1859

Graduation Thesis.

On the Types and Treatment of Contiguous Fever.

By C. R. B....

M.R.C.S. E. D. L.A. C.
On the Types and Treatment of Continued Fever.

I propose in the present通讯 to make some practical remarks upon Continued Fever, with especial reference to its various varieties or types, and to its treatment. I shall endeavour to confine my remarks to these points upon which I may be able to offer the results of my personal observation rather than attempt the history of a disease how so well understood and described in the standard medical writings of the day.

When I commenced the study of Medicine 30 years ago, the doctrines taught in the schools were deeply infused with the principles involved in the teaching and lectures of several names of celebrated doctors, holding specialities, such as Leclerc, Cluttons, and Boucard.

A remarkable change has taken place since that time in the opinion and practice of Medicine, and about the same as well as many other diseases. The practice of Medicine of 1859 is very different to that of 1829. Other diseases had attended
essentially in type or our methods of treatment. None, less. Changed by
the Progress of Science and the wide
line of Knowledge which modern
physiological investigations has
brought to bear upon our inquiries into
its cause.

The subject is one of the
most profound interest, and although
fact of the above kind, is held by
infamous. Dare in the Progress now
is. I think it a strong tendency to give
an equal amount of influence to
both and to try to date our practice
and found our principles upon known
facts, rather than write our stories
and arrange our science by theoretical
principles. Facts are the only
basis upon which sound principles can
be established in a rational system of
medicine built up.

In 1830 I was taught that the
foresaid to write and clearly described by
Callen or Syrache. Syrache and Tipton
with its varieties, Muter and Jacobin
were modifications of one disease that
Known as Contined Fever, until lately this opinion has been universally adopted and described by physicians in this country. The disease was deemed of first practical utility, and it was founded upon a true and sound basis. Until the last few years however, Dr. Linnell had proposed only a single division of the typhes of continued fever. But he has formed what he calls a disease called Typhus with two distinct distinct diseases characterized by their own peculiar pathognomonic symptoms and best produced by the same contagion. This division of the forms of Typhus, observed by Linnell is

First. Typhus fever or Simple fever
Second. Relapsing fevers or Variotia
Third. Typhus fever characterized by the colored spots and inflammation of the liver.

Fourth. Typhus fever characterized by fever in the convulsion of the brain and palpitation of the heart.
Continued from
This arrangement has been repaired by B. Deacon in the fourteenth edition of his work. It is not clear if it is the same Deacon who described accurately the forms and complications of fever which have of late years been prevalent in Bombay, and it may be in other large towns. According to my own observations, his arrangement is not applicable to the varieties of continued fever observed in this country. During a practice of 2 or 3 years I have seen but a small deal of fever, and the result of my experience leads me to the following heads:

1. The forms of fever which I have seen were all defendable to one or another of the theories of Calmet and I have observed any type of the disease peculiarly characterized by any distinct variety of Jaundice.

2. I have known the two forms of disease described by B. Deacon, one by Syphilis and Syphilus occur together in the same village during
The same Epidemic.

3. The appearance of rose spots or petechiae
our layer of rose occurrence, both in
my own practice, and of many other
persons I have consulted in the East
of England.

Their opinions which I have
formed from these facts, is not that
it is mere in wrong—but that Estland
fell exposes its different types of
putrid or lup deficient in the blood
according to the locality in which the
plague is observed.

Almost all observations
upon disease while come, led to
medical public are made in large towns
and the cause of this is sufficiently
obvious. The science of medicine is
taught in large towns. Most of the
best observers and the best teachers
and hard-working scientific men die
left in towns. The medical dean in the
country on the other hand, lacks from
the result of his observations and
experience to the world. Many others
...through life without ever telling a lie, he have in fact no authentic
word read of any extensive account
of disease as it occurs in purely
agricultural districts. And in a
natural consequence. Most valuable
information about the type of fever
disease is entirely lost to science.

