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RAMSAY
ESSAY ON SOUTHERN TYPHOID FEVER

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ON

SOUTHERN TYPHOID FEVER.

BY

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COLUMBIA COUNTY, GEORGIA.

[FROM NELSON'S NORTHERN LANCET.]

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Dedication.

TO THE COUNTY AND VILLAGE PRACTITIONERS

OF

GEORGIA.

—o—

To you, Gentlemen, upon whom devolves a large proportion of the Practice of Medicine in this State, we dedicate this Essay; believing, as we do, that it contains the nucleus of all that is correct in the Pathology and Treatment of *Southern Typhoid Fever*.

Far from presuming that the positions we assume are beyond the pale of criticism, we, on the other hand, invite the exercise of a candid review of our doctrines, and a just investigation of our conclusions, from the honorable and liberal-minded Members of the Profession. There are men who forever withhold justice from another, or speak favorably of a brother—from such, we *ask nothing, desire nothing, or expect anything*. This Essay is not addressed to them

Let us earnestly impress upon every Member of the Profession in the State of Georgia, the importance and necessity of culling and investigating every thing pertaining to Southern Medical Science, with a stern and invincible determination to elevate Southern Medical Literature, and promote the great ends of our Profession—LIFE and HEALTH. The successful achievement of these points can only be consummated in the South, by the united action of the mass of the Profession—the *Village and County Practitioners*. Then let us act in concert, assert our position, and defend our supremacy, for we have too long occupied a subordinate rank.

“ROUX.”

Pineland Farm, Georgia. }
April 1st, 1853. }

Southern Typhoid Fever.

The manifest prevalence of Typhoid Fever in the Southern States for several years past, together with the mortality attending it, presents, we believe, apart from any other considerations, ample apology for the intrusion of this Essay upon the Profession through the pages of NELSON'S NORTHERN LANCET.

In assuming the caption, Southern Typhoid Fever, we do not intend to be understood as conveying the impression that the Southern type of this affection is different from the Northern in its specific pathological phenomena; but we maintain, that climate latitudinal variations, typographical and geological positions, have a controlling influence upon physical temperament and development, modifying to some extent the symptomatology, course, and progress of the malady, without, however, affecting its true pathological conditions. These propositions appear to us plain and palpable—yea, well established and recognized principles pertaining to the character of all diseases, which should direct our therapeutic management, and relatively control our judgment with reference to the cause and general course of all affections. In our description of Typhoid Fever we shall aim at the useful, interspersing our Essay with practical precepts and their application, avoiding as much as possible those abstruse speculations and vague generalizations, which excite the mind and please the fancy, without edifying the judgment.

HISTORY AND NOSOLOGY.

Typhoid Fever appears in the South under one of three forms—sporadically, endemically, and epidemically; most of the cases, we have seen during the last twelve months, were of the latter character. This form of fever pertains to the Class of Continued Fevers; but, we apprehend, no man in the Profession, with the lights of Pathology before him, would at the present day classify it in the real Typhus family. It is true, from a defective knowledge of Pathology, it was denominated by the older writers Typhus Mitior, and described according to these preconceptions in most of the scientific works of the day; and at a later period we find SOUTHWOOD SMITH speaking of it under the euphonious appellation of Synochus Mitior and Gravior. We simply refer to SMITH as he is a standard author with Southern Physicians. By a reference to the various writers, we find that Typhoid Fever has been variously denominated:—Adynamic Fever; Dothineritis; Enteric Fever; Follicular Enteritis; Abdominal Typhus; Entero-mesenteric Fever; Gastric nervous Fever; and one Physician had the effrontery to call it Hysteric Fever. These are only a few of the names—there is a multitude in the back ground. The actual

history of the disease is about as indefinite as are its names; hence we have omitted all allusion to that point as extraneous to our subject. If, however, the Reader will carefully study the history of Typhoid Fever he will doubtless, voluntarily conclude that we are indebted to the Medical Men of Continental Europe for our first correct knowledge of this disease; since then our own Country has furnished many able investigators.

The progress of science, however, has removed all the perplexities which have surround the nosology of this disease—although their name was legion—and, at the present epoch, common consent confers upon it the appropriate name of Typhoid Fever. We might enter the labyrinth of Medical Nominalogy, and present the various names given to this affection by different writers; but the task would not indemnify the writer or the reader, nor would it shed a single ray of light upon the Pathology or Treatment of this affection. Hence, as we prefer a practical to a literary illustration of our subject, we shall refrain from a bibliographical account of the disease, and leave the Reader to consider the matter as he may think best. Prior to dismissing the question of Nosology, it is proper for us to observe that Typhoid Fever is familiarly known in the South by several synonymes: thus it is called Winter, Nervous, Continued, and Slow Fever, but, as already stated, among Medical Men it is know as Typhoid Fever.

We now come to speak of the symptomatology, Differential Diagnosis, Etiology, Vital Phenomena, Autopsic Appearances, and Therapeutic management of Southern Typhoid Fever—premising that our deductions are derived from a personal and collateral observation of the disease in a section of Georgia, which has probably suffered more than any other part of the State; and, we opine, what is true of the affection here is applicable to other Southern localities, and should any of the points deviate, the mutations, we presume are minor and can easily be detected. In narrating the signs of Typhoid Fever most generally observed among us, we shall not confine ourself to any systematic arrangement, or adopt any exclusive plan, but simply generalize them as they present themselves, leaving the Reader to make the aggregation.

SYMPTOMS.

Typhoid Fever differs from all other febrile affections of the South in the diversity of its symptomatology. In our description of the symptoms characterizing it we shall confine ourself to the more prominent points, as a minute account of every trivial sign would only tend to obscure the mind of the Reader, without exemplifying the true character of the disease or facilitating its diagnosis. Typhoid Fever appears among us either sporadically, endemically, or epidemically; it may assume a remittent or inter-mittent form, of a simple or grave character. The increased prevalence of the disease in this section, for the last two years, entitles it, we conceive, to the name of an epidemic. The ordinary season for its appearance is Autumn, or Winter; but no period of the year is exempt for, as we

now write, numerous cases of it are on hand. Neither age, sex, or color present any immunity from an attack of Typhoid Fever; the infant and septuagenarian of either race are the subjects of its assaults. It is probable, however, that more cases occur in intermediate adult life than at any other period, and for the obvious reason that there is more material to operate upon. The black population of this County may exhibit more cases than the white, for reasons we shall hereafter specify and fully consider—but this does not at all exclude the white population from the reception of its peculiar favors.

The invasion and duration of the disease are unsettled points; we have no facts to determine the former, and no data to establish the latter, upon anything like a correct basis. From what we have seen, we imagine few cases convalesce under 14 days, while many do not transcend 90. The mode of access is multifarious and indefinite; it is truly an anomaly in Southern febrile matters, differing from every other form of fever we have seen in the South during an eventful life of Professional duty, and that in a fever region. The inception of the malady may be communicated by a chill or rigor, followed by febrile excitement of a moderate or intense character, with pain in the frontal region, epistaxis, distended temporal arteries, slight nausea, a tendency to diarrhœa, slight intestinal pain, languor, dullness of the eyes, vacancy of countenance, and mental wandering particularly at night; a pungent feeling of the surface is complained of, and the skin is usually hot, or moist; the pulse is above the natural standard, and generally voluminous; the tongue pale, and covered with a whitish fur; the patient walks about, but complains very lightly. In another form of access the patient mopes and droops about, saying he feels no pain, save a little dull headache; there may be some bleeding at the nose, the bowels are costive and relaxed, pulse soft and accelerated, tongue pale and loaded with a nasty creamish fur, eyes are wanting in expression; the patient has a great physical and mental indisposition to do the least thing, he complains of no pain, but feels considerable weariness and says he is fatigued; his back is weak, his legs drag along, and the appetite is wanting; the skin is cool, with alternate flushes, sleep is disturbed, nervous signs, bowels are very susceptible to the operation of cathartic medicines, urine scanty and high colored, wakefulness. And, yet, in other cases, the patient may be seized with some neuralgic pain in the knee, arm, ear, or some other part, with an increase of all the symptoms we have enumerated. In the above conditions, patients may drive along for several days, with perhaps some minor modifications, complaining of little, and convalescing less, until the disease will present some other more prominent and formidable signs of its positive formation. It is in the inceptive stage that it is often mistaken for other affections, or not recognized at all. We amusingly remember several cases occurring in the family of a valued friend, who were drooping and lounging about complaining of nothing, until the owner desired them to cease complaining unless they were sick, and go to labor. We heard the parley for some

