

"A FEVER VILLAGE."

By THOMAS NEWHAM, M.D., Winslow.

UNDER the above heading, the monarch of the daily press, a short time since, gave a paragraph from a provincial paper. This paragraph was an extract from a pamphlet published by the Regius Professor of Medicine at Oxford (Dr. Acland), upon the state of a village in this neighbourhood.

Dr. Acland was directed by the Board of Guardians to make a report as to the condition of Great Horwood, and he did so in a letter to the Chairman, and which has now been given to the public. Written, as was necessary, in a popular style, the report in question becomes a sanitary one, rather than professional; and I propose supplying the profession with the latter part of the subject, by describing, as well as my feeble powers will allow, the characteristics of this fever which has been prevalent in the village.

Great Horwood is situated on high ground, and presents all the external appearances of cleanliness and good order. Its main street (and almost only one) is wide; no open drains running down it; cheerful-looking houses; and a fully-employed and tolerably well-fed, agricultural population. Behind this smiling exterior, however, we find pigstyes, open drains leading from places of necessary accommodation, numberless small dung-heaps spread over with decaying vegetable matter, and very near to the constantly-open doors. In addition, there is scarcely any ventilation in the village. The bedrooms of the cottages are all in the roof, and tenanted in many cases by several persons. These things, we know, render the inhabitants of cottages amenable to disease; and when fever is once introduced, it revels in luxuries peculiar to itself, and gathers in a rich harvest of victims.

In September, 1857, the first case of fever occurred in this parish. The patient, a young woman, had been staying in Buckingham, where the disease was raging, and had returned home nine days before. I could not detect that this patient had had any communication with any sick person. Be this as it may, the facts are important. No case of fever had happened in Great Horwood before this. The subject first attacked had been living, if not in contact with, at least in an atmosphere of, fever. Clearly, then, I think, the disease was not generated in the parish. I wish I could say that it was not fomented and encouraged by the nuisances and unsanitary state of affairs.

From the cottage to the farm-house, and others of a higher class, there are but a few steps, and the destroyer crept from one to the other, through the medium of servants, nurses, washerwomen, and last, but not least important—gossips, who went to condole with the friends of the patient, and then took a quiet little walk to communicate their opinion of the sick person (and the doctor) to all their friends, thus sowing the seeds of contagion broadcast.

I may mention here that two of the most malignant cases it has ever been my lot to witness occurred in houses without any nuisance whatever existing in or immediately around them. The statistical information as to the whole number of cases up to July, 1858, is found in Dr. Acland's report. Up to that date, 125 persons had been attacked out of a population of 700, and of this number 18 cases were fatal. In my own practice up to the same time, I had 32 cases, of which 3 were fatal. Beyond saying that several other deaths have happened since July, I shall not enter into further statistics, but at once proceed to give—firstly, the general characteristics of this attack of fever; and, secondly, the treatment.

The characteristics of the fever.—The mode of attack varied. In some instances, the patient attributed his symptoms to a severe cold, either from being exposed to wet, or from sitting in wet clothes. In these cases, the usual rigors, alternating with hot flushes, occurred, and generally occupied three or four days, the subject of them, if a labouring man, attending to his employment the whole time. At the end of this period, however, severe pain in the limbs and head supervened; and although, in some sanguine temperaments, a fierce delirium came on, as a common rule it was *muttering*, and the symptoms above noted merged into those of typhoid fever.

Again. In some cases the patient had a severe attack of diarrhoea—firstly of a bilious character, and then the evacuations becoming gradually darker. When this latter event took place, there came on great prostration, with petechiæ over the

surface of the abdomen, and in one or two instances purpura-like blotches over the extremities. I need scarcely say that here again we had typhoid symptoms.

Thirdly (and most dangerous of all). The patient—an ordinarily strong man—felt a general weakness, with loss of appetite—in fact, general *malaise*. He thought a little medicine would soon do him good, and scarcely felt inclined to keep his bed. On examination of this case (a real one), there were no symptoms present to warrant the belief that any kind of fever existed. The following day he seemed even better. On the third day, difficulty of breathing came on, not traceable to any assignable cause, and the whole skin was slightly livid—both symptoms being most likely the effects of poisoned blood. On the fourth evening, he passed some quarts (eight or ten) of matter from the bowels, consisting of venous blood, mixed with frothy, yeasty mucus, and accompanied by horrible fœtor. From this moment, up to the evening of the fifth day, he never rallied, but died at that time, in possession of all his faculties, with purpura and general lividity of the whole surface of the body, and great reduction of the temperature both of the breath and body.

I shall not enter into any theoretical speculation as to the proper name to give to the last method of attack. I merely call it "malignant typhus." The two first modes of attack were the forerunners of typhoid fever. The three fatal cases, up to the time of Dr. Acland's report, were similar to the one narrated in the third phase of the disease. The only exception was in the case of a young woman, where the hæmorrhage proceeded from the uterus, and was horribly offensive.

