

THE FOLLOWING PAGES

Are Dedicated to

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WHOSE ENLIGHTENED EFFORTS TO SHOW THE RELATIONS OF CURATIVE AND

PREVENTIVE MEDICINE TO THE HIGHEST INTERESTS OF

MAN HAVE EARNED FOR HIM THE GRATITUDE

OF ALL HIS FELLOW-WORKERS.

P R E F A C E .

It seems fitting I should mention that the following Lectures, the delivery of which has been spread over a considerable period of time, were not given in any regular sequence, so as to form a continued or systematic course. On the contrary, most of them were delivered at irregular intervals, and all as extemporary discourses. In one remarkable instance, this has led to the repetition of a very peculiar case of internal abscess in convalescence from Fever with icterus. As stated in the text, I was at first inclined to regard the liver as the primary seat of the abscess; but at page 149 I have given reasons for concluding that the lesion was originally in the spleen. Several years intervened between the delivery of the first, and that of the second, lecture in which the case is mentioned.

The place in which I spoke should be remembered—namely, the theatre of a General Hospital, containing, indeed, separate fever wards, but also wards for the treatment of cases other than those of essential disease. And so, with the view of publication, it became necessary to employ a good deal of selection as to the subject-matter of each lecture. Some of them, so far back as the year 1854, were edited by my friend and former pupil Dr. Lyons, and appeared in the *Medical Times and Gazette* under the head of "Clinical Lectures on Fever."

Since that time, I need not say, the study and the teaching of Fever have been continued in the Meath Hospital, with at least one important result—namely, the valuable and original work of my trusted friend and late colleague Dr. Hudson, a work worthy to follow that of Dr. Graves for its learning, judgment, and practical worth.

It appeared to me that lectures addressed to successive classes of clinical students, and grounded on constantly renewed observations in the sick ward throughout many years, would have a value different in kind from, if not superior to, any exhaustive history of fever, especially as regards the various theories of the disease or the observations made by others.

I have ever believed that the great object of a clinical instructor

is twofold—first, that he should teach rather by example than by precept; and, secondly, that he should act more as a fellow-student than as a master. In this way the members of his class, associated with him in investigation, will learn as much or more by his example as they would by his precepts. They will taste the pleasure of original work and the value of self-instruction, and perceive that their great object is less to be taught by another than, in following his steps, to learn to teach themselves. This shows the superiority of clinical over systematic teaching in medicine. The former admits of immediate demonstration; and, from the ever-varying combinations and characters of essential disease, no one lecture can, as it were, repeat another.

But while his discourses must vary from time to time, according as they may deal with the infinitely varied complications of local secondary disease, or in relation to the "epidemic character" of the essential or general malady, the duty of the teacher should ever be to imbue the minds of his hearers with the state of his own convictions on the subject in general. Thus he will furnish them with a knowledge less of particulars or of theories than of those broad principles which in after-life will guide them in dealing with disease.

In the following Lectures I have considered in some measure the question of the separate identity of typhus and typhoid fevers, but I have not entered into it as fully as the labours of other observers in various countries might have encouraged me to do. I have preferred to dwell on the great subject of the relation of the secondary affections of fever to the essential malady, and in the light of that relation to discuss the question of treatment.

No one can deny that a normal case of typhus will show striking differences from a normal example of typhoid; yet that these differences belong rather to species than to genera, and that the principles of treatment of the two affections are the same, must, as it appears to me, be admitted. In fact, the study of the points of agreement between the two forms of Continued Fever under discussion will be more valuable than that of their differences.

They are both essential affections, in which the local anatomical changes are secondary to, or resulting from, the fever.

They are both subject, although in varying degrees and at different times, to the Law of Periodicity.

The characters of the constitutional and local symptoms in both vary as to intensity, amount, seat, combination, period of appearance and of cessation, and effect upon the primary disease.

In both, the local symptoms may be only functional, or more or less connected with anatomical change.

In both, local change may interfere with the law of periodicity, or even be attended by cessation of the constitutional symptoms. This has been observed more frequently in typhus than in typhoid.