time when we hinted to our friend the just nature of the disease prevailing among his blacks; and, much to his surprise, those against whom he uttered his innocent imprecations did not leave their houses for eight weeks. From what we have previously said, the Reader will perceive that the symptomatology of Typhoid Fever is a sort of JOSEPH'S coat, consequently the above ingressive points are liable to variation; but the above are the most common modes of access in this country. After these symptoms have continued for an indefinite time, they become accelerated, changed, and more intense, when the disease may be said to be fully developed. At this stage the tongue will present one of two appearances which we conceive indicative of two forms of the Fever *here*, and which, we do not remember, has been adverted to by any writer, yet we suspect no experienced Southern practitioner has failed to detect them. In the first phase, the tongue is expanded in volume, and coated with a whitish, dirty-looking fur; the mouth tastes sweetish and gummy; the pulse voluminous and accelerated; the skin is apt to be soft; the bowels will roar, and they may be inclined to evacuate; a general mental and physical ennuie seems here to prevaide the patient; every thing looks to him gloomy and prostrated, with an aggravation of many of the inceptive signs we have described. In the second variety, the tongue is contracted, particularly at its apex, it is pointed, the edges red, and when protruded the organ is tremulous, very sharp, and forcibly reminding one of an adder's tongue; the coat is whitish, greenish, and sometimes inclined to a brown color; but in both varieties the tongue is soft, the stomach is often irritable, the patient is inclined to delirium, the skin is pungent, and the eyes are red; the pulse is frequent and hard, the temples throb, the thirst is excessive, the bowels are painful and disposed to run off, the sleep is disturbed, the nerves are agitated, and the patient restive; in a word, there is a general aggravation of all the inceptive symptoms. After an interval varying from seven to nine days, the tongue becomes dry and brown, its expansion continues, or a contraction of it increases, it becomes fissured, or encrusted in some cases with a hard encrustation which, as the disease subsides, peals off in flakes, or it may not assume the desiccated appearance but begin to cleanse from the apex to the base. Together with these characters of the tongue, other symptoms manifest themselves; the pulse will range from 90 to 160, the skin hot, cool, soft or dry; the patient will be delirious for days and weeks in some cases, the bowels will rumble and are tympanitic, the evacuations are streaked with blood, or they are offensive, liquid, and resembling soap-suds, they frequently become involuntary, and are, when the patient is *compos mentis*, attended with pain. During the pendency of these symptoms the patient may become deaf and the hearing is remarkably difficult, or the patient may be comatose, and lie in a quiet slumber apparently for days, the skin will then be probably cool, the pulse quick and not voluminous, and the bowels involuntary in their operation. Again, the patient may be perfectly furious, wild, and maniacal, catching at every thing, picking the bed clothes, wandering

from home in his imagination, and making strenuous efforts to escape. Deglutition may fail, and the patient will be unable to swallow the least thing; the voice may become sonorous, hiccough may supervene and persist for days; jactitation will usually be visible through the whole course of the disease; the patient will be irascible, all the feelings are obtunded in short, the whole system is involved in its abnormal folds.

Having now given a general outline of the disease in its inceptive and progressive stages, we will now consider some of the most prominent and distinctive traits, deducing reflections, and conglomerating facts as we proceed.

a. Diarrhœa.—This is a common symptom in Typhoid Fever; in combination with other symptoms, it may be said to be almost pathognomonic of the disease. It is not an invariable attendant, as we have noticed the most obstinate constipation in this form of fever, and a constipated state of the bowels we regard as a very favorable sign. We do not now remember ever having seen a fatal case where the bowels were constipated in moderation. This symptom may arise in the inception of the disease, or it may spring up during its progress; so, also, may diarrhœa. The diarrhœal discharges in this disease are generally of a healthful character in appearance—sometimes consistent, at others liquid, but generally of an offensive nature. The continuance of the diarrhœa in Typhoid Fever is a symptom that should never be neglected however slight it may be.

b. Pulse. The pulse in this febrile affection is amenable to many mutations; at first it may be hard or soft, frequent or slow; it may rise to 160, or fall to 48—and in both forms the patient may survive. We are inclined to think that the usual beat in Southern Typhoid Fever will average 90 to the minute; and taken as an isolated symptom, we look upon the pulse as of less importance in this fever, than in any febrile affection we have ever observed. We do not by any means underrate the information derivable from the pulse, nor does it occupy an inferior position in our estimation, for we regard it as a good index to the system in nearly all affections; but in this disease we speak of it as an independent and uncombined point, and demand that it should be taken aggregatively in Typhoid Fever, to have its due influence in controlling our opinion. In the onset of an attack the pulse will generally be full, not specifically so, but as the disease progresses the pulse will become frequent and feeble, the artery will grow soft and roll under the finger, exhibiting considerable prostration. The pulse may, also, become intermittent from some cardiac complication, but it is not of necessity fatal as many think, simply because it is intermittent, or the heart affected. We repeat it—we should draw no hasty conclusions from the pulse in Typhoid Fever; but, on the other hand, weigh well its conditions, its causes, and its bearings on the other symptoms, before an opinion is ventured upon. We are so well convinced of the truth of our position that, we never yield a case until it is pulseless and breathless; and we tell our friends never to “give up the ship” until they are pulseless and cold to the chin.

c. *Tongue.* The tongue is liable to many changes during the progress of Typhoid Fever; but there are two appearances, as we have shown which may be regarded as an indination of the two forms of the disease as encountered in the South. In either form of the malady the tongue may assume a strikingly red appearance, after shifting its coat of fur, and it may become dry or soft. The appearance of the tongue, we have described, are an indication of the sthenic or asthenic from the affection; as the pulse and bowels, will portray, when taken in connection with it. During the existence of the disease, the tongue may become soft one day, and dry the next. The dryness of the organ is a bugbear to many medical men; they regard it as an evil omen, demanding the strictest attention. We beg leave to differ with them, and we do it with all due deference; we have seen patients get well with a dry tongue and have it long after convalescence, it simply depends upon a suppressed secretion of the salivary glands and mucous membrane of the intestines, and it will assume its wonted softness whenever the secretion is restored—let the time be long or short—let the patient be prostrated, or about. In Typhoid Fever it is simply to be regarded as an incident, not as an element, or essential ingredient in the category of symptoms. A patient, as previously said, may recover with a dry tongue; and who has not seen them die with a soft one? It is, then, in conjunction with other symptoms that the tongue is to be regarded as an indication, and we, believe, then rarely unfavorably.

d. *Hemorrhage.* Bleeding from the nose is a very frequent symptom in Typhoid Fever; it occurs, probably, in a majority of the cases. It is never an unfavorable sign in our conception. Bleeding from the gums is now an then a supervention, it is observed in the last stages, or lower forms of the disease, and is not to be triflingly passed in silence. Bleeding from the ears, bladder, and cutaneous surface, also, occurs in this affection in some instances, and commonly in the lower and prostrated grades of it. But by far the most frequent form of hemorrhage we meet with, is from the bowels. It may come on at any period of the attack, oftener, however, in the terminus. If the bleeding be free and consists of dark clotted blood in large quantities, it is a bad symptom, exhibiting considerable disease about the canal of an alarming character; if it come per *saltum*, and unclotted, it is indicative of some ulceration of an arterial coat and demands speedy attention. Slight hemorrhages from the bowels, are not usually unfavorable, and may be passed by, as an effort at the *vis medicatrix natura*.

c. *Mental Hebetude, Delirium.* This is a very constant symptom in Typhoid Fever, we never saw it absent in some stage or other of the disease. It seems never to depend upon inflammatory action, but merely, upon a mobility of the brain. The idea that it was of a phlogistic, or inflammatory character, has doubtless brought many to an untimely grave. This mental hebetude seems to be an element of the disease, depending upon an excessive disturbance, and mobility of the nervous centres. The delirium of Typhoid Fever may begin with slight mental aberration, and

terminate in coma, stupefaction, etc., to such an extent, that the patient cannot be aroused by the loudest calls. The various degrees of delirium we see in Typhoid Fever, are dependent upon the severity of the attack and the expenditure of the *casus morbi* upon the nervous system. Apart from the dullness in Typhoid Fever, we sometimes see extreme vigilance of a morbid character, the patient sees everything, and hears everything with a remarkable acumen, conjoined with this we are apt to see picking of the bed clothes, restlessness, etc. This combination of circumstances is not favorable, but not necessarily fatal.*

f. Tympanitis. This is a usual sign in Southern Typhoid affection.— We have never seen a case of Southern Typhoid Fever, without finding *roaring of the bowels, a rumbling noise*, particularly upon palpation, and in a large number of cases it is combined with tympanitis, or meteorism. The latter sign, we do not consider diagnostic alone, for we see it in other maladies. We are not much inclined to think it characteristic of mild or malignant Typhoid Fever, but merely dependent upon some gaseous accumulation in the intestinal canal. We have seen it in the earlier and latter stages of the fever, and no period of it is exempt we opine. This symptom sometimes distresses the patient very much.

g. Rose colored Spots and Sudamina. Rose colored eruptions were at one time considered characteristic of Typhoid Fever, they are not certainly constant in the disease, though of very frequent occurrence. We have often seen them, and as often failed. They occur in no other form of Southern Fever we have observed; hence, thus far, they may be regarded diagnostic, particularly in consonance with other symptoms. This symptom taken alone would scarcely be regarded specially diagnostic, we imagine. Sudamina, also, present themselves in Typhoid Fever, and they appear in the more prostrated forms. They are small vesicles, and are more generally observed about the temples, near the angles of the jaws, on the thoracic, axillary, and inguinal regions, than in other localities. The rose colored spots do not appear in the early stage of the disease; they are noticed from the fifteenth to the twentieth day, though we have seen them as early as the ninth, but seldom sooner than the fifteenth.

