NOTES ON THE EPIDEMIC FEVER OF RUGBY
AND ITS NEIGHBOURHOOD, DURING THE
AUTUMN OF 1846.

By JAMES PAXTON, M.D.

(Continued from page 535.)

It is usual, especially in large and populous places, and perhaps very justly, to connect continued fever with the idea of organic debility. With these views the chief object in the treatment has been to attempt to maintain the circulation with wine, cordials, stimulants, and nutritious diet; at the same time, while suppressing relaxation of the bowels by opium, to relieve local determinations by leeches, and to meet morbid irritations by counter-irritation of sinapisms and blisters. With this plan, generally, saline medicines and doses of mercury were administered.

"Whenever the circulation became feeble, wine and stimuli were used in such quantities that could not be supposed to be inert, and the pulse became less frequent and firmer under their use"* "Wine is given for this one lesion of the circulation; the support of this peculiar function of circulation is your object all through;"† with what success we may be able to judge by the following statement:—"Several patients were brought into the hospital suffering from typhus, the tongue was natural, and the pulse 70 or 80, and yet the majority died."‡ Other physicians of equal eminence, have spoken more guardedly when recommending wine, they have entertained suspicions of the general expediency of wine in fevers, even among the same classes as those just alluded to; observing, that "wine should be given a little at a time, when the second sound of the heart is wanting."§ There is an admirable direction given in these words—viz., "Wine should be administered when the skin is cold."|| The epidemics of Dublin, Edinburgh, and of the metropolis, have been thought to differ from the epidemics of rural districts. They may. This much is certain, that the constitutions of persons resident in confined situations, are little prepared to encounter a struggle with an aerial poison. "The very atmosphere of commercial and manufacturing cities undoubtedly deteriorates the race of men."¶ They are in an unfavourable position to meet disease. Hence the great mortality of populous districts has been justly attributed to this cause. In the London fever hospitals one in seven die. When we know that there has been a low standard of health antecedent to the attack, the expectation of a successful issue under a malignant attack, of an epidemic, is but a forlorn hope. I have gone out of my way thus far in order that we may estimate the relative condition of communities and persons becoming the subjects of fevers.

In considering the late fever of Rugby, such disadvantages as we have just referred to do not exist. Here the air is without carbon in excess, and altogether untainted by the fumes arising from factories. None of the poor are destitute; every one is living in a comparative state of comfort. It is the custom of those who move in the superior ranks of life to visit and relieve the poor, and in times of sickness they watch over them and administer to their temporal and spiritual necessities. Societies thus constituted have more of the moral and physical elements for maintaining their natural tone in the hour of trial, than is known to exist under circumstances which have lately been reported as prevailing in Scotland and Ireland. It is requested all this may be borne in mind, in accounting for results and deviations in practice, in this place, and for adopting a treatment the very opposite to that which has been recommended by practitioners of great experience and high standing in the profession elsewhere.

The successful treatment of our epidemic depended on the strictest attention to regimen: errors in diet were fatal. All kinds of stimuli had the effect of increasing arterial action, congestions, and cerebral disturbance. It was only in the stage of *perfect subsidence* of the malady, that wine could be taken with impunity. I had often to regret the permission I had given to use wine at too early a period. The most mild species of nutriment were the best for the patient. Time after time have I known a generous diet, such as beef tea and wine, to derange the viscera, and to have a direct tendency to excite organs already too much excited by febrile phenomena, and the consequences were invariably a correspondent depression of the vital powers. The principle which suggests wine and the highest nutriment in low fever, in theory is plausible enough. To oppose what was esteemed strength to weakness, is a theory which readily gains an ascendancy in the minds of those who are ignorant of the management of diseases. They are haunted by the single perception of *debility*, but the exhibition of wine to counteract the debility, only involved the patient in additional dangers. At the advanced stage of fever, wine is the medicinal extreme unction for the patient's dismissal. In the earlier stages it may be symbolized by the golden cup filled with abominations. There could be no compromise between wine and the Rugby fever. It was not long before I found, that either the nature of the fever, or the peculiar habit of persons in this locality, would not allow of the administration of stimulants without decreasing the chances of recovery. To give an example—

Mrs. P., aged 27, was seized with fever, attended by great prostration of strength, and a disordered state of the bowels. Her appearance was faded, and the pulse feeble and frequent. Wine, and afterwards brandy and water, were given in considerable quantities, which

* Dr. Alison. † Dr. Corrigan. ‡ *Ibid.* § Dr. Stokes.
|| Dr. Williams. ¶ Dr. Black, of Liverpool.

