THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLV.

WEDNESDAY, OCTOBER 29, 1851.

No. 13.

TYPHOID FEVER IN PHILADELPHIA.

[From a Sanitary Report to the Medical Society of Pennsylvania, by ISAAC PARRISH, M.D., of Philadelphia.]

A CONSIDERABLE number of cases of typhoid fever occurred during the year 1850, some of which originated in malarial districts, and seemed, in their early symptoms, more allied to ordinary remittent than to the peculiar enteric fever described by modern writers under the term typhoid.

The total number of deaths from typhoid fever, in 1850, reported by the Board of Health, is 107, the highest number, 27, occurring in the 10th month (October). How many of these cases originated in the city proper it is impossible to say; while, in the present state of opinion on this subject, it is difficult to arrive at accurate results in regard to its progress.

What is denominated by some practitioners typhus, is called by others typhoid; while remittent, or even intermittent fevers, of a protracted and low type, may be classed as typhoid by some observers.

Personal observations have convinced us that the peculiar form of fever described by Louis, Bartlett, and others, as typhoid, and by Dr. Wood as enteric, has existed within the city limits during the year, and the testimony of medical friends, well qualified to judge, is equally clear upon this point.

The first case which fell under the observation of the writer occurred in a lady, about 40 years of age, residing in north Second st., in the vicinity of the great fire of July 9th. Soon after this event, this individual, who was of a nervous temperament and in feeble health, sickened with a fever, supposed to be consequent upon the alarm and anxiety occasioned by the fire. She had chilliness, violent pain in the back and limbs, extreme restlessness, inability to sleep, loathing of food, furred tongue, a feeble and rapid pulse, great muscular weakness, and constipation. This state of things continued for several days before I saw her. I directed mild purgatives, diaphoretics and anodynes, believing the disease to be the result of mental agitation, and supposing that it would subside in a few days.

The fever, however, increased, alternating with copious and exhausting sweats, and without any diminution in the frequency of the pulse,

which ran beyond 120. The thirst was urgent, and the skin, at times, burning hot. There were no red spots or sudamina on the abdomen, nor were the bowels loose, as is generally the case in typhoid fever. As the disease advanced, the nervous symptoms became more urgent, the weakness was extreme, subsultus tendinum and delirium supervened, and the breathing became irregular and laborious. The lungs appeared at times to be almost suspended in their movements, the diaphragm and abdominal muscles being in laborious and irregular action.

There was no evidence of pneumonia or bronchitis, and the peculiar character of the respiration indicated strongly nervous exhaustion. This was coupled with great irritability of the stomach, and the rejection of nourishment and stimulants, thus cutting off the chief means of restoring the vital forces, and the patient sunk into a deep coma, and died on about the twelfth day of the disease.

The lungs were found to be perfectly healthy, in a post-mortem examination; but, owing to the heat of the weather, and the shortness of the time allowed for the examination, the mucous membrane of the bowels was not inspected.

A young woman, about 30 years of age, who nursed this patient, was attacked (7th month 30th), a week after her death, with chilliness, followed by fever, with pain in the back and limbs, and stiffness of the joints, simulating articular rheumatism. A small dose of medicine, given four or five days from the commencement of the disease, brought on copious purging, which it was necessary to check with anodynes. The patient had a disgust for any kind of food, and when urged upon her was very apt to vomit; the stomach was, indeed, very intolerant of medicine and drink, and the patient would sometimes have bilious vomiting on awaking from sleep, and without anything having been given to excite it. The tongue was coated with a dense, slightly-yellowish fur, which cleaned off at the end of eight or nine days, leaving it smooth, red, and moist, and assuming, in a little time, a yellowish appearance, with an occasional tendency to dryness. The pulse was rising 100, weak and small. Muscular strength greatly impaired; dizziness of the head, and sickness on rising from the pillow. Perspiration frequent and copious, attended with heat of skin, without any marked diminution of the frequency of the pulse until the approach of convalescence. No delirium or pain in the head; no red spots, sudamina or tympanitis.

These symptoms continued, with but little abatement, for about three weeks, after which a gradual amendment took place. The irritability of the bowels diminished, and the stools became consistent and natural. The appetite improved, and the pulse went down to its natural standard, though great weakness, stiffness of the limbs, and irritability of the stomach, continued for several weeks longer. The hair came out during this period, leaving the patient almost bald, but grew again after her health was established.

The diarrhoea, frequent pulse, muscular debility, neuralgic pain, and the continued form of the fever, taken in connection with the circumstances of its origin, sufficiently indicate the character of the above case, although several symptoms, which are usually set down as marking typhoid fever, were absent.