h. Cough. Cough is an attendant of almost every case of Typhoid Fever; indeed, there seems to be in some cases a great tendency to pulmonary complications. The cough is usually dry, with a tough, creamy expectoration. In some instances the ear will detect dry and sibilant râles over the thorax, which are occasionally displaced by a crepitant rônchus with its characteristic indications. The setting in of pneumonic symptoms should always be considered as increasing the hazard of the disease in its primary form. The cough in Typhoid Fever usually passes

*The delirium of Typhoid Fever in the negro is not generally of a raging character, the patient being rather comatose than otherwise, enclined to sleep and mutter. This is owing, in all probability, to his peculiar nervous temperament.

off in a slight mucous discharge from the throat, when it is of an ordinary character.

i. Nervous agitation. This is always a peculiar prominent symptom of Typhoid Fever. We have never seen a case exempt of it, from the mildest to the most malignant form. It occurs early in the disease, and increases with its intensity. The patient sees things double; he cannot direct the hand with steadiness; his voice is tremulous; his head aches; and the limbs are painful. These nervous complications persist until the patient becomes worse and then convalesces, when they all disappear.

j. Miscellaneous Symptoms. Persons who have suffered from Typhoid Fever frequently lose their hearing; the hair falls out; the sight becomes impaired, and the mind, for a time, ceases in some cases to act correctly. Among the sequelæ we may enumerate neuralgic pains in the hips and legs; inflammation and suppuration of the glands about the throat; the skin has a great tendency to slough, and we have often seen the thigh bones almost naked to the eye. The appetite in some instances becomes inordinate, and the patient would, we verily believe, destroy himself were he not restrained. Retention of urine is a common attendant of this disease, and is one which a casual observer will often overlook, much to the suffering and injury of the patient. These constitute, in connection with a peculiar exhalation from the surface, the general symptoms as observed in Southern Typhoid Fever.

Having given as succinctly as possible the usual phenomonic symptoms observed aggregately and distinctly in the Typhoid Fever of the South, we shall cursorily proceed to point out some of its varied complications, premising, that we shall restrict our description to legitimate and brief addenda. The complications of Typhoid affections like other morbid conditions, may be manifold and varied, not, however, impairing the integrity and identity of the real disease. The disease may be complicated with gastric and hepatic disorder, presenting nausea and vomiting of biliary matter, tenderness of the epigastrium and yellowness of the eyes.— These cases are not unfrequently mistaken for bilious fever, and have led many to suppose that we had no real Typhoid Fever in the South. Pec- toral symptoms we have already adverted to in a former part of this article, and we shall make no farther allusion to them. Typhoid Fever complicated with hepatic, gastric, and pneumonic affections, of course increases the rapidity and violence of the original ailment. In other forms of the disease, the brain is apparently the seat of the complication; the patient is comatose, and sleeps for days, insensible to all around, and can scarcely be aroused. The scalp in these cases is hot, the breathing laboured with dyspnœa, the bowels loose and involuntarily discharging themselves. The brain in some cases, may be in a state of hyperæmia, but in the usual phenomena of Typhoid Fever it is only mobilised. Added to this occasionally, we meet with a case in which the affection of the bowels is the prominent point. The parietes swell and are meteorised; the tongue is red; the bowels pass off frequently; mental inquietude

is a little accelerated; the skin rather warm; no prostration, the patient lingers, and the bowels keep relaxed. This state may continue for some time, until the case actually becomes obstinate. In the course of time, the tongue becomes dry, and the common Typhoid phenomena will manifest themselves, and develop Typhoid Fever of greater or less severity. There is yet another class of cases, in which the true typhoid characteristics are strongly marked from the onset: there is a glaring and conspicuous deficiency of the muscular and other powers of the system.— There is a great hemorrhagic disposition, the teeth covered with sordes; the skin is petechial and exhales a typhoid odor; and there is a universal prostration of the vital energies. Now and then these varieties of complications may be combined creating a greater diversity of symptomatology, and inducing more manifold risks to the patient. We will, here, remark that we have heard of a latent form of the disease, and we believe first mentioned by Louis, though not a single case of this variety has fallen under our observation, nor can we well comprehend the term *latent* as applied to Typhoid Fever. We have seen a dysenteric form of the affection, and it is prevailing in some parts of the country at the present time. It is rather a fearful variety, and it is characterized by well-marked dysenteric and typhoid symptoms. In conclusion we will only say, that Typhoid Fever is an insidious disease: a physician may dismiss a patient this day at noon, and at 3 o'clock he may be seized with abdominal pain, and die in an hour; this is a peculiar mode of terminating the scene, and not at all unique for the disease. The affection may, also, terminate in ulceration and perforation of the intestines, and the patient succumb, or he may sink under one or the other of the many complications we have pointed out; or the unhappy sufferer may slip off the shores of Time when one least suspects it, and that, without any appreciable cause. On the other hand, the patient who has long been given over to die may revive and convalesce, contrary to the anticipations of friends and all who may have watched the case.

DIFFERENTIAL DIAGNOSIS.

We now proceed to speak of the Differential Diagnosis of Southern Typhoid Fever, which necessarily involves the question of its identity and non-identity. The symptomological part of our subject having been unavoidably prolix and diffuse, we shall be as brief as possible in our farther progress. The Differential Diagnosis of Typhoid Fever, we believe, to be an easy matter for the Southern medical man. We apprehend no one would for a moment presume to entertain an idea of its identity with Intermittent or Remittent Fevers. That Typhoid Fever may assume a remittent or intermittent type, no one will question; but this is not a very usual occurrence, nor would it constitute remittent or intermittent fever. The only form of Fever with which Physicians have been in diagnostic conflict with Typhoid, is true Typhus, and we are at a loss to comprehend how there should be any discrepancy among Southern

medical men upon this subject, when we reflect for a moment that in our rural districts, true Typhus is unknown. The writer after an extensive experience in a miasmatic region replete with fever has never seen a case; and we believe this is the voice of a heavy majority of Southern physicians. From an honest conviction of the validity of this opinion, we conceive the differential diagnosis of Typhoid Fever easy, for the obvious reason that we cannot correctly and justly connect it with Typhus as it does not exist here. The absence of Typhus in the South, confirms the non-identity and differential diagnosis of Typhoid Fever among us. The Reader who will carefully peruse our collection of symptoms, their diversity and multiplicity of character, will scarcely think that Typhoid Fever simulates any other febrile affection in our section; and if he will read the account of Typhus by BARTLETT, ARMSTRONG, SOUTHWOOD SMITH, WOOD, WATSON, BELL, STOKES, and EBERLE, or any other writer, he will hardly conclude it is identical with Southern Typhoid Fever, particularly if he has seen much of the latter. From what we have read upon the subject, we incline to the opinion that they are as dissimilar, and their distinctive marks as strongly pointed, as those of the two most distinct diseases of CULLEN'S Nosology. We know Typhoid Fever, so far as this particular section is involved, is a disease *sui generis*, we have no other variety of fever in the South assimilating it. As to Typhus, there are none of the elements of its generation among us; its sources do not exist in the country districts, and if we ever had any cases of it they were imported, or occurred about our sea-port towns among some ship's crew, or in some hospital where due care was not paid to ventilation, etc. The diagnosis then strictly differential of Typhoid Fever, will be found under its symptomological phenomena, and must be calculated and defined by its aggregative appearance, and not by its isolated symptoms; for while it may be truly said no one sign, absent or present, is strictly diagnostic of it, it is plainly the fact that a combination of several may constitute it beyond the cavil of a doubt. Strictly allied to this part of the subject, is the difference we have elsewhere alluded to, between the Northern and Southern Typhoid Fever. This difference, we imagine, is clear and conspicuous, and dependent solely upon a modification of symptoms, induced by topographical and geological positions, which control its therapeutic management. To confirm this opinion, which we believe strictly correct, we refer the reader to the various articles written upon the subject of Northern Typhoid Fever, and we are perfectly willing he should draw his own demarcative conclusions, as we do not fear the issue. The autopsic appearances of Typhoid Fever will go far to establish our position of its non-identity, when we reach that portion of our essay.

PROGNOSIS.

