and the appetite diminished or entirely lost, with increased
headache. The pulse is now very small and frequent, beating from one hundred and twenty to thirty in a minute. The skin is often at first stage of the disease begins to change its appearance, becoming of a paler hue, though this change of color is not invariably the case. The patient at this time begins to complain of greater nuances, with pain in the back and limbs. Frequently at this time considerable nervous irritability is present, the patient is restless, with inability to sleep. Hemorrhages is also a frequent symptom
in this disease, generally occurring in very small quantities from the nose, not amounting to more than two or three drops at a time. These symptoms may continue for several days, the pulse then becomes quicker and more full. The skin acquires greater heat; the cheeks of the countenance deepen; and the tongue is coated with a thicker film. Some pains is complained of in the bowels, generally referred to the right iliac region. The bowels are also sympathetic to some extent. Pressure upon the iliac region causes pain with
a gurgling sound. The
urine is scanty and high-
Colored, constipations indur
altogether suppressed.
Such is the course of the
disease up to the eighth or
ninth day when new symptoms
are superadded. The symptoms
now become a great deal
more aggravated. The
tongue is now drier and
Coated with a much
thicker fur. Deglutition
becomes difficult. The patient
being scarcely able to swallow
or protrude his tongue.
The raw colored eruption
which is to peculiar in
typhoid fever, now makes its appearance on the
abdomen. Sometimes at this stage of the disease, these can be detected upon the nurse and though a crop of vesicles technically termed furuncles, but these vesicles are generally not found until a later period. The abdomen also at this time is found to be very much distended or tympanitic. The headache now subsiding, delirium takes place. The hearing is very often destroyed in this disease the patient being nearly deaf. The disease now only a favorable change takes place becomes a great deal more alarming, the tongue
and lips are very dry and covered with dark borders, gashed and sore.

The teeth and gums are also enmeshed, with thick dark borders. The pulse becomes extremely rapid and feeble; the skin is very hot and dry, or it is hot in some places and cool in others. Subcutaneous induration is frequently present in this disease, but in a great many cases it is altogether absent. Some of the older writers place great stress on the peculiar odor emitted from patients, the output of this fever, and consider it a
characteristic symptom of the disease. But Dr. Bowring of this institution thinks the odor present in this fever is owing to want of cleanliness and that it is not more common in this fever than in any other form of fever. The delirium that is so common in this fever is generally of a low and muttering character, sometimes however it is violent and furious and requires force to restrain the patient; the patient frequently attempting to rise and make his escape from the bed. Picking at the bedclothes, or imaginary objects in the air, is a very common symptom in this disease.
The patient is constantly trying to catch something in his hand that he fancies he sees, until finding himself unable to accomplish this object he endeavors to catch them by winding the bed clothes around them. At this stage of the disease vitality is so feebly that pressure or blistered surfaces, though and gangrenous eschars are produced. If the case is going to terminate fatally, the pulse gives way, and is either very rapid and fluctuating or slow and full, as a hastened pulse to be perceptible at the wrist. If, on the other hand, the case is to end favorably, the pulse loses its frequency and becomes fuller; the skin relaxes, and is
Coles; the tongue throws off its fur and is more moist. The evacuations also become more natural, and the distension of the bowels subsides. The appetite improves, or there is not such an aversion to food. Convalescence from this disease is really always slow and tedious. Frequently during recovery disagreeable nervous symptoms arise, such as water and loss of memory. Ocuring troublesome abscesses form particularly of the parotid glands, with painful sores on different portions of the body. Frequently during recovery the lower extremity becomes edematous. Sometimes this disease after printing
all the appearances of a rapid recovery terminate suddenly fatal
from perforation of the intestine,
which soon produces a violent and fatal peritonitis.