The next case occurred in the early part of the 9th month (September), in a young woman of about the same age, and presented many points in common with that just narrated. There was the same neuralgic pain and stiffness of the joints, with loathing of food, dizziness of the head, nausea and vomiting, diarrhœa, great muscular debility, &c. ; the fever and diarrhœa continuing, without decided amendment, for about three weeks, when a gradual amelioration of the symptoms became manifest, and convalescence was evidenced by a return of the appetite, the establishment of healthy fecal evacuations, and the reduction of the pulse to its natural standard. The recovery was very slow, and the hair came out, as in the previous case.

This patient had not been exposed to the disease, and was living comfortably in a healthy part of the city. No one who attended upon her, or visited her, was attacked.

The next case was in the 10th month (October), and was clearly traceable to a foreign source. The patient, a little girl of about 13 years of age, daughter of an officer in the custom house, had been on a visit to Carlisle, Cumberland County, where an epidemic typhoid fever was prevailing. There her brother sickened with it, and was quite ill for several weeks. When he had sufficiently recovered, the family returned to the city, and in a few days the little girl complained of chilliness, pain in the back, stiffness of the joints, languor, loss of appetite, &c. She kept about for a week before I saw her. She now had diarrhœa, was restless and feverish at night, with a pulse rising 100. The discharges from the bowels were yellow, and about the consistence of mush, and occurred five or six times a-day. (These thin, yellow stools I have observed in a number of cases of this disease.) There was the same loathing of food as in the other cases. The tongue, which was heavily coated, began to clean in the centre about the fifteenth day, presenting a dry, chapped surface underneath. The loosening of the fur was preceded by accumulations of sordes about the gums, and a flow of saliva, with the odor of salivation, although the patient had taken but two grains of calomel, in divided portions, five or six days before. At this period there was a tendency to drowsiness, with slight subsultus, and a more feeble and frequent pulse. As in the other cases, there was vomiting of bilious matter from slight motion, and sometimes after awaking from sleep, without anything having been taken, and without previous nausea; and this tendency to emesis was noticed to be more frequent when the diarrhœa was checked, and *vice versa*. There was also in this case, when the patient was at the worst, an involuntary contraction of the fingers, continuing for several hours, which I regarded as a sort of prolonged subsultus. No delirium, except a little wandering of the mind at times, after awaking from sleep. Slight tympanitis at times. No sudamina or red spots were observed. This patient began to convalesce in the fourth week of her illness. The hair came out at a later period; and it was several weeks after convalescence was established before her strength was restored.

Remarks.—The above cases may serve to illustrate the form of fever to which the name typhoid has been recently applied, and which is to

be met with in the city of Philadelphia, during the greater part of the year.

It usually occurs in young subjects, runs a protracted course, and manifests a train of symptoms by no means uniform. How far these fevers are distinct and peculiar, and whether they are entitled to a distinct classification, are questions about which there is still a difference of sentiment amongst men of high authority, and one which we do not propose to discuss in the present report.—*Trans. Penn. State Med. Society.*

ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 213.]

IN addition to the expression of the eye and countenance, to sleeplessness and alienation of feeling, in insanity, there are numberless and various indications of change in the mental condition, such as thoughtfulness, inactivity, neglect of and apparent indifference to former pursuits and pleasures, abstinence, constipation, vitiated secretions, sudden impulses, restlessness, extravagant schemes, suspicion, sudden bursts of laughter or of tears, &c. &c. Some forms of insanity, indeed, so closely resemble aggravated cases of hysteria, as almost to identify them, especially in that form which is termed *Erotomania*. Here there is generally some irregularity in the uterine function, together with excited imagination, protracted desire, and great susceptibility of the whole nervous system, of all which the maiden "*nulli bene nupta marito*" is peculiarly the subject. This is another illustration of the effect of the mind on the body.

The brain is at first only sympathetically affected ; but the reiteration of hysteric paroxysms will occasionally induce a morbid action of it, with delirium, and ultimately insanity—more particularly where the exciting cause is referable to blighted hopes and affections. And when I speak of this as a cause of mental derangement, I will venture, without fear of contradiction, to assert that *any* strong impression on the sensorium, or *any* passion in excess, may give birth to it, especially where there is a constitutional predisposition to the malady. Dr. Prichard (the late commissioner in lunacy) considered the passions and emotions the principal and most frequently productive causes of madness ; and, in common with Pinel, Georget and others, was of opinion that the moral causes predominate considerably over the physical. In the wealthy and well-educated classes of society there can be but little doubt of it, for obvious reasons ; but amongst the poor and uneducated I believe that the balance will be found in favor of the latter : their intellect, rusty by disuse, is less under the influence of excitement ; their feelings are more dull ; their nerves less sensitive ; and, unless roused into action by spirituous stimulants, their general susceptibility is less acute. Hence it is that amongst the savage tribes, where the mind is totally uncultivated, insanity is comparatively rare. Rush pronounces it to be unknown amongst the North American Indians. Intense study, on the other hand, is an occasional source of it ; and the too close ap-