When we reflect upon the complex phenomena of symptoms involved in Typhoid Fever, we at once see the difficulty of its prognosis. As a general rule, the prognosis may be reckoned favorable, when the disease

is treated correctly in the forming or inceptive stages, will generally terminate favorably. We never saw a disease whose prognosis, was so much controlled by proper management in the commencement. It is comparable to two men wrestling, if one loses his hold in the beginning of the scuffle he is apt to be thrown. But there is one point a man should never lose sight of in Typhoid Fever, that is, never to yield any cases hopeless, or irremediable. The worst of cases recover, the patient may lie ninety or one hundred days, or even longer, with bed sores, and as crazy as a "bed bug," with a cool skin, rapid pulse etc., and then get well; when on the other hand, he may be apparently convalescent and die in a few hours. We have seen the most aggravated cases imaginable, get well and we have known a lady to die with a snuff-box in her hand sitting in her chair during convalescence. Amid all these facts we do not know how any man can consistently make out a list of favorable or unfavorable prognostics. There are some few signs, we have seen oftener favorable than otherwise, but they deviate occasionally, and are not reliable, constipation is a favorable sign in most cases, and we do not now remember seeing a case die, when the discharges were dark, fetid, and consistent. Watery evacuations have generally appeared to us of a bad omen, and we never saw a case recover that had a peculiar spasmodic movement of the angle of the mouth, a symptom which once seen is never forgotten; the facial expression from it is striking and horrid. Protraction in the attack is no unfavorable sign, nor do enlargement of the glands about the throat forebode evil; in brief, but few symptoms indicate specifically death, or positively determine a return to health. The best and only safe plan of prognosis in Typhoid Fever is never to give up a case until it is dead, and be sure of that event before you declare it. The judicious medical man can with facility tell better the chances of his patient for death or recovery, from the collateral issues incident to the case, than any writer can dictate to him by prognostics. If prognostics were immutable, there would be no indication in science, and the treatment of disease would be a fixed point, which would require neither talent or genius to determine, but the merest dolt in Christendom could avail himself of it. Fortunately for mankind, disease is mutative, prognosis indefinite and therapeutic medicine progressive, thwarting to some extent the inroads of charlatany and despising the mere routinist. In concluding this paragraph, we have only to say that Typhoid Fever approximates the character of having no prognosis, or defying it, as any disease, we ever saw. We know in most of the treatises, we find a long list of prognostics, they are all mere *gammon* scientifically considered and of no utility in determining the opinion of an attentive and discriminating mind; and it would be better were they blotted out *in toto*. We would, that the writers of this age, particularly Southern men, depended more upon their own judgment, and less upon other men's. Take up almost any article you please, and you will find it made up of quotations from other men, and perhaps it will contain not a word of original thought from the

writer. This is an error, a growing and manifest evil. While we appreciate other men's thoughts, we want American Physicians—Southern Physicians—to think for themselves; and write their opinions independent of criticism or censure. A hue of original thought is worth an octavo of borrowed opinions, in our view. The reader, will pardon the digression as we will proceed, premising, however, our advice is correct and if adopted will have a salutary influence upon Southern medical literature; and we hope, we will not be deemed exclusive by our Northern brethren, in making these remarks.

ETIOLOGY.

The causative influence of Typhoid Fever is a question alike important to the physician and philanthropist, however obscure it may be in its determination, or indefinite in its data. The Southern form of Typhoid Fever is certainly a disease expending its effects largely upon the *nervous centres and inducing considerable mobility of their functions*, which is to some extent controlled by the primary exciting cause and its possible quantum. The disease may be induced by any agent which will produce nervous mobility—probably the most prominent causes we have in the South, *are miasmatic influences and the extravagant use of Quinine*. We will not positively declare the disease of miasmatic origin, but all our convictions and inclinations tend in that direction, and daily experience only serves to confirm our opinions. The observing physician has not failed to see that most cases of the disease in this country occur along the banks of, or near, those streams that are so proverbial for their miasmatic emanations. It is true, that we meet cases, at a distance from water courses, and which have no commonly supposed miasmatic origin, if, however, we will take the trouble to observe, we shall find these cases have been exposed to its contagion, or they are some where near, an effluvium from some nauseous horse, or cow lot, or manure pen. Men who live away from streams, such as creeks and rivers, are very loth to attribute their sickness to malaria, for the reason they think it requires the influence of a stream to generate it. This fallacious idea has made many a Doctor a fine bill, and costs many a man the life of several members of his family. We know of no source so prolific of malaria and its generation as the innumerable manure pens which stand over the land, filled with leaves or decaying straw. Again, the manner of making our cow and horse lots; their location, and that of our gin houses, and negro habitations, all conspire to generate malaria, produce Typhoid Fever, and propagate its influence. Whenever our farmers are more careful about the position and composition of their piles of manure, the location of their gin houses, horse and cow lots, then and not until then, may we expect less Typhoid Fever; but on the other hand until a reform ensues, we believe it will be on the increase. As before said, any thing that will induce a mobility of the nervous system, will cause Typhoid Fever, hence we often see Remittent Fever by bad management—or a protracted attack—assuming a Typhoid

form, and also do we see repeated annual attacks of intermittent fever dwindling and degenerating into Typhoid, until the intermittent form of fever is really difficult to find among us. It is by thus producing a mobile state of the nervous system destroying its equilibrium, that Quinine has been the cause of so many cases of Typhoid Fever in this section of country. Go into those families, who have kept their ounce of Quinine as regular as they bought their sugar and coffee, and you will find those who have taken it the most, having the worst attacks of Typhoid, and we believe, they are more decidedly susceptible of it. For a long time we have held this doctrine, and we have preached it; many have refused to believe; but their prejudices are giving away before the light of knowledge and experience; they now acquiesce in its truth, and endorse its validity.

We might proceed *ad infinitum* and furnish particular instances to corroborate our position, but we desist, presuming the question to candid minds will be self evident, that—*Typhoid Fever is peculiarly a disease of the nervous system, induced by any agent capable of producing its mobility, and that it is more frequently caused South, by miasmatic or malarious influences and the abuse of Quinine, than by any other media.* These are our views, and we believe the progression of father observation will confirm them. They are given for what they are worth; they are forced upon no man; but we ask for them a candid reflection and not a prejudiced rejection.—Intimately connected with Typhoid Fever and its etiology, is the doctrine of its contagion. We are a decided contagionist; to doubt it would be to question, on our part, the evidences of our senses. We believe it more certainly contagious among blacks, than whites, in the South. This susceptibility among the blacks derives itself from their manner of life, their local habitations, and their want of care as to cleanliness. But as many question its contagious character, we will give an illustration or two, as corroborative of our position. The boy of a friend had a wife near a gentleman in whose family Typhoid Fever was prevailing, the boy visited the family; he contracted the disease, and died; the sister of the boy attended him often while ill, she took the disease and died; while on her death bed, her husband came frequently, he was the first to take it in his family and we believe he died. Several of the brothers of the first boy took it from him and his sister, and one or more of them died. We have in mind yet another case, a friend had a fine boy, who had a wife in a family some miles distant, he visited her, she had Typhoid Fever, he took it and came near dying. In both these instances, indeed all of them, it went through the respective families in which it was carried. A medical friend of ours of the highest reputation informed me he had a patient who died with the disease; a gentleman came on, and slept in the bed occupied by the patient, he took the disease, and we believe died with it.

We remember in April having a severe case which we believe was contracted by the patient from waiting on his mother. Many pretend to

doubt its-contagion because every body does not take it; this is a mere illusion, every one does not take small pox, measles, or scarlatina, and yet no one doubts their being communicable. There are exceptions to all rules, and it is no evidence against the contagiousness of Typhoid Fever, to see this one, that one, or the other one, fail to contract it. Those who oppose the doctrine of contagion never aggregate the cases, they speak from isolated facts and deduce far-fetched conclusions, without reference to their collateral bearing. We have no fear of the results of this question the opinion of the Profession is fast settling down now; and those who have applied to us the term *enthusiast*, *malarial monomaniac*, *bug-bear contagionist*, will yet feel the force of truth, and smile at their own incredulity. We advise every man of family not to console himself with the doctrine of non-contagion; it is fallacious and unsafe. Prudence is the better part of valor, and there can be no error in keeping out of danger, even should it not overtake us when in its path. The true policy for every man having blacks in his family is to keep a rigid eye to ablution and cleanliness; have their houses well ventilated and frequently scoured, and all the trash and other matters—animal and vegetable—raked up and carried away. Whitewashing is an excellent prophylactic; sprinkling lime in the yards, and cleansing under the houses are, also, good subsidiary means. We might allude to other incidental matters which are so palpable as to strike the mind with force and subserve the task. We repeat it, we are a contagionist, all our observations make us so; we may be wrong, if so rectify us, but our plan is safe even were it to be erroneous. In elucidation of this point, we have appealed to no foreign authority—we require none—we stand upon our own platform and can defy the storms that may beset us. While we honor and admire the opinions of standard writers we shall speak our own mind, be this in consonance or not with others; believing, as we do, that Medicine is inductive, the right of opinion free, and the field ample enough for every original laborer who may wish to enter it. We are not dogmatical or exclusive, but we claim the privilege and will exercise it, to think for ourselves irrespective of the smiles or frowns of any man. To conclude, we will only add that in our opinion there is no point in the history of Typhoid Fever better established than its contagiousness.*

VITAL PHENOMENA.