In both, the action of the law of periodicity applies not only to the general condition, but also to the secondary affections.

In both, the local or secondary malady may take on a consequent condition of reactive irritation, thus adding a symptomatic to the primary fever.

The essential and local characters of both vary with the "epidemic constitution" of the time being.

The symptoms of local disturbance, which are reliable as a guide to diagnosis where essential disease does not exist, in a great measure lose their significance in the presence of both forms of Continued Fever.

In both, any or all of the functions may be disturbed singly, collectively, or successively, with or without corresponding anatomical change.

In both, deposits of tubercular matter may occur as a secondary local affection.

Similar exciting causes seem occasionally capable of giving rise to either form of fever.

In "relapse cases"—I do not mean cases of Relapsing Fever—the character of the second attack may differ widely from that of the first. Thus typhus may give place to typhoid, or *vice versa*.

The petechial or the measly eruption of typhus may coexist with the rose-spots of typhoid.

Both forms are contagious, although in different degrees.

As I have said, the principles of treatment in both are the same.

These Lectures do not pretend to give even a sketch of all that is known or believed to be known respecting Fever. Nothing will be found in them relating to histological research, the chemicovital states of the fluids or organs, or the analysis of the laws of crisis. The wide questions of the correlation or convertibility of essential disease are barely touched upon. Some of the facts connected with the

change of type of disease, especially as regards the local affections of essential maladies, are mentioned. I have also spoken of the shortcomings of the numerical system in medicine, of which Professor Trousseau, in the introduction to his immortal work,¹ writes as follows:—

“Si la statistique appliquée à la médecine n'élevait pas trop haut ses prétentions, si elle se considérait non comme la clef de voûte de toute science, mais comme un procédé un peu moins imparfait que la plupart de ceux que l'on suivait jusqu'ici, je ne songerais qu'à la louer, qu'à la présenter à votre choix, parce que réellement je la crois utile; mais elle fait tant de bruit pour de si pauvres résultats, qu'on ne peut, en conscience, l'aider à tromper la jeunesse par une sorte de charlatanisme d'exacitude et de vérité.”

The difficulties attending the application of the numerical system are nowhere greater than in the study of essential fever, because of the ever-changing nature of the epidemic type of the disease and of its secondary local affections.

I cannot close this Preface without expressing my deep sense of obligation to my distinguished colleague Dr. Arthur Wynne Foot for a valuable record of temperatures in Fever, collected for the most part under his personal supervision in the wards of the Meath Hospital during the last three years.

¹ Clinique médicale de l'Hôtel-Dieu de Paris, deuxième édition, tome 1^{er}, Introduction, p. xlv.

CONTENTS.

PART I.

ESSENTIAL FEVER AND ITS SECONDARY AFFECTIONS.

LECTURE I.

INTRODUCTORY—Injurious influence on the student and practitioner of having studied surgical cases exclusively—Influence of timidity from want of intimacy with bed-side treatment of fever—Erroneous views in relation to the frequency of inflammatory disease—Inflammation not the primary cause of many local though acute affections—Errors of Broussais—Abuse of the antiphlogistic treatment. 1

LECTURE II.

CHANGE OF PRACTICE as regards the treatment of fever—Change of type in disease from sthenic to asthenic—Views of Alison—Sir Robert Christison—The author's views—Evidence (1) from symptoms, (2) from appearances of blood drawn by venesection, (3) from pathological appearances of internal viscera, and of serous membranes, (4) from isolated sthenic cases, and (5) from influence of treatment—Signs of a return to sthenic forms of disease—Vital character of disease 10

LECTURE III.

FEVER DESCRIBED, but not defined, as “a condition of existence without any known or necessary local anatomical change and subject to new laws, different from those of health”—Error committed by the school of Broussais—The “Law of Periodicity”—Danger to the fever patient due to the primary disease or to its secondary complications—Secondary affections of continued fevers more inconstant than those of the exanthemata—Classification of diseases: (1) Diseases having an anatomical character; (2) neuroses, having no known anatomical character; (3) fevers, subject to the law of periodicity, causing secondary affections, transmissible by contagion 20

LECTURE IV.

