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[NEW SERIES.]

ART. XXXI.—*Sketches of the Endemic Fever of Upper Canada, and of the Effects of its Climate on European Constitutions*, by JOHN JARROLD, Surgeon, Dunnville.

[CONCLUDED FROM OUR LAST.]

After what has already been said of the character of congestive fevers it would be out of place in such a sketch as this to give a detail of all their varieties, and the appearances they exhibit. For these I must refer to the writings of the lamented Armstrong, Dr. Wood's Practice of Medicine, containing the best articles on malarious fevers I have found in any system, and the more concise and pithy reports of the British Naval Surgeons on the diseases of the West Indies, to be found in Dr. Jas. Johnson's Work, and the pages of the Medico-Chirurgical Review particularly; those of Dr. Dickson and Mr. Waller on the Mariegalante Fever. I will confine myself to such modifications as are common in Canada.

The tendency to congestion may be detected in the state of the bilious arrangement. The look of a patient will be unusually haggard, the upper tarsi depressed and eyes listless; the usual pains and aches little complained of except perhaps in the lumbar vertebræ and coccyx, the prostration of strength and tendency to perspiration on exertion will be great, and attended with something like syncope; the drowsiness and tendency to sleep in the afternoon more marked; and the following sensations, so well described by Dr. Wood, I have often seen in others, and felt when going about and attending to

business:—"Usually the paroxysms begin with simple drowsiness, the patient forgets quickly what he may have done, said or desired; stops, when speaking, in the middle of a sentence, or uses one word for another, and often stammers."

These symptoms are not confined to the derangements preceding a first attack of fever, but can as readily be detected in those which may follow, as the subsequent derangements and ague generally put on the variety of the preceding fever. Such symptoms frequently pass into what has been called the "comatose intermittent," sometimes complete in the first attack; but this may be slight and the second and third more severe. The history of the case, the appearance of the patient lying stretched out at length, and not huddled up as in common ague; the sunken countenance, the state of the skin, often hot, soft, and moist, or if dry in one part covered with perspiration in another, and those alternating, so that we may have all three stages of fever present on the body at the same time—the pulse soft and rather small, but frequently full and firm, though yielding readily under the finger, and altered by the changing state and motion of the patient, profuse but partial perspirations breaking out, especially about the head and neck, are some of the leading characteristics.

This state is often well exemplified in stout flabby children under ten years of age. In them the attack is usually sudden and attended with convulsions,