The Vital Phenomena of Typhoid Fever are subjects of paramount importance to the philanthropist, the statesman, the private citizen, and the medical man. It is an unfortunate circumstance for the Southern People

*Since the publication of this Essay in the pages of the LANCET, we have been diligent in our investigations of Typhoid Fever in our negro population; and we are inclined to think that the negro is peculiarly susceptible to this disease, and the probability is very strong that this race has furnished cases from time immemorial, but their pathology has been mis-conceived; and we may add farther, that there are grounds in our opinion for the belief that it may have been originally found in the negro race.

that there are no correct data to base a conclusion upon in relation to this point of our Essay. It is true, the last Census was something of an effort in that direction; but it is to be lamented that the points elicited by the returns are very unreliable and unsafe in reference to our mortuary and vital conditions.

In the elucidation and investigation of the phenomena pertaining to Typhoid Fever, we shall be guided by our own observations made in our own immediate locality, and upon that basis we will deduce comparative results. We may err in these deductions, but we claim nothing on the score of accuracy; they are simple attempts to define our true position upon rational conjectures, in a mortuary and vital point of view. If we fall short in our design, we trust the charity of the Reader will attribute it more to a want of material to perform the task, than to any intention to commit an error, or perpetrate a failure. All things in Medicine must be deduced from, and confirmed by, the true principles of induction. He who observes most, and deduces fairly accomplishes most for the alleviation of human suffering, or the prevention of physical maladies. The road to scientific truth is tortuous:—the travellers are wayward and censorious—the foremost in the race are apt to fall by the treachery of the timid and faithless who dare follow; but posterity will do justice to the memory of the pioneers, and the recreancy of the assailants will fall with a crushing force upon their censorious and fratricidal heads. Detraction is the fate of every aspiring professional man in the South; hence, we find so few writers upon Medicine and its collateral branches and see so little of original thought among Southern Physicians. This is a sad portrait—full of truth, and replete with lessons of experience in the memory of many Southern Sons of ESCULAPIUS.

It is a fact well known that professional men in this part of the Union, receive more justice at the hands of Northern and Western Journalists and writers, than they do from their own immediate Journals and Brethren. We make the announcement in pain, but it is a correct one. Truth injures no man; but it is a fact that all the suits we see in the South for *mal practice*—all the attacks made upon the fame and reputation of Medical men, are instigated, matured, and carried out, by their own censorious, and envious brethren who connect themselves with some such disreputable excitement to gain a notoriety for which they are unfitted intellectually. We hope the Readers of the LANCET will pardon this digression; its truthfulness is our apology for its introduction, and we daily pray for the entire extinction of the spirit that now prevades the Southern Profession. But to our subject; we base our notions of the Vital phenomena of Typhoid Fever upon the results of our own experience in three Counties, with an aggregate population of about 29,000 inhabitants. We have known within six months in these Counties, and can show the names of forty persons, of all ages, colors and sexes, who have died from Typhoid Fever, and which would consequently, make about 1 in 725 of the entire population

who have died in that period. We presume the value of these 40 persons would average \$400 each, which is a common valuation for a flock of slaves here. In this estimation we place all colors upon the same footing, for, in a scientific and statistical sense, a black man is as valuable, if not more so, than a white one, for reasons we may hereafter give. We allude not to their equality socially, this question is foreign to our subject; we are speaking of their worth to the country, in a populative and statistical character—their pecuniary value, and their loss to the community when dead, as a matter of property upon monetary considerations. The loss of forty citizens at the rate of \$400 each, would be a loss of \$16,000 to the community or country, and consequent *per centum* loss to the taxable property of the State and Counties which supply the funds for educating the poor, building bridges, and for other public expenses. This is a mere item incident to a small compass; and the prologue is not complete as will be demonstrated as we proceed. The calculation we have made is but a partial one, we have not enumerated the loss of time, the medical expenses, etc., of those who were sick and recovered, nor have we confined our deductions to the peculiar localities where this disease prevails most extensively and among whom the *onus* falls most positively. Let us look at this picture casually. Within six months we have seen in six families, whose names we can furnish, 38 cases of Typhoid Fever, that have recovered; these cases will average a duration, at a minimum rate of 14 days, and forming an aggregate of 532 days.

These patients were adult males and females; their labour in this region was worth at least 50 cents a day and board, making a total amount of 75 cents, and an aggregate loss of labour for the 38 hands—14 days each, \$400 90 cts. Add to this the bills for medical attendance, and the intrinsic value of the attention bestowed on them by nurses, and it makes the amount considerably larger and equally true. Let us see. We submit it as a low estimate to say that the medical bills, in each of the families where the cases occurred, would, for the amount of service and the duration of cases, be worth \$50 to each family, and a sum total for the six families of \$300. The nurses required for the 38 patients we estimate as one to every seven and a fractional case, or five nurses for the whole number; their trouble and time would be worth as much as that of the laborer or even more, but we will place it at 75 cents a day. The whole number, then, of sick days being 532, each nurse would be engaged about 100 days, which would be worth \$75 each, or an aggregate of \$375 for the time. But as some might object to the estimate as being too high, we will place the value of each nurse for every seven cases at \$50, or \$250 for the whole. Again, the injury to the crops of those families caused by the prevailing disease cannot fall short of \$400, over and above the loss of labor. If we take a hasty glance at the total amount of loss, we will at once see the great propriety of investigating our sanitary condition, examining our vital phenomena, and devising better hygienic regulations, particularly as much of the loss could have been obviated. Let us make a tabular

review numerically, and see how the matter stands for six months among us, upon the observations of one man alone and his probable calculations.

40 deaths at \$400 each,	\$16,000 00
Loss of labor in 38 recoveries,	400 90
Physicians' bills,	300 00
Nursing, etc.,	250 00
Loss of crops,	400 00
Total,	\$17,350 90
Add loss of interest for 6 months at 7 per cent,	607 25
	<hr/> \$17,958 15

In the foregoing calculations we have omitted the enumeration and account of time expended in attention and physicians' bills upon those who have died. Here we see \$17,958 15 taken from the legitimate capital of a restricted region in six months by one disease. The enumeration is strictly true as to the number of deaths, we know though we did not attend them all. As to the male and female adults recoveries we have seen them all, and can furnish the proof if required. The slightest reflection will at once demonstrate that the taxable per centage upon the above amount would have been quite an acceptable addition to our County and State Treasury; and would have contributed much towards our incidental expenses. Here let us inquire—what effect would the same amount have exerted upon our sanitary condition, had it been judiciously expended? Would not many of the lives lost have been saved? Could not our paupers have been amply provided for? Could not the sources of malaria have been removed, the bogs and marshes ditched, and thus made healthy? We answer emphatically, if the history of sanitary regulations in other countries, and at other points, be reliable, we might, this day, by the expenditure of that amount have been a healthier and a happier people. Who controverts? If any, let them exhibit the illustrative evidence. But this is not all; by applying the test to our own State, in a minimum capacity, the facts are appalling. What has Georgia lost in population by this one disease? The question is one of no easy solution; the facts are not specific, hence, we must again enter the region of rational conclusion, and conjectural investigation. The legislature of Georgia manufactures Counties so fast for political purposes, that it is difficult to keep pace with the number, though we believe they are about 98 Counties at the present time in the State. We think it a low calculation to say these Counties have averaged 3 deaths each in 12 months from Typhoid Fever, or 249 deaths to the whole State. The census returns may show more, but in point of truth they are not worth a picayune, and are almost entirely at fault as guides. Many of the affections set down never had any existence in Georgia, while no mention is made of others. But admitting their correctness, they are only reliable for the particular period they cover, and have no influence upon our present or future sanitary condition. A locality may be healthy to-day, or this season, the next it may be sickly and its mortality considerable; consequently to draw any thing like

correct conclusions from such documentary evidence they must be kept up for a number of years. Having premised that Georgia has lost 294 inhabitants by Typhoid Fever within the last 12 months, we estimate their value upon our former plan of \$400 each, which would be a pecuniary loss of \$117,600 for the preceding twelve months, or about 1 to every 3000. The expenses incident to these loses were certainly pretty considerable, and will go to swell the aggregate lossage. If we pursue the figure a degree farther, we may reasonably suppose there have been 900 cases of Typhoid Fever in Georgia during the same length of time; these cases would certainly pay about \$10 to the physician, this would make about \$9000 upon that score to say nothing about the loss of time, expenses of nurses, food, and agricultural injury. It will now be seen that Georgia has lost the enormous sum of \$126,000 by Typhoid Fever alone. Just here an important inquiry suggests itself. Could any amount of this suffering and loss have been prevented? We unhesitatingly answer it could. The amount we have lost, judiciously expended, would have made us a comparatively healthy people. But although we live in an enlightened period—an intelligent age, it is obvious that the organic and fundamental laws of our race are imperfectly understood by the people at large; hence the great proclivity to disregard the laws of life and health. As an illustration of our position we might with propriety point to our badly ventilated domicils, our negro cabins and their dense inhabitants; our manure pens in close proximity to our dwellings, and the quantities of vegetable matters undergoing decomposition in our horse lots and cow pens, our unditched ponds and marshes, our decaying timber, the slaughter houses in the cities, the confined alleys and dirty privies of the towns, the burial of the dead near our houses and in the precincts of our villages, and frequently near our springs and wells; the violation of the laws governing food, drink, sleep, and exercise, as also numerous other causes which we could indicate. It would be a needless task for us to attempt the demonstration of the existence of these sources of disease in the South; they are so prominent that he who runs can see them.