CONTAGION—Exclusive doctrines are to be deprecated—Endemic disease arises independently of contact—The numerical system of Louis fails in practical medicine—Evidence in favour of contagion from the *Doctrine of Chances*—Investigations of Dr. Whitley Stokes and the Bishop of Cloyne; with Dr. Paget's remarks thereon—Variation in the degree of contagiousness of acute essential diseases 27

LECTURE V.

CAUSES OF FEVER—Preventive and Curative Medicine contrasted—Risk of error in limiting the number of the causes of disease—The correlation and the convertibility of disease two important questions, the answers to which are not as yet fully or satisfactorily determined 34

APPENDIX A 40

LECTURE VI.

VARIETIES OF FEVER as observed (1) in different epidemics, (2) in the same epidemic, and (3) in members of the same family, living under the same conditions—This last-named fact is corroborative of the doctrine of the essentialism of fever—Definition of the term epidemic character of fever—Outbreaks of 1818-19, 1826-27, and 1847 contrasted—Typhus and typhoid or enteric fever appear to be but species of the same genus—Contagiousness of typhoid fever—Dr. Flint's memoir—Principles of treatment of fever of any type must be based on an acquaintance with the law of periodicity, to which the disease is subject 42

LECTURE VII.

POINTS OF RESEMBLANCE in the various forms of fever a more practical subject for investigation than their distinctions—As regards the principles of prognosis, diagnosis, and management, the various forms of fever lose their separate and individual significance—Points of resemblance between typhus and typhoid—The famine fever in 1847—Recapitulation 49

LECTURE VIII.

DIVISION OF FEVERS INTO ESSENTIAL AND SYMPTOMATIC—No anatomical expression for the disease—Secondary affections of fever—These may, and do, frequently produce organic changes—The presence of essential disease invalidates the ordinary rules of diagnosis—Illustrations of the truth of this statement—Local symptoms of fever are (1) functional or nervous; (2) anatomical, i. e., depending on special anatomical changes; (3) secondarily inflammatory, i. e., arising from reactive inflammation, itself due to the typhous infiltration of some part or organ of the body—Similar symptoms may arise from essentially opposite conditions in disease—Illustrations of the proposition that fever is capable of producing local symptoms without organic change 55

LECTURE IX.

LOCAL CHANGES IN FEVER are symptomatic, subject to law of periodicity, and probably depend on the presence of a specific typhous deposit—This deposit possesses a vital, specific character—Illustrations of this statement—The principal pathological conditions in fever are (1) functional, (2) intercurrent and secondary irritations of (a) mucous membranes, (b) parenchymatous structures, (c) serous membranes, (3) secondary irritations associated with typhous deposits, (4) independent typhous deposits, (5) reactive inflammations due to these deposits, (6) softening of organs—Effect of locality in determining the seat of secondary affections of fever—Effect of social rank in the same direction—Prognosis unfavorable and treatment by stimulation so far contra-indicated in cases where nervous symptoms preponderate 64

LECTURE X.

SECONDARY BRONCHIAL AFFECTION OF FEVER—Pneumo-typhus of Rokitansky—Views of this author as to the anatomical expression of typhus and typhoid respectively—Description of the bronchial affection of fever; frequent absence of symptoms therein—Râles sonorous, mucous, or crepitating; no increased sonority—This affection is not ordinary "bronchitis"; it comes on silently and subsides spontaneously—Argument from the effects of treatment by stimulation—Modes of termination of the affection 72

LECTURE XI.

BRONCHIAL AFFECTION OF FEVER, continued—Alternating secondary affections—Imperfect convalescence due to reactive bronchitis—Cases resembling phthisis—Three forms of tubercular disease, as a sequela of fever, (1) coexisting tubercle, (2) acute consequent tubercle, (3) consequent softened tubercle—Diagnosis based on the want of accordance between physical signs and symptoms in suspected phthisis after fever—Expectoration of small calculi some months after bronchial typhus—Tubercular fever in the typhus epidemic of 1826-1827—This fever may be contagious 78

LECTURE XII.

