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CONTAGIOUSNESS OF TYPHOUS FEVER.

The Contagiousness of Typhous Fever. By JONATHAN SIBLEY, M.D.

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IN September, 1799, I took lodgings in the town of Union, Lincoln County, Me., and soon went into the practice of medicine, surgery, and midwifery. My first case of fever was on Appleton Ridge, a man about twenty-six years old. The account which he gave of himself was, that he had lately been to a military muster, had drank pretty freely, and fatigued himself at night by dancing. I made him a few visits, prescribed emetics, cathartics, &c., and applied a blistering plaster. But the patient becoming delirious, and his friends having but a poor opinion of physicians and medicine, he was neglected, and finally died. Soon after the death of this person, two children in the same family became sick with fever—one a male, about sixteen years old, and the other a female about fourteen. These two children occupied the only bed in an old log house, entirely destitute of glass. I attended them two or three weeks. They both recovered. These, then, were, undoubtedly, cases of typhous fever: the first brought on by a debauch, and the two latter by infection from the former.

In May, the next year (1800), a robust, middle-aged man fatigued himself very much by night on board a vessel, which was coming into George's river. He left the vessel, and went immediately to his home in Hope, near the banks of the river. In a few days he was sick with typhus; it was severe, and lasted long. In the early stages of this case, there was furious delirium and want of sleep; and then followed great emaciation of body and fatuity of mind. The man finally recovered. This man had a large family, who were all sick in the course of the summer and fall, one after another. The children were but slightly affected. In the course of this season, there were many other cases of typhous fever in the neighborhood. Many of these cases were, undoubtedly, caused by contagion from those who had been previously sick; but some were sick with this fever who had never been exposed by visiting or seeing others who were sick. This complaint continued in the west part of Hope, and in Appleton, from May to the end of the year. About fifty were sick—no deaths.

In October of this year, I had the fever myself in Union. I have no doubt I took the disease of my patients in Hope. I was confined about a week, but soon recruited, with the loss of most of my hair. A young man, where I boarded, had the fever slightly, soon after I left my room. The next January, a young woman was sick in Union with typhous fever, who had been living at Hope a few days in December, where the fever had prevailed the fall before. It was reported that she had lodged in beds which had not been well cleansed. There can be no doubt, in my mind, but this person obtained the fever in Hope while she was there, as she could not have been exposed anywhere else; nor is it at all likely she could have had the disease from the peculiar nature of the atmosphere, at that cold season of the year.

In July, 1801, a young man from Union made a trip to the State of Massachusetts. When at Boston, about to return home, he found himself unwell, and sent for a physician, who gave him a dose of jalap and calomel, and then told him he would have a fever. He soon took passage from Boston to Waldoborough by water. From Waldoborough this man started for Union by land; but in the night, on his way, he became lost in the woods, where he suffered much from anxiety, fatigue, sickness, and night air. He reached Union the next day, and went into a large family, where he had a most severe fit of sickness by typhous fever. Here I took the disease the *second* time—was confined to my chamber two weeks; but I was once more restored to health, with the loss of my hair again. Most of the members of this large family took the fever from this man, as I did: some were very sick, but none died. So much for the contagious nature of typhous fever.

I have now been in the town of Union more than thirty years, in regular practice, and have seen many, very many, cases of typhous fever—I presume hundreds. The average number of deaths by typhous fever, among those that I have attended in this country, I think will not exceed one in forty; perhaps not more than one in fifty, of the whole number.

Aged people have rarely been affected by this disease. Children more frequently; but the middle aged, and more especially the youth of large families, seldom escape whenever the disorder makes its appearance among them. In such families, it usually lasts three or four months before it finishes its ravages.

I do not perceive that local situation has any influence upon this disease; or that the inhabitants in one situation or place are any more liable to this disease, or fare any harder when they are sick with it, than the inhabitants of any other place. Nor am I able to say, or even to conjecture, why the disease should *naturally* prevail any more in one year than in another; but temperature has certainly an influence upon it. When it breaks out anew, it is always in the warm season of the year, and generally in the latter part of summer; and then, from some cause or other, it seems much inclined to keep lurking about the country till winter, when it always ceases to exist, except in such cases as are communicated by the contagious or infectious nature of the disease, from those who are sick to those who are well.