The object of the physician is, or should be, to neutralize or destroy the influence of these causes of human suffering, and urge upon the people the necessity of a sanitary reform in this respect. It would surely be an indignity to the intelligence of a Southern Planter to inform him of his dereliction of duty in this matter, and urge a modification; and yet there are hundreds constantly in open violation of these plain truths, and which they know are deleterious to the simplest precepts of health and life. It would be unnecessary for us to urge in detail the numerous forcible arguments in favor of hygienic reformation, or a sanitary survey of the State. If what we have put down upon a mere conjectural basis, of an acknowledged minimum character, will not appeal to the judgement and purse, nothing that we could say in a moral or scientific sense would be of any avail. Apart from this, we constantly see in our midst those men who have taken the sanitary regulations of their own families at heart,

and have drained, ditched, ventilated, etc., have greatly improved their health, lessened their physicians' bills, increased their property, and diminished their mortality. From some reflections we have made upon the subject, we have no doubt that the annual loss in Georgia by preventive diseases, and unnecessary deaths, is astounding and incalculable. Elsewhere we have given a few figures, upon a minimum conjectural opinion, and the result is really frightful. If we look around, while we find our cities, villages, and country fast filling with population, we discover the longevity of our people taking an inverse ratio. This should not be so; when we have power to prolong life and promote health by judicious and well adapted means. It has been said that there are 700,000 cases annually of unnecessary disease occurring in England; and in London alone 10,000 yearly die that might have been saved. Dr. PLAYFAIR supposes that \$5,000,000 are annually lost by the City of Manchester, with a population half that of New York, which might have been obviated. Dr. CURTIS thought 75,000 cases of the disease and 400 deaths occurred unnecessarily in Boston in the space of three years. And we have no question but Georgia loses annually \$500,000 by preventible diseases and deaths; indeed if the Reader will calculate upon a fair basis—upon the last census—he will find our estimate much too low. We think it will further show that 1 in 400 of our whole population have died during the time, and how many were sick cannot be easily determined. Now supposing we make no manure, have no marshes or ponds, no privies, no stagnant pools, no decaying animal or vegetable matters, is it probable we would have any disease, or at least in profusion? We imagine that but few cases would occur among us. It is, therefore, obvious that we have the elements of disease among us, and it is equally true that we have the means of removing them; and hence if we act in the premises, we must modify our sanitary condition, and benefit the country. We frankly confess that it is difficult to convince the people of these truths, and we almost despair of ever seeing anything done effectually, in the South, in the way of vital statistics and Sanitary reform, until we have a thorough system of registration of births, marriages, and deaths, together with a correct geological and agricultural survey of the State, including all its collateral bearings upon life, health, and unhealthy accumulations. When the period of which we speak arrives, we honestly confess we can entertain no idea; the causes which thwart it are manifold and their existence undefined by any restrictions.

We conclude this portion of our Essay with the remark that it would have afforded us great pleasure to have presented the Reader with the percentage chances of life involved in an attack of Typhoid Fever. This we have been unable to accomplish, although we have made every effort to secure facts, which, when accumulated, were un-sound as to correct or even conjectural conclusions; hence, we felt not at liberty to place them before the Profession, particularly in this age of detraction. This part of our Essay has been prolix, but its importance, we trust, will be the apology for its want of brevity.

AUTOPSIIC APPEARANCES.

Owing to a sort of religious prejudice, much difficulty is encountered in obtaining subjects in the South for *post-mortem* elucidations. Although a Southern Plantation may be truly denominated a species of Hospital furnishing more subjects to the student for clinical instruction than many of the minor establishments connected with some of our Colleges, yet the facilities for pathological investigations are rather limited; but they are increasing with the extension of intelligence and the progress of true education. It has been our good fortune to make three or four examinations of persons who have died of Typhoid Fever; but as death generally supervenes many days after the ingress of the disease, it is a question presenting some insurmountable barriers to know whether the morbid appearances observed in the intestinal tube, particularly, are primary or secondary in their character; for our own part, we are inclined to consider them in the latter phase, though equally specific as if they were primary.

In the month of October, assisted by an excellent professional friend, we made an autopsy which proved highly interesting both in a practical and pathological point of view. The subject, in health, was a stout boy, 18 years of age; he died on the 18th day of the disease. Our notes of the appearances observed, being mislaid, we write from memory. The cadaver was much emaciated; bed-sores large; and the sudamina had partially ulcerated, a phenomenon which we have seen ascribed to venereal disease by Southern physicians. The examination was made eight hours after death. The stomach appeared somewhat reticulated—a circumstance we have no recollection of having observed in any other case; it also contained a bluish fluid resembling indigo. The isolated and conglomerated glands found in the duodenum, jejunum, and ileum, were enlarged and softened; some of the patches of follicular folds were slightly indurated, but depending, doubtless, upon the duration of the disease, their general character was soft and bordering upon the ulcerative stage, particularly in the vicinity of the ileo-cæcal valve. The large intestines were meteorized, somewhat attenuated, and containing a quantity of offensive flatus. The lower portion of the intestinal tube displayed evident traces of ulceration and cicatrization. The Liver, in size, colour, and in its external characters, presented rather a normal appearance. The Gall bladder contained a greenish and consistent fluid. The Spleen was enlarged, pale, and soft. The Pancreas was corrugated and rather pale. The Bladder contained a good quantity of healthy urine, and the coats of the viscus presented nothing abnormal. The Kidneys were softened, and rather larger than common. The Heart was pale and flabby, but no auricular or ventricular disease was observable. There was a slight effusion within the pericardium. The Lungs looked rather grayish; they were soft but the cellules seemed to contain a sufficiency of air to cause the organs to float on water. The Glands of the Mesentery and Mesocolon were reddish and softened, the former appearing somewhat tuberculated.

The Brain, Bronchii, and other portions of the body, presented nothing abnormal.

The diversity observed in this autopsy is in perfect keeping with the symptomatology of the disease. The enlargement of the Glands of Peyer and of BRUNNER are the prominent features of the autopsy; the same fact was noticed in all the examinations we have made. We have never seen it in any other disease, and the same has been observed by several of our professional friends in Typhoid Fever, nor have they ever seen it in any other febrile autopsy they have made; hence, we conclude, this appearance must be peculiar to Typhoid Fever of the South, and, consequently, destroying its identity with any other form of febrile disease prevalent in this region.

Whether this pathological condition is of primary or secondary existence is a matter of no import in a pathological sense for identification; yet, could it be ascertained, it might prove of some practical moment in a therapeutical point of view. If what we have read and heard of real Typhus, be reliable, we apprehend no physician who has seen Southern Typhoid Fever, marked its symptoms and progress, noticed its sportive freaks, and recorded its pathological characteristics, can, for a moment, conceive them to be identical.

We are aware that, in making this declaration, we are trespassing upon contested ground; but we fear not the power of investigation, when this investigation is conducted upon veracious principles, and guided by equity. We earnestly believe that there is almost as much disparity between Typhoid Fever and Typhus—in so far as we have read of the latter—as there is between Croup and Chicken-pox. Some men will not yield the point for want of therapeutic success; others make a hobby of Typhoid Fever in their cures, but let a death occur, it is at once imputed to some other disease. Thus it is that some practitioners glide along boasting, denouncing and castigating without reflection, reason, or deduction. When shall we have more *Science* and less *bombasm* in Southern Medicine? These remarks, as all those that have preceded them, are general, and by no means applicable to every man in the Southern Profession—for among them, may be enumerated some as noble and able men as adorn our race.

THERAPEUTIC MANAGEMENT.