SECONDARY PNEUMONIC COMPLICATIONS OF FEVER—Secondary congestion or consolidation of lung—The term "typhoid pneumonia" is incorrect—"Acute asthenic pulmonary disease," or "typhoid pneumonia," appears under seven forms—"Aborted typhus" in connection with the occurrence of lung consolidation—Local disease may assume a sthenic type even in the presence of a general asthenic condition—Description of the secondary pulmonary affection of fever under its three principal forms—Differential diagnosis between this disease and acute primary pneumonia, based on both pathological and anatomical grounds 89

LECTURE XIII.

PNEUMONIC COMPLICATIONS OF FEVER, continued—"Typhoid pneumonia," so called, is not dependent on a coexistent gastritis—Correct view is that both pulmonary and intestinal lesions spring from the one parent condition, that of fever—Physical signs of ordinary pneumonia are often found, but in an irregular succession, in the secondary pneumonic affection—Sign of tympanitic resonance in latter, first described by Dr. Hudson—Probable causes of the production of this percussion sound—The author's views—Dr. Lyons' views—Three explanations of the production of the sign—Frequent absence of crepitus rediv in resolution of secondary typhous disease—When inflammatory affections do occur in fever, they are reactive or tertiary in their nature—Typhous affection of the larynx—Rokitansky's "laryngo-typhus" 98

LECTURE XIV.

THE HEART IN FEVER—The state of the pulse, especially in typhus, not always a reliable guide—Weakening of the heart may coexist with a full, bounding pulse—Slow pulse in convalescence is consequent on a typhous weakening of the heart—Rapid pulse in convalescence is of unfavourable import, pointing to (1) tuberculosis, or (2) secondary reactive inflammation of the mucous glands of the intestine, or (3) phlegmasia dolens—In such cases the local malady assumes the prominence hitherto presented by the essential disease—Illustrative case of hepatic (?) abscess in convalescence from the yellow fever in 1826-1827—Intermittent fever at close of epidemic in 1827—Frequency of phlegmasia dolens—Bleeding in cold stage, after Dr. Mackintosh—Failure of quinine in cases of simulative ague, arising from (1) phlegmasia dolens, (2) urinary disease, and (3) the puerperal state 106

LECTURE XV.

THE HEART IN FEVER, continued—Louis' conclusions, based on post-mortem observations—Typhous softening of the heart during life first studied at the Meath Hospital in epidemic of 1837-39—As regards state of the heart, fever cases fall into three categories: those accompanied by (1) no alteration in heart's action, except of rate; (2) weakness after a few days, consequent on depressed vital power; (3) cardiac excitement—Neither a depressed nor an excited state of the heart in fever necessarily implies organic change—Dynamic condition of the heart a more important indication for treatment than presence or absence of any structural change—True carditis very rare in fever—Typhous weakening predominates in left side of the heart—State of involuntary muscular fibre in acute essential disease is of great importance—Laennec's theory as to typhous softening of heart erroneous, for there is no correspondence between the softening of voluntary and involuntary muscular structures—Illustrations from yellow fever of 1826-27—Exemption of heart from typhous affection is a ground for a favourable prognosis—Continued excitement of heart equally a ground for a bad prognosis—Excited heart with compressible pulse most unfavourable—Transfusion of blood under these circumstances—Absence of red blood after death, the only noteworthy pathological appearance in this case—Blood-waste in fever to be met by administration of nourishment 114

LECTURE XVI.