Dr. Smith, of—all along the Connecticut river, says he has ‘never known or heard of its recurrence in the same person.’ I have *myself*

had the typhous fever *twice*. Another person, who has been a neighbor to me more than thirty years, has also had the typhous fever twice. These are the only cases of its 'recurrence in the same person' which have come to my knowledge, and they are cases in which I could not be deceived. I first had this fever in 1800, and then again in 1801. The other person was sick with the same disease, first in 1802, and then again in 1810. We were both young when we had the disease the first and second time, and had both been much exposed to the infection, each time, by attending those who were sick. Dr. Bristow, of Warren, informed me that he had known one person to have the typhous fever twice in one year. The 'recurrence' of the typhous fever in the same person is, I think, a *rare* occurrence.

Young men who go from the New England States to the West Indies, or the Southern States, in the summer season, are, as I am told, very liable to have the fever of those countries; and when they recover they are thought to be somewhat acclimatized, and not so liable to have the same fever again. They become seasoned to the climate: this has been called a *seasoning fever*. Young men who have come from the westward into this country, in times past, I have considered *more* liable to take the typhous fever, than the natives who were born here; and after they have had the fever once, they are certainly not so liable to have it again;—are they not, by this means, seasoned to this climate?

There have been but few years of the many that I have spent in this country, in which typhus has not appeared among us. In some seasons there were but few cases—in other seasons many. One year, when there were many cases of typhus in different parts of the country—a kind of sporadic, perhaps—I kept watch of them as well as I could, and made my calculation that about one half or two thirds of the people who were sick with the disease, had been exposed to others who had been sick with the same disease, and were thought to have taken the infection from them; but of the others, no particular cause could be assigned whatever, why they should have the fever at all, unless we attribute it to a certain gas, or vapor, which arises from the surface of the earth in our summers! In some seasons there have been several persons complaining, at different times, of headache, sickness, debility, pain in their limbs, foul mouth, &c., who applied to me for assistance; but after taking a few grains of tart. antim. and calomel, in divided doses, or perhaps a scruple of jalap, were well in a few days, thinking these medicines had 'broken up the fever.' Many cases of this kind have occurred to me in practice; but whether they would, if left to themselves, have finally been real cases of idiopathic typhous fever, I cannot tell.

Dr. Smith calls the typhous fever a 'specific disease, a *sui generis*.' Dr. Armstrong, of London, says, 'In 1819 I attended a patient with intermittent fever, which in its progress put on a remittent character, and that again assumed the continued character, but with all the most malignant signs of what is usually denominated typhous fever. The fact of intermittent, remittent, and continued typhus passing and repassing into each other, proves their common origin;' and he considers what is called malaria, or marsh effluvia, the sole cause of this disease, which (when it has assumed the form of a continued typhus) may be propagated from one per-

son to another by contagion. If malaria, or marsh effluvia, be the primary source of typhous fever in London, it is probably the primary source of typhus all over the world. I do not know that I have ever seen a single case of well-marked intermittent or remittent fever which originated in this country. Whatever I may have seen of the intermittent kind, has been imported from a warmer climate; and as to the remittent form of fever, I can say nothing from experience, except what takes place in the decline of typhus, which, after a *hard run* of the disease, seems to assume a remittent form, having an exacerbation or paroxysm every day, and a remission at night. As the disease declines, these paroxysms of heat become shorter and shorter, and the remissions longer, of course, till the disease finally wears itself out, occasionally leaving its victim with a rheumatic affection in the hip, or with a swollen and clumsy leg.

That the typhous fever (and, if Dr. Armstrong be correct, the intermittent and remittent fever likewise) may be caused or brought into existence by malaria, or marsh effluvia, I do not pretend to deny, or even to doubt: but in this country we have no marshes or bogs which have been accused of making us sick; nor do the people who live on the low land, or beside meadows and fresh water, appear to be more liable to this or any other disease than the people who live upon the high land, or in the back woods. I have yet to learn (or yet to remain ignorant) what this general cause of fever may be, and how it produces its effects; but 'such knowledge is too wonderful for me; it is high; I cannot attain unto it.' I will endeavor to speak only of effects. May not this malaria, miasma, or gaseous vapor from the earth, this 'secret peculiarity in the constitution of the atmosphere,' this unknown 'occult-quality of the air,' sometimes produce fever in some of those persons who have been exposed to the contagion of those who were sick, and were thought to have taken this disease by infection from them; and so, in fact and truth, be a more general cause of fever than has been suspected?