We approach now in our conception, an important part of our subject. We have narrated the complexity of symptoms observed in Typhoid Fever, we have said it was mistaken for other diseases most commonly in the initiative stage; we have given our opinion of its differential diagnosis, which we considered easy; we have defined what we thought its true prognosis, etc., and the Reader who has carefully followed us in this serpentine course, will at once perceive how difficult it is to mark out any definite lines of treatment in the disease, or prescribe anything like a specific plan. The latter proposition is indeed true. In almost every affec-

tion, but it is much more so in this malady.—The course of treatment we shall suggest has been the basis of our action for a long time; it is the offering of our own experience; and by it, we flatter ourself, we have derived some reputation in the treatment of Typhoid Fever, as we have been tolerably successful. This is always the best evidence of the correctness of any mode of therapeutic application. We do not offer our plan of treatment to the Profession as a panacea in every case; far from it, but we honestly believe the principles we shall suggest will prove successful in ninety cases out of a hundred. No plan of treatment will cure all cases of the disease, no physician can achieve that point; if such a one could, perchance, be found, we would certainly give him the benefit of our case should we contract it. We are no enthusiast in its true definition, only in our conviction of right, and then we can speak as plain and as long as any medical man, in defence of our views and opinions: consequently, in discussing this part of our subject we may be led into many open and positive assertions, if so, we do it in no spirit of dictation or dogmatism, but from an abiding confidence in the rectitude of our course, and the truth of our doctrine. If any of our brethren should be induced to adopt our suggestions and fail in their anticipations, we ask of them the extension of that christian principle in our case which so much distinguishes the true philosopher and christian from the mere unreflecting in the world—*Charity*. It is one of the natural frailties of man, to err; were it not so, sin would not have come upon the world. It is to be hoped, therefore, should we commit an error in our treatment of Typhoid Fever the Profession, the liberal portion of it, will extend to us the ordinary habiliments of benevolence. We premise in the beginning that “no puke and purge Doctor” after the common order of Southern Medicine, can successfully treat Typhoid Fever. A meddling and officious medication in this disease cannot be too strongly reprobated. Allopathic medicine—to use a metaphor—in Homœopathic doses, is the golden rule to govern our actions in treatment. A physician to be successful must see his cases often, watch them carefully and prescribe for them in their lucid moments, mentally as well as physically and medicinally. The long face-sanctimonious, God-loving, patient-dying physicians, have no use for cases of Typhoid Fever. We mean no disrespect when we say “God-loving;” but we imply those who resort to religion as a subterfuge to hide their want of practical knowledge, should have nothing to do with a case of this description. A medical man should be mentally and physically adapted to patience and toil, to treat Typhoid disease successfully; he should have good tact, a kind heart, and well acquainted with his Profession; in short, he should have the patience of Job, the meekness of Moses, and the learning, if possible, of Hippocrates and all the moderns combined. If the case is protracted, the judgement will be taxed to its utmost; symptoms will mutate and spring up so fast, that the quickest perception will find it difficult to account for, and keep pace with them. You may see a case in one hour and prescribe for it, in the next it will be modified and

require a change in the medication ; consequently, the great necessity for a varied and active mental capacity in the medical attendant. Probably no disease in the complex range of nosological science, will so fairly and fully develop to the intelligent mind, the practical tact and scientific claims of the medical man.

But to come to particulars. At the commencement of Typhoid Fever, is the time, to prescribe correctly. Much in the way of success depends upon the first dose of medicine. If that dose be of a harsh and drastic character, ten to one, your patient will have a dozen or twenty alvine discharges before you can check them. If the attack is severe, such an abundance of dejections may seal his fate. The best and most prudent plan, is always the safest, and where we have doubts about the propriety of any course, the surest policy is not to adopt it. Then, in the beginning, presuming you have certainly diagnosticated your case, give no harsh or strong medicine of the cathartic or emetic description, but economise the strength of your patient and avoid stimulation. When we say strong medicine, we intend large doses of the order above named. Our plan is, all things being right, to give a grain of *Blue pill* and a fourth of a grain of Morphine, or half of opium, at night, and pass it off, the next evening with a teaspoonful of Calcined Magnesia, and one of Carbonas Lingi in water. The pill acts gently on the liver and stomach ; the opium keeps it in proper bounds, determines to the surface, and quiets the patient ; while the charcoal and magnesia is a gentle laxative, passing off slowly and mildly, and neutralising to some degree, the usual existing tendency to prutrescency in the disease. This course may be repeated as often as circumstances require it. The plan in Typhoid Fever is to prescribe medicine in small doses, and at long intervals ; hasty medication is the bane of the disease, and no patient can survive it long. We say then, give blue pill and some preparation of opium every night, or every other night, as your judgement may dictate, or you can modify it, to half a grain of calomel and ten of Dover's Powder. If you feel it essential to pass it off, do it, with the mildest laxative you can find, and we greatly prefer to all others, *charcoal* and *magnesia*. Castor Oil and Laudanum do very well, but by all means avoid Senna, Salts, Scammony, Aloes, Rhubarb, etc. We have sometimes derived a happy effect from Seidlitz Powders. Now, if you should prescribe Mercury with a view to its specific influence, you will probably be disappointed ; in the first place, you will seldom succeed ; in the second, if you do, the febrile excitement will not abate from it. This seems to us, to be a peculiar trait in Typhoid Fever,—*mercurialisation does not control its progress in a large majority of cases*. It is not a point of diagnosis. We will not venture to solve the question.

Again, you may prescribe mercury every hour or two. In Typhoid Fever until it acts as irritant, the bowels will become exciteable the tongue will become dry and red, presenting a parched appearance, and the pulse will be quickened. The plain course in such cases is to discontinue its use, although at a remote period of the disease, an occasional dose may prove beneficial. Whilst we conclude from what we have seen, that the

mercurial practice at long intervals, and in minimum doses, is the most judicious plan of treatment in Typhoid Fever, conjoined with other collateral agents, which we shall notice as we proceed, we are, yet, far from regarding it as a practice specific in its effects, or solely to be relied upon. We recollect being called—not six weeks since—several miles to see two protracted cases of Typhoid Fever which another Physician had pyalised, without producing the slightest amelioration in the condition of the patients; one died, and the other recovered after a tardy convalescence. Whilst we are writing we have a case in charge of 20 days duration, and which we unintentionally slightly salivated; the mercurialization exerted no perceptible influence upon the pulse, producing on the contrary a species of erythism which is difficult to quell and resist. But, although, we are opposed to mercurialization as a general rule, still in an aggravated case—one that has proved rebellious to every other plan of treatment—we would have no hesitancy in resorting to it. We act upon the rule, if one remedy is inefficacious, adopt another,—never allow a patient to die for the want of energy and perseverance. If the internal administration of the remedy avails nothing in such a case, we would apply it externally, rubbing the mercurial ointment upon the joints, axillæ, etc. In connection with the above practice, we are in the habit of prescribing Aqua Camphora for the relief of the nervous irritability, and to dissipate the delirium apt to occur during the night, with this we always combine Tinct opii camph., if the bowels are irritable, and not sufficiently under control by the Blue Pill and opiate. The dose in this case, as indeed in all diseases is to be regulated by the age, and condition of the patient, and emergency of the case. We know of no remedy which we regard as more reliable for the purposes we have named than the Camphor water. We prescribe it in almost every case, at some period or other. If the skin is hot and dry, and the patient comatose, we do not generally prescribe it; though we do not know even in such a case it would prove detrimental. The Camphor and opium to arrest the night delirium must be given in as large doses as the patient will bear; of this the medical attendant must decide. The idea of writing down doses for people, when we do not see them, and are ignorant of their physical condition is preposterous, and we shall not indulge in it. In combination with the camphor and opium we frequently apply clothes wrung in cold water, to the head, bathe the hands, etc., ordering at the same time stimulating pediluvia which will be found to exert a good accessory influence in determining to the lower extremities, and thereby diminishing the delirium. When the patient is comatose or stupid, the pulse voluminous and rapid, we have derived the most decided benefit from cups applied to the nape of the neck and along the spine. While we would not, under any circumstance, recommend general bloodletting, we would by all means urge a compliance in the above plan, and in the manner we speak of. After cupping, if the patient remains comatose, the skin cool and soft, we would apply a blister between the shoulders, and if necessary upon the inside of the legs. We have secured as much real advantage in those comatose cases from cup-

ping and blistering, as we ever did from any application, particularly when the coma depends upon a phlogosed condition of the Brain.

We readily grant that stupor, wandering, and delirium are mere incidents in Typhoid Fever, and depend usually upon mobile and not inflammatory action, and seldom call for local depletion by cups or blisters, (and probably never by general bloodletting;) yet, there are some cases of marked deviation, in which they not only act beneficially, but are indispensable. The wandering and raving so often observed, and so seldom absent in Typhoid Fever, is usually, in our estimation, augmented by blisters—annoying and fretting the patient in a wonderful degree, and are more injurious than any other means resorted to. Cupping in such cases does tolerably well; but shaving the scalp in all forms of delirium, attending Typhoid Fever has a salutary effect. But it is in this character of delirium that *opium* exerts its happiest influence—when the patient, in imagination, is wandering far away from home and friends—when he is endeavoring to rise from his bed in his fitful moments of febrile excitement, much to the annoyance and mental disquietude of his attendants, a full dose of nature's greatest, best medicine, to man—opium will calm the paroxysm, quiet the nervousness, and frequently, as if by charm, reinstate his reason. It is emphatically the sheet-anchor in such cases, as a general rule. There are cases in which it fails—no one remedy will cure every disease or will relieve the same symptoms in different individuals. If, during the course of the disease, the bowels should become unduly excitable, opiates combined with astringents are to be administered. A favorite prescription with us is Catechu tea and Tincture of Opium. If this combination should not have the desired effect, we are to resort to enemas of the vegetable or mineral kind, combined with an opiate.

