

# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

## SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

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(Continued from page 24.)

II. *What are the Essential Symptoms?*—This question has been already answered in detail, but for the sake of precision, we may enumerate the following symptoms of well-marked congestion of some or all of the great splanchnic cavities:—

- (a.) Invasion of rigor, or shiverings.
- (b.) Feeble, small, compressible pulse.
- (c.) Reduced temperature of body, especially of the skin.
- (d.) Muscular prostration.
- (e.) Mental anxiety, lassitude, or annihilation of cerebral energy.
- (f.) Diminished sensibility, progressing on to more or less simple re-action in the fibrils of the cutaneous nerves, accompanied with muscular pains in the head, especially the occiput, neck, shoulder, arms, and less commonly, also, the lower limbs.

This state of the febrile movement evidently belongs to that type which, in Dr. Armstrong's nomenclature, is designated very characteristically, "the mild congestive form."

Where, as in some instances, the morbid impression has been so profound, and the vital force of the system so feeble, as to preclude the possibility of the occurrence of re-action, then the attack, which may be termed a fatal concussion of the nervous and circulating powers, is manifestly the kind termed in the same nomenclature, "extreme congestive fever."

III. *Is this Fever distinguishable from Common Continued and from Typhus Fever? and if so, by what set of contra-distinct Symptoms?*—It has proved no easy task to make out, with accuracy, generally prevalent characters, which might satisfactorily mark the distinction. Whilst this is a general fact, yet it has occurred to me, and to others, to remark, in several cases, a variety, or specific difference, which has not failed to verify itself to the attentive observer, rather in the shape of modifying characters impressed on the several stages of the phenomena, taking the whole range from invasion to termination, and where it might have been difficult to distinguish symptoms of the fever; yet no one could doubt the fact of the general type of this disorder, being, if not essentially, yet remarkably, different from either of these other

familiar types. The statistical summary will further bear witness to this variation, although it may not indicate all the particulars.

IV. *What Modifications or Forms are found under the Generic Type?*—This question may be categorically answered by the assertion—according to my own experience, and that of one or two other practitioners whose experience abroad renders them fit observers—that the modifications of intermission and of remission were present, although, perhaps, not common. It seemed to us, that periodicity of attack was most observable in the persons of young children, and the accuracy of the observation is the more likely to be well founded, as several children passed under my notice when giving attendance at the out-door department of the Lying-in-Hospital and Dispensary for Diseases of Women and Children. The brief statistics of these cases will come in better after the general statistics of our subject.\*

Before leaving this query, I may observe that the answer to it also forms an additional answer in reference to one particular of the preceding question. The fever may have presented to different observers very various or different phases, so as, at first sight, to seem to imply some discrepancy which might discredit the accuracy or tact of those who are found reporting exceptions to the general rule. It is scarcely necessary for me to remark, that this judgment would instance, in all probability, a false and ignorant criticism, because fever has been found to vary in character considerably, both at successive stages and in different localities, so as to present a mutability of type, especially in a large town.†

\* If it be not superfluous, I might refer to authorities in support of these views, although the number of instances may not have been striking:—"Some writers, and more particularly *Hildenbrand*, consider that, as in remittents, wherein a new invasion supervenes before the previous paroxysm had subsided, so in continued fevers, one fit runs into another." "Continuæ ergo febres, si non omnes, saltem pleræque præsertim criticæ à plurimis paroxysmis febrilibus, quorum unus alterum subintrat compositæ sunt."—*Copland's Dictionary of Practical Medicine*; Article *Fever*, p. 896.

† The term "subintrans" is thus described further on by him:—"When the fits of a quotidian, or of a double tertian, or of a triple tertian, approach each other so closely that the one is hardly finished before the next commences, the fever has been called 'sub-intrans,' or 'sub-intrans,' and differs but little from a remittent type, excepting that the cold and sweating stages may be somewhat more marked in the former."—*Ibid*, p. 936.

+ "Hence we cannot be surprised to find fever *mutable* in many of its characteristic phenomena, to observe one species or variety closely approximate others, and even to

I have already remarked, in the general sketch, that epigastric tenderness was noted; and this was the initiative localization of the morbid influence. With such, or any other, first link in the chain of complicated derangement, it will be expected that the usual series should follow in the natural order of sequence, or as concomitant disturbances; and such was the fact. Weakness of organs, or symmetrical organism, idiosyncrasy, or hereditary predisposition, would, in some instances, determine the focus of the disturbed nutrition, or other lesion of natural function. The amount of correspondence to ordinary complications in this disorder, or the range of difference, will be given in a more digested form hereafter.