- THE HEART IN FEVER, *continued*—Depression of the heart, more marked in typhus than in typhoid—Signs of the change connected with (A) the impulse, (B) the sounds—The phenomena attending depression are variable—Description of their development, generally from the *fourth* day.
- A. IMPULSE:—Possible sources of error in diagnosis: (1) constitutionally feeble impulse, (2) emphysema of lungs—Necessity for comparison of condition of heart from day to day—Peculiar modification of impulse in certain cases—Vermicular action—Effect of *position* on impulse of heart—Loss of impulse generally progressive, sometimes rapid—“Where differential diagnosis is difficult or impossible it is often unnecessary as a guide to immediate practice”—Retraction of the local malady is gradual.
- B. SOUNDS:—*First phase of lesion*: second sound becomes relatively, but not positively, augmented. *Second phase*: disappearance of first sound. *Third phase*: disappearance of both sounds (a condition of most unhopeful augury)—Fœtal character of the sounds in some cases—Speculations as to failure of second sound—Loss of impulse and failure of sounds generally advance *pari passu*, but not invariably so—As failure of sounds begins at the left side, so in recovery the phenomena follow the inverse course 121

LECTURE XVII.

THE HEART IN FEVER, *continued*—*Post-mortem* appearances in extreme typhous softening—This affection not followed by chronic disease of the heart—Periods of invasion and of retrocession—Diagnosis of actual softening depends on (1) the character of the fever, and (2) the persistence of physical signs of failure of the heart—Simultaneous lessening of both sounds (fœtal heart)—Its bearing on the treatment by stimulants—SLOWNESS of pulse in convalescence from typhous softening—Analogy to fatty degeneration of heart with slow pulse—In latter case the phenomenon, however, is constant—Occasional reversal of the order in which the signs of typhous softening show themselves—*Prognosis* more favourable with depressed than with excited heart—Former condition is more amenable to treatment—Report on an epidemic of typhus at Stockholm in 1841, by Professor Huss—CARDIAC MURMURS in fever, especially in advanced stages of typhoid and relapsing fever are generally *basic* and *systolic* functional in character, and occasionally accompanied by venous murmurs in the neck—Difficulty of distinguishing the first and second sounds of the heart in certain cases of disease: (1) *chronic bronchitis*, with weak and irregular heart and congested liver; (2) late stages of some forms of fever—Example of the latter—*Diagnosis drawn from a want of accordance in the symptoms* 117

LECTURE XVIII.

SECONDARY INTESTINAL COMPLICATIONS OF FEVER—General and introductory remarks—A generic resemblance between the various forms of fever—Secondary abdominal complications are more frequently observed in typhoid fever, but do not exist as its necessary anatomical character—Dothineritis was largely prevalent in the typhus epidemic of 1826–28—Fever must be observed independently in each epidemic and in every country—Typhoid fever almost without characteristic symptoms—Illustrative case; extensive intestinal ulcerations found after death—Vital symptoms of intestinal complication: (1) thirst, (2) swelling of belly, (3) diarrhoea, (4) ileo-cæcal tenderness, (5) increased action of abdominal aorta, (6) rigidity of abdominal muscles—Three forms of abdominal swelling: (1) early and moderate tympany, (2) doughy condition, (3) slight ascites—Increased action of abdominal aorta—Case of, in perforation of the stomach—Analogous local arterial excitement in (1) whitlow, (2) rheumatism—Diagnosis from aneurism—Intestinal complications seem to interfere largely with action of the law of periodicity—Early elevation of local irritation checks deposit, and so prevents future mischief—Hence relief of symptoms by early depletion as practised by Broussais, who misinterpreted the matter, and was led to look upon the general fever as but symptomatic of a local lesion 185

LECTURE XIX.

INTESTINAL COMPLICATIONS OF FEVER, *continued*—They resemble all the other secondary affections of fever in their general characteristics and relations to the primary essential malady—More frequent in typhoid, but occurring in typhus also, as, for example, in the epidemic of 1826–27—Pathological appearances observed in the intestinal tract in fever—Yet these appearances were not necessarily found after death even where severe abdominal symptoms existed in life—Eruption of rose spots in fever 142

LECTURE XX.