It is a very important item in the treatment of Typhoid Fever that the bowels should be kept quieted, and within proper control. The patient should have a mild evacuation once in 24 hours if he is not much prostrated; but if he is very feeble, an evacuation once in 48, 96, or even 100 hours will suffice. In one case we kept the bowels constipated during ten days, and are satisfied that the patient was saved by this course. If the discharges are thick, tar-like, and somewhat greenish, the patient will bear them and strengthen from their passing off; but, on the contrary, if they are thin, liquid and foamy, they should be quickly checked. As an adjuvant in intestinal complications, which we have at times seen supervene, we apply warm poultices of corn mush with either ground red or black pepper; they invite to the surface and relieve the bowels. This affection of the bowels becomes frequently obstinate in Typhoid Fever, resisting the action of the remedies usually employed in such cases, much to the discomfiture of the practitioner; the tongue becomes dry, cracked and red, the bowels pass off repeatedly during the day, and now and then accompanied by tenesmus. The best plan, under such circumstances, is to discontinue the use of mercurials—if you are administering them—which in nine out of ten cases will be the practice; watch the patient

carefully and assiduously, and place him upon an astringent treatment of opium, catechu, sweet gum tea, and kinb, or the various enemata; blister the abdomen, and enjoin a strict regimen; in fine, watch him well but purge him not at his peril. If the vegetable astringents do not answer, try the mineral acids, and the Sulphuric acid has acted admirably in our practice. The mode of prescribing it is as follows:—

R. Sulphuric acid 40 drops;

Tincture of opium 60 drops;

Peach leaf tea 10 ounces. A tablespoonful to be

taken every four hours, or more often if circumstances require it. We have frequently succeeded with this preparation even in the most desperate cases. The Nitric acid, in the form of Hope's mixture, is admirably calculated for such conditions, especially if the liver is implicated. If all the remedies we have mentioned fail, and the bowels usually continue in a relaxed condition, the discharges may eventually assume a bloody character, which will call for the administration of lead, Nitrate of Silver or other astringents internally as well as by enemata. Probably the nitrate of Silver is preferable, and will succeed most excellently in a majority of cases, given in the form of pills or in injection. The opium and lead practice is popular with some practitioners, but it has never verified in our hands the results claimed for it, nor do we think it an efficient preparation in correcting those obstinate diarrhœal discharges that occur in this disease. With some the Spirits of Turpentine enjoy a splendid reputation in obstinate bowel complaints incident to Typhoid Fever; we cannot endorse the potency of the remedy for good. This medicine has been used very indiscriminately in the South we doubt not, and we verily believe that it has killed more, by large odds, than it ever relieved. We speak plainly, but in our opinion, not the less truthfully. How the turpentine can relieve the intestinal tube when it is already in an undue state of inflammation, we cannot conceive. We would not expect to extinguish a flame by pouring turpentine upon it, nor can we rationally anticipate to relieve an inflamed bowel by applying it to its inflamed surface. The idea to us is absurd. There is a form of Typhoid Fever in which we might venture upon its administration—in the last stage, when the pulse is feeble, the skin cool, and the bowels passively passing off. It is an excellent stimulant, and in these conditions the bowels require a decided and active stimulating effect to restore them to their accustomed tone, and retrieve the energy of the cutaneous surface; it is in these cases that the turpentine will be found of benefit. But in other forms of the disease it is too irritating, it increases cerebral excitement, promotes delirium, accelerates the fever, induces strangury, and enhances the risk of ulceration of the bowels. The figure may be somewhat colored, but not as much as it might be. We are decidedly opposed to Turpentine, in the manner it is usually prescribed here; but we repudiate nothing *in toto*, which has any claim to a place in the list of those agents that may relieve the ills of Adams's family.

The Quinine practice is in considerable vogue in the South as an anti-typhoidal medicine; we should have no fear of giving Quinine, and do, in those forms of the disease characterized by an intermittent type, or in the convalescence of true Typhoid Fever. But we would never indulge a hope of curing the disease by Quinine—an agent that occupies a prominent place among the causes that produce it. We have frequently administered it in typhoidal affections, but never with a salutary effect.—Under its use, the patient will one day appear better, the pulse and skin become soft, and the tongue moist; but on the following morning you will find him furious, or his tongue may be dry, the pulse quick and rapid, the skin hot, and the face flushed. This is about the usual result of the practice during the pendency of an uncomplicated case of Typhoid Fever. Some writers speak of cutting the fever short by Quinine, we wish this was ever attainable, but it is really ridiculous to hear physicians talk of cutting short Typhoid Fever by Quinine, or almost any other remedy. If cut short and cure imply to conduct to a safe termination, we will admit the correctness of the position—for this is the sum total of medical agency in the management of Typhoid fever. It is a disease which is arbitrary in its progress, and will pursue its course in spite of any barriers we may throw in its way; we may interrupt and prevent its attacking any relative organ, or producing disorganization, but the fever—the unbalanced condition is a disease *sui generis*, and will pursue its course in some shape or other, and that course will generally terminate in health, if managed mildly, and watched carefully. The fatality of the disease depends much upon the stimulating, bleeding, purging and vomiting which has characterized the treatment in the Southern States during the last few years. To lessen arterial excitement during an attack we never restrain the patient from drinking cool spring water or soda water, but we carefully avoid the use of anything of a sour or sweet description, as of bad tendency upon the bowels. The sick chamber, in summer, cannot be kept too well ventilated or cleanly. The bedding should be frequently changed, and frequent ablutions and changes of linen should be recommended to the patient. During convalescence he should, if possible, take out-door exercise; and, as a tonic, he may take, three times a day, a glass of Brandy, Wine, or Porter, and in addition the bowels should be daily evacuated by an enema, or a Seidlitz powder.

We have now given a general outline of our ordinary plan of treating Typhoid Fever, and we believe the principles we have laid down to be correct, and the remedies we have recommended to be simple and effectual. There are complications, to which we will now devote a few words. There is a morbid condition of the circulatory system, causing a quickness in the pulse, that persists for some time during convalescence, and for the relief of which we have found nothing equal to a mild laxative with a few drops of Tincture of Digitalis, repeated as circumstances may require. We would here observe that we have seen the most palpable benefit derived from the use of Digitalis during the existence of aggravat-

ed febrile excitement in Typhoid Fever. We again see some cases where much nausea and some vomiting are present, and for which we know of no better remedy than a few cups applied to the epigastric region, and the administration of a dose of Acetate of Morphine with Super-carbonate of Soda. Nausea is a troublesome complication in any febrile disease, but it is much more so in Typhoid Fever. When cups and Morphine fail to relieve it, we have seldom seen the application of a large blister to the epigastrium devoid of real and radical benefit. The tongue in some cases is painfully dry and exceedingly annoying to the patient, cleaving to the mouth, and obviously impairing speech; we know of nothing better to moisten the tongue at any stage of the disease, than 60 grains of Chlorate of Potash in 10 ounces of water, of which a tablespoonful is to be taken every three or four hours. This prescription will rarely be attended with disappointment, if our observation in several recent cases are correct.— We shall not attempt the explanation of its mode of action.

The sequelæ of Typhoid Fever, such as gastric, renal, splenic, or hepatic affections, deafness, neuralgia, falling of the hair, suppuration of the submaxillary, and other glands, general debility, etc., must be met on general principles, which strikes the mind with force, and which cannot be well prescribed for upon conjecture.

We have in detail, and with some prolixity, described what we consider the true method of treating Typhoid Fever. The Reader will, doubtless, be struck with its simplicity—but this simplicity is in accordance with the true pathology of the disease, and cannot be too pertinaciously adhered to. The physician who prescribes the least medicine of a drastic nature, and that judiciously, saves the largest number of cases, as can be attested by the intelligent portion of community. To succeed well in Typhoid Fever, the patient should be frequently seen and closely watched. The idea of a blue pill and a pot of feces will not answer in this affection; nor will the once popular doctrine of the Liver being the focus of all Southern diseases, be of any avail in Typhoid Fever. We conclude the Liver has had a good many more sins to account for than it was ever guilty of; and we, moreover, think that it is not half as much at fault, at the present day, as it is supposed to be. We hope the periods of its transgressions has passed, and it will never again be a hobby to screen rational investigation.

To conclude this subject, we can only remark, that we have treated it with all the frankness and freedom from senseless phraseology incident to our nature. If we have unfairly intruded upon the views of others, this was never our intention; if we have erred in our advice—therapeutically, we have done so innocently and honestly. For our deductions we claim nothing but fairness; we do not expect every one to concur in opinion with us, nor do we wish to be condemned without a trial. It is a human foible to be fallacious—did we possess a different element in our nature, we would be one degree above mankind and beyond the pale of censure and of error. This is a position we have not, nor can expect to have.— In offering this Essay to the Profession, we claim for it that justice which is due to the productions of other men—a calm examination and trial from an un-prejudiced Brotherhood.

Georgia, November, 1852.

S. - Virginia.

RAMSAY ON

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SOUTHERN TYPHOID

FEVER.