Variola Antwerp Fry. Cullen divided continued fever
into Syphoche, Typhus, and Syphocho.
He define these from an "incurable"
without intervention and self-produced
by Means of critical". Syphoche or
inflammatory fever, he described
as fever with great heat; head pale, head,
mouth and frequent; urine red, and
but slight disturbaces after the pulse.
Typhus he introduced as a devastating
fever, pulse small and weak, never
little altered and Fluent. Much disturbed
Syphoche he described as a fever
intermediate between Typhus and Syphocho.
The forms of continued fever
while have fallen under study over
the century have been chiefly men...
Typhus and Syphilis of Ulcers, with theirGeneral and Local Complications, and the various symptoms generally interpreted by the practitioners have been the following. Smith described a simple form of Continued Fever.

Headache, pain in the window, an indisposition to move, or to be lightly touched; a sense of cold trickling or creeping down the back; nausea, vomiting, inability to distinct respirations, pain in the limbs; diminished appetite, with an accelerated and unsteady, irregular pulse. These symptoms may last only a single day, yet generally last a week or two, and constitute the usher of the fibrillary or fibrilhula of authors. But if they do not terminate in the 4th day, the causality for an increasing and the headache become more decided, and the pain in the back more intense; and generally pain in the left shoulder to the scapula, heat, frequent pulse, thirst, white tongue, speech difficult, nausea, oppression in the cardiac region.
in their brows and a precocious expression of countenance. The skin is often hotter than this when it goes to some depth, often the patient feels very cold before he is dead or even can be when he has been attacked perhaps suddenly with such depression. The pulse never is usually felt but compressible; the tongue enlarged smooth covered with a thick mucous and put out in a tremulous manner; sometimes the pulse will be slow and the inspiration quick. The perspiration of strength often from that unexhausted from long distance and the sameammae applies to the brain; the patient cannot understand what he reads, his face may appear red, when you tell him to get up in bed he will turn pale and probably fall back again. The pain in the head is great when the patient sits up; that in the back and loins in low considerables; there is great susceptibility to cold and the function generally become impaired. The subsequent
From 90 to 120 and often greater, will become laborious. These symptoms may be acute, but if treated by the court or after the disease, the tongue is broad and dry, the mouth feels clammy, bowels constive, and the abdomen often tympanitic. Sometimes there is generally the patient becomes in from 14 to 21 days from the commencement.

2. Scarce form of Continued Fever.

Prostration of strength in the first instance and excitement considerable, pulse quick but strong, heart variable, inspiration probably comparatively slow; the secre tooks and secretions are obstructed, sense of taste nearly lost; bowels irregular, sometimes constite often loose, from commencement, urine scanty and high-colored; mental functions indeterminate; after a long illness there is a sense of fatigue and emaciation all over the body, deep-colored
*This is quite in accordance with the facts stated from the Medical chair at the University as applicable to the professors of Edinburgh.
and the tongue, retches, hiccups, tongue brown and dry sometimes red and flushed like raw beef. And tremulous: the patient complains of little pain except in the head; there being no pain or distress in the abdomen. There are generally the symptoms of first stage—dizziness, tremulousness. Sometimes take a turn for better on the 7th or 11th day. Sudden however the increase in tachypnea and delirium. Metaphysically bilateral pain in the abdomen and back. Occasionally intermittent delirium supervenes; the lips are covered with tardee; the tongue becomes thickly furied and brown; even black; and firmness. The patient is low in first stage, he is suffering from typhus. If the case terminate fatally it last generally 5 or 6 days or longer. In fatal cases, all the symptoms first detailed are increased and the patient dies by way of coma.

Now there are the two principal types of simple uncomplicated typhus.

Continued fever observed by me in the
Country during the last 25 years. And the letter or space of time may be considered and is so frequently write

1. Central inflammation or congestion
2. Inflammation of the thoracic lungs or bronchial membrane (frequent)
3. Inflammation or disorganization of the intestinal mucous surface especially the glands of Peyer in the ileal ileocecal valve (frequent)
4. Various eruption or spots like of a bright line colour described long ago by Louis as peculiar to intestinal ulcer and recently by Larner as pathognomonic of such affection as of a drum or mulberry colour sometimes being the form of ribice and accompanied with pain on lips herpes from the bowel - both time appearance in the country are rare and only considered in dyspeptic of a very slow disappearance of the blood
Gastric and hepatic complications
- the first characterized by ghastly pickings and the latter by dark black stools. Note there are combined with uninfrequent
   country practices.