ANALYSIS OF ONE HUNDRED AND SIXTY-NINE CASES OF FEVER,

Admitted into the Fever Wards, from September 1st, to December 31st, under the care of Dr. Dickinson and Dr. Gouthwaite.

	Dr. Dickinson.	Dr. Gouthwaite.
Essential or simple form	69	10
Complicated ditto	55	35
<b>Total</b>	<b>124</b>	<b>45=169</b>

DR. DICKINSON'S CASES.

SEX			
Males, 59	Females, 65	Total. 124	
AGE.			
	Females.	Males.	Total.
Up to 10 Yrs. inclusive	8	2	10
From 10 to 20	20	18	38
20 to 30	24	21	45
30 to 40	9	10	19
40 to 60	2	6	8
At 62	0	1	1
Undetermined	2	1	3
	<b>65</b>	<b>59</b>	<b>124</b>

DURATION.

One week	18	Six weeks	7
Two weeks	29	Seven weeks	1
Three weeks	34	Eight weeks	1
Four weeks	16	Nine weeks	1
Five weeks	16	Ten weeks	1

Recovered, 117;—Died, 7; or 5.6 per cent.

STATE OF PULSE.

Maximum	70	5
Ditto	80	12
Ditto	95	30
Ditto	110	53
Ditto	130	3
Ditto	160	1
Not recorded		20
Maximum mean	average of 104 cases 101.3	
Minimum mean	average of 7 cases . 88.5	

meet with instances of one type, or form, suddenly or unexpectedly changing into another, in some period of its progress. Thus it is not unusual to see a simple tertian change to a quotidian or double tertian, or an intermittent pass into a remittent, or this latter into a continued form. Occasionally, the disease alters from mild to severe, or from nervous

STATE OF THE SKIN.

Hot	4
Maculated	6
Petechial	2
Moist	3
Hot and moist	6
Hot and dry*	50
Unobserved	53
(*1 Yellowish)	

STATE OF TONGUE.

Creamy	17
Yellowish or white fur	25
Florid edge and tip	6
Glazed centre	5
Furred and dry	40
Glazed red	1
Brown fur	8
Black fur	5
Unnoticed	17

SINGLE COMPLICATIONS.

NERVOUS SYSTEM.

Low delirium	8
Furious delirium	1
Nervous excitability	2
Coma	1
Dilated pupil	2
Hiccup (for days)	1
Anxious face	1
(Watchfulness general.)	

RESPIRATORY SYSTEM.

Bronchitis	7
Sore-throat	2
Pneumonia (left lung)	1
Pneumonia (right lung)	3
Laryngitis	1

DIGESTIVE SYSTEM.

Abdominal tenderness	34
Diarrhoea*	4
Tympanitis	3
(* With black stools in three cases.)	

CIRCULATING SYSTEM.

Phlebitis (of the saphenic vein in five cases.) 6

DOUBLE AND TRIPLE COMPLICATIONS.

Respiratory and digestive	2
Digestive and nervous (1 true typhus)	6
Ditto and skin (scarlatinous)	1
Ditto, respiratory and nervous	4
Nervous and generative (menorrhagia)	1

(Relapses 5:—on the 14th day, 1; on the 16th day, 1; lasted 7 days, 1; on the 16th day, erysipelas, which lasted 20 days, 1.)

DR. GOUTHWAITE'S CASES.

SEX.

Male, 1 . . . . . Females, 44 Total. . . 45

AGE.

Up to 10 Years inclusive	2
From 10 to 20	18
20 to 30	16
30 to 40	4
At 45	1
Unascertained	4

to malignant. It sometimes is simple through a great part of its course, without any one organ suffering a predominating disturbance, and yet it suddenly becomes very dangerously complicated, and thereby assumes very different features."—Copland's Dictionary of Practical Medicine, p. 697.

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DURATION.

One week . . . . .	6	Five weeks . . . . .	2
Two weeks . . . . .	16	Six weeks . . . . .	1
Three weeks . . . . .	12	Undetermined . . . . .	3
Four weeks . . . . .	5		

RESULT.

Recovered, 37;—Died 8; or 17.75 per cent.

STATE OF PULSE.

Maximum in 41 cases, from 80 to 150; in 23 cases, pulse at 120; mean pulse in 41 cases was 114.75. In one instance out of 45, pulse too rapid; in another, too small and weak, to be counted.

STATE OF SKIN.