appeared to comfort the feelings and to suppress the diarrhoea. However, on the fifth day most of the symptoms became more serious. The typhoidal influences were fully manifested; the skin was dry and burning; purple redness of the cheeks; tongue loaded with hæmotosed brown mucus, the teeth and lips having an incrustation of the same secretion; the pulse was increased in rapidity and diminished in strength. I scarcely need observe, that with great thirst there was not the least appetite. She was unable to converse with any one for many seconds; her words may be described as muttering and incoherent; there was no voluntary control over the sphincters. None could entertain a favourable impression as to the result; a very different course of treatment therefore was pursued. Hydrarg. cum Creta, gr. x., was directed; afterwards Liquor Sodæ Ch. M. xx., e Mist. Camphoræ, quartis horis. Broth was exchanged for chocolate; raspberry vinegar and water was substituted for port wine negus. The hands and feet were, several times a day, sponged with warm water. In twenty-four hours it became obvious that the system was returning to a more tranquil state. By the fifteenth day the sensorial faculties were clearer, the pulse had fallen to 120, and the tongue was moist and white at the margin. Still as she was complaining of much uneasiness in the cæcal region, with troublesome diarrhoea, the same dose of Hydrarg. cum Creta was repeated, the operation of which, though attended with much inconvenience to the nurse, was of decided advantage to the patient. On the 18th day, having been allowed beef tea, it occasioned an exacerbation of fever and increased disturbance of the bowels. Chocolate and milk was therefore resumed as the only nourishment that could be safely recommended. On the 22nd day a copious diaphoresis appeared critical. There remained indeed, extreme emaciation, but the tongue was gradually improving, (i.e.) the brown receding from the margin and apex. On the 25th day, quinine, with small quantities of hydrochloric acid were prescribed, and the patient was removed from a confined part of the town to a mile distance, where the house was situated in a garden surrounded by fields. This step immediately had the effect of improving her appetite. Her recovery was slow. Four months elapsed before she could return to her home and resume the duties of her family.

The mother-in-law who assisted in nursing this good woman took the fever and died. Three cases occurred in the house adjoining; two of great severity, but as soon as there was subsidence of fever, these likewise were removed into the country, where they recruited their strength in about five weeks. I might briefly observe of one of the last-named cases, a girl, aged 6, who, having the epidemic of the third degree, lost her flesh, had mulberry-coloured fur on the tongue, lips and teeth, with stupor and delirium. Now, tea and pure water constituted the whole of the dietetic treatment for fourteen days, when an inclination for food returning, she was allowed milk diet.

Her brother, aged 10, had a similar attack which

reduced him to a mere skeleton. The same plan of treatment as before pointed out, was adopted with a favourable result.

J. B., a boy aged 9, in addition to a severe form of typhus, had peritoneal tenderness, and abdominal tumefaction, which continued seven weeks. Chloride of soda was exhibited with occasional doses of chloride of mercury. As there was a tendency to constipation, tartrate of soda was also occasionally given. When aperients were required, this neutral salt or phosphate of soda were observed to act with mildness and good effect. This boy's diet was solely grapes, chocolate, whey, and toast water. He passed through the worst stages of the worst degree of the epidemic. In three months his health and strength returned.

His sister took the same complaint, as well as a great number of persons resident in that part of the town, (the neighbourhood of Queen Street,) the disease occasioned great loss of mental and physical energy, but fatal terminations were rare. After giving the fairest trial of stimulants and the generous plan of treatment, under the notion of opposing debility, I found that stimulants and cordials were not only unnecessary, but positively injurious. Given by way of support they only occasioned supplementary fevers. Tea, chocolate, and fruits, were sufficiently nutrient, and might be taken with greater safety than broths and jellies. I have learned to attach much importance to the dietetics of patients in fever. Unless there is a desire for food, the attendants of the sick are unwise in pressing it on the patient. In no case did they sink from want of nutrition, but from morbid actions.

E. H., a youth aged 17, for fourteen days took only soda water; it was grateful and refreshing, and he eagerly drank from six to twelve bottles a day; subsequently grapes and chocolate constituted his nourishment for about a week, and in five weeks he was able to walk out.

As a summary of my observations,—1st. The remote cause of this fever appeared to arise from the reception of an intoxicating poison invading the whole system, and often accompanied by local disorder. The innumerable varieties were dependent on temperature or predisposition. 2ndly. This disease, even in healthy subjects, was lingering; yet in its third degree, and when assuming the most formidable characteristics of typhus, if previous lesion did not exist, a favourable issue might be predicted. 3rd. The depression from the very commencement of the attack marked its asthenic type; it would not, consequently, admit of depletion, unless locally, by means of a few leeches, to relieve engorgement, or where inflammation co-existed with fever. On the other hand, an attempt to strengthen the system by strong animal infusions had a tendency to keep up febrile action.