It would be quite impossible to enter here into a description of the broad
variety of continued what result from
the complications above mentioned. They
are familiar to all practicioners, both
in Town or Country. I believe they all
are varieties of one disease—produced
by a similar cause and communicable
one to another in the same ratios as the
intensity of the disease. The complications
of pathological suppurative deposits or
secrections, etc., I also believe to bear
a distinct ratio to the displaced quantity
of the blood and will be typical
of many distinct variety. These appearance
are to be seen here in country practices. In the
former case occurring in the Town or
which I lived which had a population
of 3000 inhabitants, I have occasionally
seen them, and is not a medical practitioner
in consultation a short time before I left
Duffield in the summer of 1858 in a case of
Typhoid in which a young man was fatally
involved. The single branch of the
university of the disease was, and is a little
while. I received from him a few days ago
(March 1859) he informs me that he has
had no other case where spots of any
kind were observed.

In the town and immediate vicinity
-land of town where I left there was
exceedingly a family for the pathological
form of Typhoid Fever in which there
were a few symptoms. The disease
there was chiefly characterized by dark
almost black spots with abdominal pain
and ileal tenderness. After I left the
villages spread by contagion it had been in
some instances very fatal. I saw no
symptom of any kind in the cases which came
under my observation. And in the course
of a letter which I wrote to Dr. Heffer
a medical gentleman residing in
A man in the following:

"Have fortunately lost no cases of the fever proceeding here, but a few lately. Have died in the practice of my friend. The death took place in two families. I have never seen many appearances of the rash or jaundice but they all had the case with one shot. These have no fever symptoms. My cases have all done well, and I am most thankful. From considerations of disease the stools are perfectly black in all cases. I have had a slight attack myself."

Another practitioner, Mr. Martin of Holbrook near Newbury, has been a great deal of sickness, and has had an influence of forty years with the land in a little, dated Feb 24, 1869. I have at the time cases of typhus fever and one of apoplexy. Under the care of these patients there is a great deal of sickness. I have occasionally seen both there. I have occasionally seen both there.
There is no indication of any peculiarity in the report of the outbreak of the disease in Suffolk of about 500 and 600 inhabitants. There were 54 cases, of which 10 died, and the victims were characterized by both local and abdominal symptoms of very great severity, particularly the former. There were no "spots" in any single case.

In 1839, I had 26 cases of the same disease in the same parish, in which the principal complication was the linear scar on the surface of the white skin, and lungs to some pneumonia. Every case wore the same train to death, but there has been no more. It has been suspected and has been suspected by some that these "spots" have not been found because they have not been looked for. In Dr. Jenner's time, Dr. Johnstone used to take as heil able to laugh. "As the two
Spots I never saw there because I never looked for them. Very blue shots must have known that this kind of spot had long been recognized by practical men as occasional appearance in fowls and that Louis Le Prince in his excellent description of his species, in 1860, indicated the one and I, as peculiarly characteristic of the various forms of fowls to be found in France. For my own part, I may say that I have omitted looking out for the appearance of these often reliable: the proprietor signs agreeing with the French Law, and the appearance of black砖 or brown or green-shoots appear no one close to their locality; the Sun shone however, the shoots are the to be blamed; it is a good sign when the black or violet shoots assume a brighter colour. The large black or brown shot, one almost always attended with purple bloom, the Whale Mink, by Crown shoots like.
Wrathes are not much less dangerous than the lewd and black, though free of blood as the caldron company.

Then the furies of twice three oak.

The hero the fatal end.

There can be no doubt however.

That Mr. Draper has improved a great benefit when I am not left of love and ability, with which he has worked out this subject and that he has shown an faithful account of the varieties ofcontinued fever which occur in trades and perhaps in other large towns. His opinion of those factors are in the main with that of the observers, and in fact very similar to that of Calton with the exception that I cannot help thinking that some of the generalization obtained from facts, which have a local significance only. I mean that these short characters are sometimes sufficiently distinct and communicable for types to types.
Principles and Practice of Medicine, 20 Oct. 1858
Although they undoubtedly are in all forms from Shakes to Shelley.

