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ART. LX.—CASES OF THE ENDEMIC FEVER OF CANADA, WITH UNUSUAL COMPLICATIONS.

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(Concluded from page 259.)

In this neighbourhood we have the endemic of the country usually prevailing to a great extent in the months of August, September, and October, and not unfrequently in its worst forms. We had no cases of cholera during this season, though it was general and fatal at Buffalo, only about forty miles distant, and with which we had daily communication; but the modification of the common fevers was so decided, that I would not be far wrong in saying that I had not seen a simple case of intermittent or remittent fever since the cholera began to prevail in Buffalo and Toronto. Both forms of fever were irregular, and attended with great depression, and a more than usual depraved state of the secretions. The congestive symptoms were decided, sometimes with the "damp relaxed," and at others, with the "dry and withered skin" of Armstrong; and each followed by its usual characteristic class of symptoms. Both forms exhibited many of the early appearances of cholera; more especially when the skin was "damp and relaxed," and diarrhoea present. The "dry state of skin" was generally attended with many of the symptoms of the latter stage of typhus; sometimes with, and at other times without the dry incrustated state of the tongue, even during a first paroxysm of fever—they would readily yield to calomel purges and quinine; but would likely return with a recurrence of ague. Picking at the bed clothes was an early and nearly constant attendant on such cases, and often the first symptom that alarmed friends.

I had one case that commenced with bowel complaint early in the summer, followed by congestive remittent, with costive bowels, and severe pains in the sacrum and coccyx: it became intermittent, and was partially relieved by purgatives and quinine. Copious perspirations came on, and lasted for ten days or a fortnight, resembling in appearance and smell, the last stage of ague; but attended with great prostration of strength and small irregular pulse, and accompanied by a scarlet eruption and crop of miliary pimples,

ending in desquamation over the whole body. This state was relieved by quinine and iron, but was almost immediately followed by affection of the head and spine, and other appearances of congestive fever, with "dry and withered skin;" this again passed into the "sweating state," with the eruption and pimples as before; and again, under the use of quinine, passed into the state of the "dry withered skin" with the other symptoms, attended with temporary fits of coma, which were relieved by the recurrence of the original bowel complaint, showing the two forms of congestive fever, passing and re-passing into each other, exhibiting throughout, the depraved secretions and tendency to sinking, common to both; as well as many of the usual appearances of cholera.

I find this excessive sweating has been noticed in the late epidemic fevers in Dublin, and Scotland; and generally as a bad symptom; one gentleman comments on the cholera appearances of such cases, and attributes them to the same cause as the algide symptoms, viz., "the draining away of the serum of the blood."

In the cases of infantile remittent fever, with diarrhoea and affection of the head, the same unusual appearances were manifest; the tendency to sinking was great, and it was often difficult to keep the little patients warm; they would assume a waxy appearance with rather a bluish cast, and in some of these cases, the cholera blueness of the face, hands, and nails, some hours before death was decided, without the slightest cause to attribute it to asphixia.

Dr. S. Newburn, of Stamford, told me of a case of his, where a child died of fits, and the blueness of the face and body excited quite an alarm of cholera in the neighborhood, though none of the other symptoms were present.

With respect to the treatment of the bowel complaints of the season, I have great pleasure in corroborating the statement made in your November number, by Dr. Goldstone, of Cobourg, respecting the effects of calomel, opium, and purgatives in them, whether they be designated diarrhoea, common, or Asiatic cholera. I have seldom found it necessary to increase the quantity of calomel beyond his dose of ten