INTESTINAL COMPLICATIONS OF FEVER, *continued*—Division into *three* categories, with reference to the vital symptoms: I. These symptoms are absent, although the *silent* disease may be great in amount; II. Local symptoms are evident; III. Symptoms and pathological changes are both well marked—Further description of the epidemic of 1826–27—Sudden access of intense abdominal pain, followed by icterus and gangrene—Fatality of this complication—Splenic(?) abscess occurring in the first case of recovery, and discharging through the lung—Resemblance of this form of fever to the yellow fever of the tropics—Dr. Lawrence's observations—Dr. Graves' observations 146

LECTURE XXI.

INTESTINAL COMPLICATIONS OF FEVER, *continued*—Organic changes—Perforation of intestine—Of common occurrence in 1826–29: (1) Generally rapidly followed by symptoms of peritonitis; (2) but may be unattended by local symptoms in progressive cases, or again may induce only limited peritonitis (adhesions); (3) Symptoms of perforation may be veiled by the coexistence of intense irritation in another cavity of the body—Illustrative case—Time of occurrence of perforation as observed in *six* cases—Diagnosis of internal solutions of continuity is based on sudden development, without apparent exciting cause, of new, local, violent, and often rapidly fatal symptoms—Cases to which this rule of diagnosis is applicable—In effusion into a serous sac the degree of resulting inflammation is determined chiefly by the quality of the effused fluid—Examples—Influence of an irruption of pus in producing serous inflammation contrasted with that of an irruption of blood—Physiological difference between pus corpuscle and white-blood cell—The formation of conservative adhesions seems to be rarer in peritonitis than in pleuritis—Case of hepatic abscess in which adhesions occurred and recovery followed (diagnosis from abdominal aneurism) 151

LECTURE XXII.

SECONDARY NERVOUS OR CEREBRO-SPINAL COMPLICATIONS OF FEVER—When they predominate, prognosis is unfavourable—Of all secondary typhous affections they are least connected with organic change—Probable reason; mucous membranes and skin undergo anatomical change more readily than serous membranes—Cerebral inflammation rarely observed in typhous cerebral derangement does not lessen its importance as regards prognosis and treatment—Inadmissibility of routine treatment, either antiphlogistic or by stimulation, in fever—Results obtained by Louis as to relation between head symptoms and pathological change in fever—Actual cerebritis, when it does occur in fever, is a *tertiary* phenomenon—Dr. Hudson's cases—Study of analogies is of importance in essential diseases; thus relief of headache in early stage of smallpox by leeching is analogous to good results of moderate depletion in early stages of some cases of fever—Further examples of the effect of lessening vascular supply in controlling development of smallpox eruption—Analogy in case of secondary affections of fever—Nervous symptoms arise from *three* conditions: (1) influence of fever-poison, (2) uræmia, (3) specific secondary inflammation, probably erysipelatous in character 159

LECTURE XXIII.

	PAGE
NERVOUS COMPLICATIONS OF FEVER, <i>continued</i> —Cerebro-spinal fever—Phenomena of fever inconstant and variable, except, perhaps, the phenomenon of increased temperature—Type of fever also varies in different epidemics—Two examples: (1) yellow fever of 1826-27, (2) malignant purpuric, or cerebro-spinal fever of 1867—Dr. E. W. Collins' report on latter—There exists a "constitutional element" in the disease, so that the cerebro-spinal arachnitis can hardly be held to be a primary, idiopathic affection—Evidences of essentiality from presence of other phenomena in connection with the skin, etc.—Reports to the <i>Medical Society of the King and Queen's College of Physicians in Ireland</i> on the epidemic of 1867—Inconstancy and variability of the symptoms in the outbreak—Dr. H. Kennedy's views—Symptoms of the disease—Petechiæ—Early setting in of putrefaction—Retraction of head; sometimes persistent after disappearance of other local and general symptoms, and sometimes persistent after death—Recapitulation: Points to be considered in connection with epidemic of 1867: (1) yellow fever of 1826-27, (2) cerebro-spinal arachnitis of 1846 (Dr. Mayne), (3) coincidence of cases of malignant measles in 1867, and (4) hemorrhagic and purpuric smallpox in epidemic of 1871-72	165

LECTURE XXIV.