Bennett to obtain the possibility of recovering the typhoid from typhus in the early stages, which I find I consider justified. And I believe it will be found of observation just about the theory advanced by S. Delane in the point.

There is no town in the United Kingdom perhaps as well witnessed from here. Have once fully investigated them. This city on the banks of River. Plutarch, cavalry. Bennett found her depository and as far as I can ascertain the face from the appearance described by S. Delane as pathognomonic of Typhoid and Typhus Fever have not been established here. In fact I find that the prevailing features in the Pathology of Fever in Edinburgh in the absence of any manifest sign in the majority of cases adequately to account for the typhus-like observed during life. In fact in this century they are almost invariably connected with disease of the intestinal
Canal—and this circumstance readily accounts
for the fact that Louis attached the existence
of the Spots as a pathognomonic sign of
absence in Rosen Plaut. Simply from the
absence of other forms of lichen to institutes
a rapid comparison. Then instead two have
a type of Continental Fever in Edinburgh,
London, to London and to Paris, and to
Country districts—in fact, the
African Dune perhaps, the African
Opium different forms according to
the location or the habits of the
people—in which it occurs; and I
do not think it possible that we can
lay down any general principle as
the classification of these varieties
that I have in applicable only
certainly to any other place than that
in which they were observed or when
atmospheres of that year on territory of great
extent. What Mr. Alcune have had an
important bearing upon diseas; it was
body marked by Jodulcan that a
treatment which might be highly
successful in the pest after years—
Might he totally be applicable at
Arugta for the same duration. Just to
deny of better or worse, or if you and
are, whereas or worse have refused the
epidemic in a form of a fruit or by amount
of malpractice and help to for one of
local complication.

I cannot from my own experience
add anything to what is known of the Pathology
of Fever. And I shall therefore turn to a brief consideration of the
Treatment of Continued Fevers.

When I studied Medicine
30 years ago at the University of Dublin
under Dr. Conolly and the Clinical
Instruction of Dr. Deacon at the Middlesex
Hospital. I was taught that all
inflammatory complication were to be
treated by bleeding and mercury. There
is just the mode of treating the early stage
of the illness then and for many years
afterwards. I went to England,
Dr. Conolly who had philosophy
seen a great deal of Fever both in the
city and in London was however, notwithstanding
in the principle he laid down upon this
subject. The theories of Blaemont, Linnem,
then and Armstrong were then better known
through with practitioners, and though they had
it appear to be in these days that the
anatomist had a great deal of trouble at all
I find in my letter of 8th May, July,
lectures in 12 Autumn of 1830 the
following remarks

"I consider inflammation always
a secondary occurrence in fever, it is
not so active as when it is idiopathic.
I think the doctrine of bleeding in
fever was common to a very unnecessary effort
and fatal in fact. About 10 years ago
"The most careful observations made
have convinced me that caution
is requisite in pursuing either the blunder
or the bleeding method of treatment. I
as well think that the effects of bleeding
are proportional to the quantity taken
as said by St. Cullen: since a perception
bleeding than others. In some epidemics
Bleeding is some better than in others, although it is often worse than luckily.

"Inflammation of the brain is one of the most serious complications of fever and therefore when one sees symptoms of 12 minutes one ought to bleed directly.

"One should expect inflammation to bleed without a cause, unless there is inflammation we have no order in feasible indications to bleed: the inflammation sets up if does not remain a quarter of an hour."

Thus were the principles with which I commenced practice in 1832. I will relate the circumstances which induced me to change my views and to adopt ones afterwards and a very different system of treatment.

I have stated above that in the year 1834 I had the entire care of 54 cases in the Southampton Fever in the Saint-Giles Parish in Suffolk. The symptoms of the disease were very severe. Inflammation of the brain was in many cases worse and directly
Marked by sudden delirium, intemperance of sight, quick death, and fall prostration, first heat of skin, contraction of the pupil, occurring generally during the first week and often followed or preceded by diabetes very difficult to control. It is unanswerable in these cases which came. Strongly indicated an inflammatory type - and in all the first cases, I dealt with I bled either from the arm or by breast cold to the head or. But every case so treated died. Two other medical men were called in to two other separate cases, and they both died. One of the patients was a student of the University of Edinburgh. Both these cases died.