To me there is, evidently, *something* peculiar in the nature of typhous fever. I have seen a few cases of *specific* typhus in adults, and many in children, so slight that they could scarcely be perceived—most certainly could not be distinguished at the time; yet in all cases of idiopathic typhus (however slight) the hair falls off.

However frequently Dr. Cullen may have seen cases in his genera of synocha and synochus in Scotland, I do not know; but in Maine, *my* observations and experience seem to correspond with what Dr. Smith has written, when he says, 'I have never witnessed a single case of continued fever, except *typhus*, which was not either the effect of contagion, as the small-pox, measles, &c., or evidently connected with local inflammation, and dependent upon it.'

I once knew a robust, middle-aged man, who had a slight attack of pleurisy in November. He was bled, and but little else done for him. In a few days he was at his work. In December, one month after, I found him at night raving with typhus. I gave him a large dose of jalap and calomel, and applied a blistering plaster to the back of his neck. The next morning, when I called to see him, he was 'clothed and in his right mind,' but his typhus lasted two or three weeks. These two cases of fever in the same person, with an intervention of only one month,

were entirely distinct and independent of each other. I have never known a typhous fever begin with a pleuritic pain in the side ; but in the progress of the disease, more especially in the decline of it, I have known this pain to supervene, and in one case it was very severe.

A man who had been sick with jaundice a year or two, and was yellow as a lemon, was attacked with pleurisy. I bled him ; the blood looked like yellow dye. This man was treated on the common principles for pleurisy, and the disease lasted only the usual time. In a few weeks after the pleurisy left him, he died with jaundice.

I place no confidence in what I have read about critical days in fever, nor have I learned anything respecting them by experience. I cannot often tell when a fever begins. People frequently ask me when the fever will turn. This is a very embarrassing question ; and the only proper answer which I can think of, would be to say—‘when it forms a crisis.’ I have not yet become so learned in my profession as to know exactly when this ‘decision of the conflict between nature and distemper’ takes place. When a person has been sick ten or fifteen days with typhous fever, the disease frequently becomes stationary, and we cannot see any perceptible change for several days ; and then, in favorable cases, the fever begins to remit and to recede, as it purges the constitution and has no more fuel left to keep it burning.

The typhous fever of modern days is, most certainly, the same disease which in ancient times bore the name of slow, nervous fever—in every respect. Huxham was a famous writer upon it, long before it assumed the name of typhus ; but typhus now seems to have become a great word—or rather, great use seems to be made of it, both by physicians and people. It is an easy word—all can use it ; but few know or care whether it was derived from the Greeks or Cherokees : nor does the proper application and use of the word seem to be any object—so long as it answers their purpose, they are contented to use it *any* way. A medical *sprout* found an old man with a pain in his side ; told him he had a typhous fever, and applied a blistering plaster, which relieved the pain. *Ergo*, the name of the disease must certainly be correct, because the remedy gave relief.

In a case of well-founded typhous fever, can anything be done to cut short the race of the disease ? In many cases of indisposition accompanied with feverish symptoms, much good may be done, and the patients oftentimes entirely cured and restored to health much quicker than they would be if left without assistance. But when the seeds of this disease are sown in the human body, from a person sick with the same disease, and the disease is fully formed ; or, in common phrase, ‘when the fever is settled,’ I cannot think that anything can be done to eradicate this disease from the constitution, any more than can be done to exterminate the measles or hooping cough, or any other contagious disease.

P. S. In a few instances of this disease, where the fever was severe and lasted long, I have known large quantities of grumous blood discharged by stool, in consistence and appearance much like the meconium of infants. These extraordinary appearances gave great alarm, but no harm resulted from them—the patients all recovered. Those who are in a convalescent state from this disease, secrete urine and sweat in large quantities.