Hot and dry (very hot, 1; red, 1; yellow, 2)	26
Hot and moist . . . . .	2
Cool and moist . . . . .	2
Cool . . . . .	7
Moist . . . . .	2
Unnoticed . . . . .	6

(1 with mealy eruption.)

STATE OF TONGUE.

Furred, red edges . . . . .	8
Ditto, dry . . . . .	9
Ditto, dry and white . . . . .	2
Ditto, dry and brown . . . . .	3
Ditto and moist . . . . .	9
Furred . . . . .	6
Moist . . . . .	1
Clean and dry . . . . .	1
With sordes . . . . .	2
Unnoticed (in particular) . . . . .	4
	45

SINGLE COMPLICATIONS.

NERVOUS SYSTEM.

Low delirium . . . . .	8
Stupor . . . . .	1
Subsultus . . . . .	1
Pervigilium . . . . .	1
Dilated pupil . . . . .	2
Skin, highly sensitive . . . . .	1

RESPIRATORY SYSTEM.

Sore-throat . . . . .	5
Cough, (with expectoration, 2; rhonchus, 1;) . . . . .	5
Pneumonia (double) . . . . .	1

DIGESTIVE SYSTEM.

Vomiting . . . . .	2
Abdominal tenderness . . . . .	19
Black stools . . . . .	2
Inordinate digestion . . . . .	1
Constipation . . . . .	1

DOUBLE COMPLICATIONS.

Respiratory and Digestive (double Pneumonia in one case) . . . . .	} 2
Ditto and Nervous . . . . .	
Digestive and Nervous (dilated pupil; tender epigastrium in one case) . . . . .	} 7
Digestive, Nervous, and Respiratory . . . . .	
Nervous and Skin—(mealy eruption) . . . . .	1
— (erysipelatous eruption) . . . . .	1

Relapsed 2:—on the 14th day, 1; on the 19th day, 1, which proved fatal from erysipelas.

LIVERPOOL LYING-IN HOSPITAL AND DISPENSARY FOR DISEASES OF WOMEN AND CHILDREN.

Table of Cases.

From September 10th, to December 6th, 1844.

	SEX.	Total.
Females, 24	Males, 15	39

Date of Application at Dispensary	No. of Cases.	Date of Application at Dispensary.	No. of Cases.
Sept. 10 . . . . .	1	Nov. 1 . . . . .	2
" 27 . . . . .	2	" 4 . . . . .	1
" 29 . . . . .	1	" 6 . . . . .	1
Oct. 2 . . . . .	1	" 12 . . . . .	1
" 3 . . . . .	1	" 14 . . . . .	1
" 5 . . . . .	1	" 15 . . . . .	2
" 6 . . . . .	1	" 17 . . . . .	1
" 7 . . . . .	1	" 19 . . . . .	3
" 8 . . . . .	1	" 22 . . . . .	2
" 9 . . . . .	1	" 27 . . . . .	3
" 11 . . . . .	1	" 29 . . . . .	2
" 13 . . . . .	1	" 30 . . . . .	1
" 25 . . . . .	1	Dec. 3 . . . . .	1
" 26 . . . . .	1	" 4 . . . . .	1
" 27 . . . . .	1	" 6 . . . . .	1

AGES OF FEMALES.

9 months . . . . .	1
1 year, 3 months . . . . .	2
1 year, 6 months . . . . .	3
2 years . . . . .	2
2 years, 6 months . . . . .	1
3 years . . . . .	2
3 years, 6 months . . . . .	1
4 years . . . . .	3
4 years, 6 months . . . . .	2
5 years . . . . .	1
6 years . . . . .	1
7 years . . . . .	1
13 years . . . . .	2
22 years . . . . .	2

	24
Total number of Males . . . . .	15
	39

The highest age of Males was 8 years.

In the corresponding period for 1843, (September to January), only seven cases of fever were reported in our books, and in one of these the patient was fifty-six years of age, and of course a female. I do not mean to assume that every case was due to the epidemic, because a certain amount of infantile remittent is always prevailing; but the question is, in my mind, far from uninteresting, as to how far it is likely the continued form of epidemic fever in adults may be apt to convert its type into the intermittent or remittent form in childhood. I throw out this remark as a suggestion, with all deference to the larger experience of others; yet I think, that the instances which passed under our review exhibited more of the intermittent form, in proportion to their years, than was observed among adults. We even denominated it the epidemic intermittent or remittent, or take it that we could possibly have been so far in error as to have mistaken the well-known remittent form of childhood's fever, there was an unusual amount of it present, compared with the corresponding periods before, and after, and this amounts to pretty much the same thing.

(To be continued.)

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