Of course immediately changed the treatment. I avoided blood letting and gave wine early. The change of treatment was not marked and decided although one or two died from the abdominal complication. Yet in 1834 44 out of 54 were saved.

In 1837 continued from broke out in the same parish with abdominal.
And pulmonary complication. In every case there was either cataract, bronchitis, or pneumonia. But some often reached cerebral complication of the epidemics of 1837. I treated every case by the early administration of some morphia or led, after inflammation in the chest or abdomen, and I only lost one out of 21 cases. And then, too, a young woman in whom there was hydropsy on the cerebrospinal and no wine could be got into the stomach.

Since this time I have habitually treated continued fever with the system and with a success which has often exceeded hardly ever disappointed my expectations. My plan is not rarely left with the observance of three rules: First, I consider medicine of almost all kinds not only useless but often injurious. I hardly ever give anything else but some emollient or something soothing the mouth. A large amount of water or a proper fluid of drachm of spirits of morphine. As prescription acc.我。
About an ounce of the spirits of rosemary or 26 to 30 drops of laudanum, I have often found the most sufficient because I took care to have two quarts prepared. Cold opium is often preferable to the patient but it must never be forgotten that cold is a different thing. With the method

With Sultana wine or sugar and sweetly

it quite well.

I doubtly. O. alston, confounded an humane

benefit upon Medical Science when he

taught the necessity of observing the danger

of heat — for many years. He acted

in the treatment of fevers almost solely

upon the principle of meeting the tendency

in death at the very top of its mental effect,

and I am told this by the early adminis-

tration of stannic salts. In some

cases, however in the only remedy required

from first to last. And I believe the

amount is only to be regulated by the

condition of the patient. In one of the

least cases, I ever saw a young girl

of 19, a bottle of wine was taken every

day for a week and I was always b
considerable quantity of brandy was added to the patient's drink every day. I am not certain as I can be of anything that she would have died had not the fever been kept up throughout the day. Since 1835 I have never allowed any kind of febrifugus to interfere with the free administration of points. Whenever I found the patient to be in fever, I regimen its use. And I have never had reason to regret it.

To carry out the principle of treatment enjoined by the Medical code:—the ice—no ventilation—no sleeping—the bleeding. It is absolutely essential to have good nursing. Another is a guard of the treatment. I have always to be obtained. When a little—like a little is at hand be sold in. In the event of the officer and the master which fail every thing and often force itself like itself in ministration to the breasts of the stronger woman often terrible disease. They incline to caution, and carry out strictly every
秩序是医生。但有些事
往往先与疾病发生关系，
医生曾短暂离开，甚至
是连同疾病一起
匆匆离开。然而，
某些医生在短短几年
就建立了良好的声誉，
甚至在没有正式毕业的情况下
就开始从事这项工作。

也许他们有一种
难以言表的天赋
来应对这种疾病。

然而，另一个问题
是，这种疾病的
类型是否在近25年
中发生了变化？
Chap. 7 to be given in all classes after the same question. Right or wrong may be decided.

* B. Weber. Possible Practice of Physics
It is not very to believe that the
first prominent man in the profession should
have practiced for years in a practice
which was fundamentally—physiologically
and pathologically—wrong.
Few men were a greater example
of the medical age that brought back
than R. Armstrong. Briefly, born in
the practical philosophy of Beddian,
a logical thinker—a most careful
and industrious practitioner and an
author so careful to exclude all
which he could not demonstrate—and
yet he had to the extent unknown
since his time. We are told indeed
that before his集成电路 death he
expressed that he had lived his life
and the same rector* often felt that
he lived a little more in the
nobility of action, while we all
know how men a great philanthropist
and the natural conclusion follows if local
on one—he was probably more both tied
Clutterbuck and Brooks—
true champions of two great doctrines.
+ Practice on Inflammation.