The immediate cause of fever is now supposed to depend on depraved circulating fluids. There may be in addition, lesions of particular organs, prior or

subsequent to the attack, (as accidents,) generally increasing the danger. Each required its appropriate treatment. The first demanded the exercise of much patience. Disregarding any complaints of weakness, the question for our consideration was not the relative strength and weakness of the patient, but the control of morbid action, and the inducing of healthy functions. The reduction of the animal powers, and the absorption of adipose tissue, is a matter of little moment, when compared with the importance of relieving local congestion, or local affections analogous to inflammation. For instance, when the complaint assumed the form of *typhus cerebri*, the application of a few leeches to the temples became necessary. Sometimes in these cases blood drawn from the feet by leeches seemed preferable to any other method of depletion. This was followed by small sinapisms to the lower extremities. The hair was cut off, and the head frequently sponged with warm water; I do not mean fomented, but the head merely washed, which had the effect of producing an evaporation from the scalp, and an agreeable feeling. The palms of the hands, and the soles of the feet, were treated in the same way. When the temperature of the skin was unnaturally high, then such ablutions were particularly tranquilizing and refreshing.

In *typhus pulmonalis* frequent small doses of tartar emetic was useful in relieving bronchial affections connected with fever.

The most severe type of fever which we witnessed was that which has been termed *typhus abdominalis*; in such cases the more urgent symptoms were subdued by the exhibition of Hydrarg. cum Creta; and although diarrhoea or intestinal hæmorrhage might be present, this medicine was not on that account to be forbidden, since it was proved to be the most efficacious medicine in correcting the relaxation, and for improving the biliary and intestinal secretions. If the pain in the bowels was acute, the local abstraction of blood by leeches was preferable to taking blood by the arm.

Mrs. S—, aged 31, was affected by the third degree of fever, with paroxysms of great pain in the bowels; being of a full habit of body, blood was abstracted from the arm, and the pain was relieved, but the fever became much more formidable. The pulse, which had been 110, rose after the blood-letting to 130; delirium and involuntary motion of the extremities followed. In this state, for some days, medicines and every thing else were refused, except a little tea and soda water; ultimately she recovered, but her recovery was protracted.

A lady who was on a visit to the above also suffered from a similar attack. In this case doses of the grey powder, citrate of potass, and blisters, gave a safer check to the symptoms, and in three weeks she was able to be removed into the country.

Of this family, consisting of seven persons, four had

diarrhoea and fever. It is rather remarkable, that the three who escaped fever were the servants. In a person, where frequent dejections and tenesmus were distressing, compound ipecacuanha, with aromatic confection, was given; but it soon became evident in our practice, that whenever any preparation of opium was resorted to for the restraining of the motions and irritability of the bowels, a greater amount of fever was sure to supervene. Opium had also another ill effect, that of hastening congestion of the brain, and producing alarming lethargy or subsultus.

Soda-water was a most agreeable and valuable beverage. The same may be said of tea, coffee, chocolate and whey. The two last proved just sufficiently nutritive and in every respect beneficial, until the state of subsidence of fever. When there was cough, as a drink, a table spoonful of powdered gum acacia, in a quart of lemonade, was directed. The unsophisticated taste of children, however, at all times instinctively preferred that fluid which is the greatest of all febrifuges, pure water.

Under a state of convalescence much caution was needed in returning to a full diet. The patient in this respect required to be kept back. We frequently observed that the mistaken kindness of friends occasioned a partial relapse. Pressing nourishment against the inclination of the patient, was always attended by ill consequences from the beginning to the end. The best indications for allowing a better diet was a returning appetite and the patient experiencing a desire for food; then, whatever it might be, the appetite should be indulged. The permission was seldom injurious.

ANEURISM OF THE ABDOMINAL AORTA, SIMULATING DISEASE OF THE KIDNEY: RUPTURE INTO THE LUMBAR ADIPOSE TISSUE.

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G. M., Esq., aged 68, an Irish gentleman, who had been engaged in active public life, had been subject at different times to gout, but not in any severe degree, and his general health had been good until a year and a half since, when his stomach became deranged, and he began to suffer from a dull, and at times severe, pain in the loins, more particularly in the right side. His physician in Dublin, finding that these pains were not removed by any treatment, advised him to go to Bath, to drink the waters and use the baths, as he considered the pains to arise from deep seated gouty inflammation. Accordingly he came to Bath, in April last, and became the patient of Mr. Church.

Soon after his arrival, it appeared that he had brought with him the infection of the low fever, then prevailing