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ART. IX.—*Additional Remarks on the Endemic Fever of Upper Canada.* By JOHN JARRON, Surgeon, Dunnville.

I do not know that I ever saw a child born with appearances indicative of ague, but the disease will frequently show itself very early, and be distinctly marked in children of from two to three weeks old. In these early cases, the discharges from the bowels will not become natural; the yellow-green will be more than usually deep; the child will get restless and not thrive; apthæ may appear; fits of yawning and stretching; blueness of the nails and coldness of the extremities will be noticed, occasionally followed by heat or fever.

If allowed to run on, these appearances will become more marked; the child will refuse its food and not grow, and its features will become contracted and shrivelled,—approaching occasionally to that cast of countenance peculiar to syphilitic children.

In children of a year old, we still have a modification of the same appearances; the fits of yawning and stretching will be more decided, approaching more to the cold stage of ague, and the febrile exacerbation and sweating stage better marked, and the agueish smell of the perspiration obvious.

In the common fevers of children the fits are seldom regular, but are generally too well marked to be mistaken; the depraved secretions, irregular state of the bowels, high colored urine, yellow bronzed appearance of the countenance and skin, will all be prominent.

With the appearance of bilious derangement, the belly will generally be found to be full, but without marked tenderness at any point; the fullness will increase with the disease, and usu-

ally puts on the aspect of a general distention,—soft and doughy to the feel; but in protracted cases the belly may become very large and rather hard, exhibiting more the appearance of a case of enlarged mesenteric glands than of disease of the liver or spleen; but even in such cases, it will be rapidly reduced when the ague is removed and the general health restored. Permanent organic disease is rare; and that varicose state of the superficial veins of the abdomen, so characteristic of the scrofulous affection denominated tabe's mesenterica, is seldom seen.

Children are exceedingly liable to attacks of bilious derangement, and paroxysms of fever, that are troublesome and difficult to manage. They will recur on the least exposure to cold or wet, or follow an over-indulgence of the appetite; are often present during the sickly months of the autumn and spring, when they may occasionally put on a continued or remittent form for a few days. Languor, capricious appetite, offensive breath, restlessness at night, starting and screaming from sleep, and grinding of the teeth, are the usual premonitory symptoms of such attacks,—often giving rise to a suspicion that the patients may suffer from worms, which in many cases is found to be correct, as an accumulation of these insects, in the primæ viæ, is common in the malarious districts. Such attacks will also modify and render more violent the usual complaints of teething, requiring the most active and decided treatment to prevent fatal consequences.

The state of the primæ viæ, and the appearance of the discharges from the bowels, are always unnatural, but vary with the character of the different attacks, and the symptoms and continu-