+ badass in Encyclopedia of Practical Medicine

Part 1: Continued Two
Of these - which are totally unexplained
now and the Inquiry fairly led them
TREATMENT was among other
But most medical men who
In this June 30 10 15 Year to
Examine in the prevalence of a Themic
Type as compared with that which
Obtain now. There seems to be
Something like an oscillation in medical
Practice - Why should it not indicate a
Change in the type of disease in the
Edinburgh area and it reflects upon human
Judgment and Medical Philosophy.

John Hunter 20 years ago spoke
Strongly against the use of the lancet as
Practiced then. And exclaimed "There is
how much less necessity the former
Is now because to it. When
Parsini came to Edinburgh to then
the Lectures of Brown - he became a
Convent in the authoritative lectures of
other. But when he returned to Italy
His patients all died under the use
of wines - which induced to change his
TREATMENT. And this Doctrine together
Hydrothorax and Cutler have pronounced of bleeding but they both refer to typhoid fever in which bleeding could not be borne.

This difference in the type of disease has, in fact, been noticed in all times of the history of medicine. It is a fact indeed with which we are familiar in our reading and in our habits of thought, but it is not until the June day to demonstrate for all that.

Bostor for instance says that he believes there is a change in the type of disease, and he expresses a belief that this has been caused by the introduction of the cholera of 1832. But the opinion that has been advanced by Bostor, that cholera has been infected by a strain to Quarter in 1887, though associated by a strain to Quarter in 1887, I have a great deal of difficulty with cholera in the United Kingdom. I have traced its progress from Peru to least house building the place now that occupying the course of rivers and mountains.
When Asiatic Cholera was at its height in Warsaw in 1832 it carried off 100 Jews between the commencement of their Sabbath and the Monday morning of the week. I need hardly say that the Polish Jews are the purest among the Jewish people in Europe.
The scene of field and dirt. If linearly approached at all for miles to the edge of the neighborhood of those cities of many parts of the East of England and yet I can only personal testimony that fever and influenza have at all been treated successfully without benefit. I broke my landing at an intersection of types of trees in London, Edinburgh, and Paris; but one naturally led to the question. Does climate influence the type of climate and if this is so it must be considered. The alternative then was the climate of England and Scotland changed during the last 25 years? As far as my personal experience I am a believer in a gradual manner climactic change in this country. The locust of these youth periods for psychological causes appear colder to our minds. Yet as the writer of life approaches life, the illusion of such ideas is shared by a great number of
There is one fact, however, which cannot be denied, viz. that the blood and mercurialized, dilatation of its capillaries and phlebitis, is connected with the disease. Whether this connection is constant and that the cure of the disease is secured by internal or external means is uncertain. As it has not been done successfully in all cases. It would be foreign to my present purpose to pursue this subject further, but I must add that since I have been in the city, I have heard from the Clinical Chair of the University of Edinburgh that there has been a very satisfactory cure of what was before obscure and mysterious.

According to this theory, inflammation is itself a disease of mobility, that it consists in the formation of epithelial lining matter, which undergoes the process of cell development and proceeds in a similar fashion. That the four corporacles is itself a
St. Brucett's Clinical Lecture.
The allotted period of its existence from the time of cell life broken up and dissolved and cast out of the system by its absorption into the blood and that the disturbances created in the system by these efforts of nature constitute this phenomenon of inflammation. But this doctrine is a great step forward. What was unknown before and to the application in the treatment of fever is referred by the modern theory of fever itself. For whether the cell disease with Liebig that fever is produced by a poison in the blood acting by concurrent affinity to its shelter the cell reduce from the experiments of Pless. I regard the evidence that such a blood poison acts by just paralyzing the sympathetic (a doctrine Laplace advocated in reference to Aristotle's health). Fleury now using these doctrine the cells disease in whether the fever is written we are still drawn by unanswerable facts to the conclusion that continued fever is specifically a disease of
Arbitrily and can only be treated
Incapable upon principles grounded
Then such a doctrine.

"Non enim tam auctoritate in
Disputando, quam ratione, momenta
Quarum data sunt."

C. H. Bell

March 12, 1859.
136. Prince St.
Edinburgh.