In describing the two first methods of attack, I have carried them up to the period when the symptoms became typhoid. The length of time before this result happened varied much, from a few days to three or four weeks. If the depression of the vital powers came on quickly, and without hæmorrhage, the more likely was the case to be amenable to treatment. If the typhoid symptoms did not come on until later, I then found the system so much worn out by continued fever as to render the disease extremely dangerous. In cases of the first class there was constipation, which I always looked upon as a happy state of affairs, and one by no means to be interfered with.

With regard to the typhoid symptoms, they are known to all medical men as precisely those of blood-poisoning, either by the introduction of virus from decomposing animal matter, or from the bites of poisonous reptiles, and they presented nothing unusual.

The appearances of the tongue were curious and varied. In the first kind of attack the central portions of this organ were thickly coated, nearly as far forward as the tip; there was a darkness of colour about the fur, and extreme tremulousness of the organ when protruded. The edges were perfectly clean, as also was the tip; but this latter portion showed a considerable number of fringe-like and elevated papillæ, increased immensely in number and size by any attempt to open the bowels. If the symptoms progressed favourably, the coating gradually cleared off, and the appetite and strength quickly returned, convalescence being very rapid. If, on the other hand, delirium, either of a sthenic or asthenic character, supervened, then the tongue altered its appearance. The central fur either became much thinner, dry, and cracked, or it absented itself altogether, and the organ assumed the following aspect: clean, hard, and cracked in the centre, but the edges covered with a creamy coat half an inch in width, and deeply indented by the teeth. The tip of the tongue showed still the elevated papillæ. According to the density of the fur upon the edges of the tongue, so the delirium existed in a severer or lighter degree; but whether it ranged from horrible dreams and imaginary spectral forms, to the constant muttering and wailing in other cases, or to the fierce aberration and ferret eye of the more sthenic ones, no variation was apparent on the tongue as to the locality of its creamy coat. These, then, were the appearances of this little but most important organ up to the typhoid period, and in the first variety of this fever.

The second form of attack produced very different effects upon the tongue. During the presence of the bilious diarrhoea a portion of the tongue on either side the central line was elevated and creamy, and peeping through this coat were a number of intensely red papillæ; but immediately antecedent to the commencement of the dark evacuations, these papillæ seemed to be suddenly deprived of all colour, and the tongue warned me of impending mischief. It became perfectly clean, and of a pale colour, but quite smooth, not a single papilla being visible over its whole surface. The organ was exceedingly tremulous when protruded, and, provided the diarrhoea progressed, became rapidly dry and hard, and the symptoms became typhoid.

In the first method of attack, the signs of returning health were marked on the tongue by its *cleaning*. When delirium occurred, and afterwards disappeared, its retrogression was marked by the cleaning of the edges of the tongue and the assumption of the creamy coat in the centre. So we trace on the tongue in this variety the usual initiatory symptoms of fever, with derangement of the chylipoietic viscera, greater intestine, and brain.

In the second variety, after the whole tongue had become suddenly clean and smooth, the first indication of a favourable termination was the reappearance of fur upon the portion of tongue at first coated. Here we had simple biliary irritation, succeeded by general prostration and threatened ulceration of small intestines.

In the third variety, the tongue was at first perfectly clean, but suddenly, on the accession of hæmorrhage, became shrunk and dry, and positively rattled against the teeth; and no amount of fluid taken produced any moisture.

Treatment.—First variety: Salines, combined with small doses of the compound spirits of ammonia, and occasionally the bitter tinctures. *No aperients whatever*, keeping the bowels, if possible, constipated for eight or ten days. The slightest possible cleansing of the tongue, assisted by strong broths and weak wine-and-water. When the brain became affected, the same treatment was continued, the doses of wine being more frequently repeated and in a state of purity. Henbane was combined with the mixture, and a dose of fifteen or twenty minims of the tincture of opium given at night. I found that when the wine was steadily continued, it appeared possessed of a peculiar power in abating delirium instead of increasing it. I tried, in one or two cases, a purely saline treatment, and only assumed the tonic plan in time to acquit myself of causing the patients' death.

The administration of astringents and tonics formed the basis of the treatment in the second variety. A combination of bitter infusions with chalk and catechu, with all mucilaginous drinks, barley-water, &c., generally sufficed to subdue diarrhoea. Occasionally the case was treated, in addition, with small doses of mercury-with-chalk and Dover's powder. Wine was freely given, the indispensable condition being, its mixture with arrowroot or sago; for most certainly we did harm otherwise; but, guarded in this way, it assisted to cure. Spirits of every kind were injurious.

As far as "malignant typhus" or the third variety was concerned, I (to my regret) was compelled to stand by, powerless. I tried numerous remedies; but considering the short time allowed by the virulence of the disease for their action, we cannot be surprised that nothing was discovered to arrest this awful malady. I gave very large quantities of wine, even as much as two bottles in the twenty-four hours, without producing the slightest effect.