The diagnosis of this disease can always be very readily made, there being no disease that it
could be mistaken for. Dr. Bowley thinks the tongue, alone, sufficient
to recognize the form of fever. The tongue is pointed, narrow, and thick. The points and
edges are red, and fleshy; the surface is covered with a thin
white-fur, with red points on its surface, as if the
papillae, extended through the coat of fur. Dr. Bowley
finds this state of the tongue
always to indicate the form of fever, diarrhoea is considered by some authors to be a characteristic symptom of this form of fever. But it is a symptom that is very often absent in this disease in this country. Syphilis is another diagnostic symptom, being nearly always present in typhoid fever, very few cases occurring without it. The distension generally appears about the seventh or eighth day, sometimes however as early as the fourth or fifth day. The raw colored eruption is also considered a characteristic symptom of this fever. Hemorrhage is also of very frequent occurrence.
in this disease, generally taking
place from the new, the
nervous symptoms are
peculiarly prominent,
headache being fairly ever
abated; it is generally of a
dull heavy character.
Pellagra is also most always
present; some authors looking
upon its early occurrence as
characteristic of the disease.
Retention of urine is also of
frequent occurrence in this fever.
The bladder becomes so distended
with urinating that, when the
patient becomes aware of his
condition, he is unable to
contend pass his water. There is scarcely
an organ in the body, where
traces of inflammation are not
Sometimes found after death from typhoid fever. The glands of the neck are always found more or less affected. The glands of the mammary are also very often found affected. The auricular glands are said to be as often affected as those of the neck. The liver is also frequently softened. The spleen is nearly always more or less altered, being generally enlarged, and softened, and sometimes very much so.

The cause of this disease, I believe nothing certain is known; but it is generally believed to be produced by a specific poison. In the event it would be prudent to give a mild cathartic to empty the bowels.
I would prefer castor oil as it would be the least irritating. If there was any pain or spasm of the bowels, I would combine a few drops of turpentine and laudanum to the oil. As a general rule purgative medicines should be avoided, except those of a very mild character, so as just to prepare an operation every day or two. If the patient be troubled with acidity of the stomach, calcined magnesia should be preferred. Blood letting is rarely ever employed in this disease, though in some few cases where there is a tendency to local inflammation or congestion of some of
The vital organs, with a full strong pulse, relaxation would be attended with much benefit. In the majority of cases of this disease, bleeding is uncalled for, and if practised will be attended with very curious results. The patient must be sustained as this disease is generally very protracted. Blending and medicine will not arrest the disease; and if such remedies are persisted in the system will become so prostrated as to prostrate, that the patient will ultimately succumb under the disease. Diaphorétics are recommended to be employed from the commencement of the attacks, such as ice or of a refrigerant.
character. While the skin is hot
and dry the effusing draught
would be very beneficial to the
patient. Sips of nitre may
be beneficially combined to
the effusing draught especially
when there is much nervous
irritability. If the patient is
very restless and does not
sleep at night, Morphine, or
a dream powder should be
given if not contra indicated,
by determination to the head.
If the skin is very hot and dry,
The temples, legs and arms,
should be well sponged with
cold water. The patient
should be permitted to drink
freely of cold water or acidulous
drinks. Ice may be given
to the patient and allowed slowly to dissolve in his mouth, if the
strength of the patient is not too pronounced. The local
affections should be closely watched. If there is determination
to the head, with pain, cold wet clothes should be
immediately applied. If pain is complained of in any part of
the abdomen, leeches or caps should be applied, with the
constant employment of warm poultices. If there is diarrhoea
it should be checked by spirits, the acetate lead, sometimes,
may be combined with the opium if necessary. There is
a variety of treatments for this disease but the treatment
recommended by Dr. Browning of this institution I think to be preferable. Give the patient as little medicine as possible. Keep the room well ventilated and clean. Let the body linens and bed clothing be changed every day. Keep the patient well washed. In addition to the above treatments, give the patient every two or three hours five to ten drops of turpentine in a little sugar and water. Meanwhile the patient should be very guarded. His diet should be light and of some article easy of digestion. The exercise should be moderate but not fatiguing.