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SOME REMARKS ON CONTINUED FEVER AND ITS TREATMENT,

BY EMOLLIENTS, ANTIPHLOGISTICS, AND PURGATIVES.

BY JAMES EAGER, M.D.

THERE are no diseases which, from their importance and frequency, more justly merit the patient investigation of observers than continued fevers. It is, indeed, much to be regretted that the classification which has been adopted by many authors, is not calculated to enable us to arrive at an accurate idea of the nature of those affections. On the contrary, being essentially arbitrary, and consequently based on characters that are ever liable to be modified by circumstances which very frequently cause one form to pass by insensible gradation into another, it renders the study of those diseases extremely difficult and unsatisfactory. This inconvenience is, to a great extent, obviated by some modern pathologists, who, with the light of morbid anatomy, have discovered, that those affections which have hitherto been designated as continued, inflammatory, mucous, bilious and putrid fevers, are, in a great majority of cases, but different degrees and different forms of the same disease; a disease which presents, as its most frequent anatomical character, an acute inflammation of the isolated and agminated follicles of the ileum and corresponding mesenteric ganglions. Hence the former denominations of those fevers have been set aside, and the sole name of follicular enteritis, ileo-mesenteritis, typhoid, according to some, and dothinenteria, according to others, substituted. This intestinal lesion has been very carefully observed; and whether it be considered primitive or secondary, the cause of the essential symptoms of the disease, or merely one of its effects, still it is one of the principal characters of the affection. It must be admitted that lesions, though much less constant, have been found in other organs. The blood has been examined, but not with the attention which a subject of such difficulty requires; and hence, very little is yet known of the modifications it receives in this disease. The symptoms have been compared with the lesion, in order, if possible, to discover their connexion; and it is with this circumstance all difference of opinion among writers originates. Whilst some maintain there exists a perfect correlation between the functional disturbances and lesions, others hold a contrary opinion. In some rare cases of severe fever, a simple villous inflammation of the intestines, instead of lesions of the follicles, has been found after death; and there are even some instances in which no alteration existed, although other organs in the body were found diseased.

I recollect a very remarkable case which I saw at the

Hôtel Dieu. A young man was, from the nature of his symptoms, supposed to have a slow nervous form of ileo-mesenteritis. After death, which occurred on the 26th day, none of the follicles were found diseased, but there were three or four points, each the size of a sixpence, at a certain distance one from the other, and three feet from the valve, in which the intestine was very much thinned and transparent. It is probable the mucous membrane was destroyed in those points, and that this pellicle supplied its place; a supposition rendered more tenable by the fact, that some of the corresponding ganglions were very red and much enlarged. The spleen was very soft and friable. One of the kidneys was transformed into a purulent sack, or pouch, twice its natural size. There was not even a suspicion of this lesion during life. Although this observation, strictly speaking, does not belong to that class in which intestinal lesions are not found, I have thought proper to quote it, from a conviction that it resembles many which have been adduced as examples of the non-existence of intestinal alterations where unequivocal symptoms of typhoid disease existed during life. Is it not reasonable to suppose, that the slight inflammatory and bilious fevers, which present nearly the same gastro-intestinal symptoms, belong, for the most part, to less advanced stages of this same lesion? As slight affections generally terminate favourably, unless there be complication of another disease, we have no certain means of establishing the truth of this assertion. However, the supposition is a reasonable one, especially when we consider that the symptoms of those fevers are just the same as those which result from the ingestion of irritating substances, certain poisons, and also from experiments on animals, in all which cases the mucous membrane of the stomach and bowels is the only part affected.

Some observers are of opinion that there exists a difference between villous and follicular enteritis. For my part, I could never detect any other than what referred to their progress, duration, the absence or presence of some nervous symptoms, stupor, or delirium; and I have often remarked a mild disease become a severe one so imperceptibly, that it was impossible to determine, *a priori*, which was villous, and which follicular enteritis. If, therefore, one or other of the elementary parts of the organization of the mucous membrane, or both at the same time, be affected; it is better to class them under one head, and subsequently distinguish them according to the progress, nature, and gravity of the symptoms. Physicians have, from a very distant period, carefully observed the circumstances which seem to favour the development of fevers, the manner in which the symptoms are modified by the state of the organs and functions of the individuals affected