In conclusion, I may add, that in all the cases of fever I have seen, the treatment and prognosis have been entirely guided by the tongue. I have seldom—aye, hardly ever—felt the pulse. I did not think that this little organ required any assistance in telling me the state of affairs; and in many of my most successfully-treated cases, the surface of the tongue was mapped out with the greatest precision. The practitioner who carefully observes this organ may detect the presence of disease in any organ of the body; and he who only looks at it to see whether it is clean or furred, red or pale, large or small, smooth or indented, may rest assured that, unless he seeks further for the causes of these signs, he will commit dreadful mistakes as to the treatment.

April, 1859.

REPORT OF A CASE

OF

EXTENSIVE EMPHYSEMA OCCURRING DURING LABOUR.

By E. BISHOP, M.D., Devonport.

On the 1st of December, 1858, I was called at eight A.M. to Mrs. C—, primipera, who was represented as having been in labour some hours. On arriving soon after the summons, I found her on the bed straining violently, which at once struck me as useless and unnecessary, and on examination my hypothesis was found correct. The os uteri was dilated to about the size of a two-shilling-piece, and exceedingly rigid; presentation

natural. I assured her that any effort on her part was useless, and requested her to bear her pains as easy as possible, which she gladly consented to do. The membranes had given way two or three hours before my visit, and, judging from the statement of the nurse, the liquor amnii completely evacuated. It was not necessary to remain, so I returned home. At five P.M. I saw her again: labour had made very little progress; she had followed my advice.

At ten, the same evening, her husband called and requested my immediate attendance, as those about her considered she required some assistance. On arriving at the house, I found her excited, and throwing her arms about. On examination, the os uteri was soft and yielding, but the head high up. I determined to remain the night. By three in the morning, the head was pressing against the perineum, and the pains and effort on the part of the patient most violent. I cautioned her all along to restrain her efforts as much as possible, as they only tended to exhaust her. At this period, and during a most powerful effort, she suddenly exclaimed that something had given way in her chest. On interrogating her, she directed me to about a couple of inches below the right clavicle. At each succeeding pain she complained of this. The neck and face soon became swollen to that extent that both eyes were completely closed, and she complained of great inconvenience and lancinating pain about the eyes from extreme tension. The head of the child was steadily advancing through the outlet, and it was evident that labour could not be prolonged; otherwise it appeared to me that it would either be necessary to bleed or give tartar emetic, as my patient was a stout, healthy young person, of a sanguineous and plethoric condition of system, and the symptoms not satisfactory. By four the head was passed, and on inserting my finger along the side of the neck of the child, I found the umbilical cord was twice round the neck, and looped under one arm; this retarded the progress for some few minutes. She was delivered of a fine, healthy child at a quarter-past four o'clock. The uterus did not seem disposed to throw off the placenta for nearly an hour; gentle traction was of no avail; but by promoting contraction now and then with the hand, it was expelled. Considerable hæmorrhage followed, sufficient to produce syncope, which was arrested by a full dose of ergot and wet cloths to the vulva.

I now had an opportunity of turning my attention to the extraordinary swelling of the face and neck. Crepitation could be distinctly felt and heard when standing above the patient, and even some distance from the bed. The pulse did not indicate anything particular. She did not complain of cough before labour, but it came on directly after, and caused her much distress. The stethoscope revealed nothing abnormal or satisfactory. This person had enjoyed throughout her life the best of health, had never to her knowledge had any chest affection, such as pleurisy or pneumonia, so that from her own statement there was no reasonable ground for suspecting adhesion. I prescribed for her a mixture containing tartar emetic in small doses, nitre, and hyoscyamus, which in two or three days relieved the painful cough. Three weeks from the date of her confinement, crepitation could be felt in the right cheek, neck, and down to the right mamma; but her general health was tolerably good, and I have every reason to believe time will eradicate all traces of emphysema. It is probable the hæmorrhage which followed the delivery of the placenta relieved many symptoms, which otherwise might have proved distressing.

SPONTANEOUS GENERATION.—French physiologists, and especially those who are members of the Academy of Sciences of Paris, have been lately bringing forward arguments to support the belief that spontaneous generation has no existence. Many of our readers will, perhaps, be surprised that any trouble should have been taken to defend so universally-received an opinion; but such exertions have become necessary, as the experiments of M. Pouchet, lately brought before the Academy, have been apparently almost conclusive in proving the existence of spontaneous generation. We shall enter into a few particulars respecting this controversy when it has been brought to a close; but we may now mention that M. Pouchet maintains that what many physiologists look upon as ova of infusoria, are particles of fecula. Nor does M. Pouchet believe that rotifera can bear a very high temperature after having been previously dried, and be resuscitated by the action of moisture. The phenomenon is, according to him, deceptive, and is due to simple endosmose.