NERVOUS COMPLICATIONS OF FEVER, <i>continued</i> —Hysteria—Occurrence of hysteria, especially at an early stage, of unfavourable import—View that hysteria is always symptomatic of uterine excitement is quite erroneous—Nymphomania only a local and accidental manifestation—Hysteria is observed in males as well as in females in fever—Case of erotic symptoms in typhoid fever occurring in a young girl, reported by Dr. A. W. Foot—In early stage of fever hysteria generally is the precursor of severe nervous symptoms—Its appearance may lead to serious complications later in the disease—Illustrative cases—Hysterical symptoms are sometimes connected with actual or organic disease, especially in acute affections—Dr. Cheyne's observation: <i>Hysteria a ground for a good prognosis in every disease, fever alone excepted</i> —Outbreak of hysteria, affecting the abdomen, in female fever ward of Meath Hospital—Anomalous symptoms in advanced stages of fever often due to hysterical state—Case of typhous hysteria in the male followed by cerebritis	173
---	-----

PART II.

TREATMENT OF FEVER.

LECTURE XXV.

INTRODUCTORY REMARKS—Principles on which the treatment of fever is to be based—True meaning of the word <i>empiric</i> . Historical retrospect—The Symptomological, the Anatomical, the Rational or Eclectic Schools—Essence of fever cannot be determined by pathological anatomy— <i>Etiology</i> of fever is indefinite	177
--	-----

LECTURE XXVI.

No specific line of treatment—Respect to be had (1) to the essential disease, (2) to its local and secondary effects—Failure of specifics in early stage of fevers—Want of success in the endeavour to found a science of therapeutics on experimental physiology or pathology—Effects of the action of the law of periodicity wrongly attributed to the adoption of therapeutical measures—Sustenance by food and stimulants—Two sources of danger to the fever patient: (1) primary effects of the fever poison in causing depression, (2) supervention of secondary local disease—Views of Dr. Graves on the subject of giving food in fever	185
---	-----

LECTURE XXVII.

	PAGE
STIMULANTS IN FEVER—Views as to the nutrient properties of stimulants are to be received with caution— <i>Anticipative</i> use of stimulants—Meaning of the term—Considerations to be taken into account in resolving upon this method of treatment: (1) prevailing epidemic character of the disease, (2) previous condition of the patient—"Sinking of vital power"—Illustrative case—Stimulation often unsuccessful in the intemperate, and in those whose brains are over-worked, (3) development of symptoms of severe typhus, (4) development of fever odour—Contrast between typhus and typhoid as regards period at which stimulation is called for— <i>Condition of the heart, a guide</i> —Physical signs of cardiac weakening	193

LECTURE XXVIII.

STIMULANTS IN FEVER, <i>continued</i> —Signs in connection with the heart of the agreement of stimulants: (1) return of impulse, (2) return of first sound, (3) gradual fall in the rate of the pulse—In cases of "fœtal heart" great boldness in stimulation is needed—No certain rules as to quantity of wine and whiskey or brandy required—Examples of free use of stimulants in malignant typhus—Case of Harcastle (typhoid fever)—Eruption of vesicles as a secondary complication—Bed-sores	201
--	-----

LECTURE XXIX.

STIMULANTS IN FEVER, <i>continued</i> —Case of Harcastle, <i>continued</i> —Treatment by food and stimulants in extreme cases—Presence of cerebral symptoms to a great extent unfavourable to the exhibition of stimulants—Necessity for daily observation to the effects of the treatment in each case—Signs of disagreement of stimulants— <i>Routine</i> practice is in every instance to be deprecated—Fallacies of the numerical system in therapeutics—History of <i>routinism</i> —Its results—Description of <i>routinism</i> in the treatment of fever	212
---	-----

LECTURE XXX.

TREATMENT OF THE LOCAL SECONDARY AFFECTIONS IN FEVER—Relative importance of these affections as regards <i>prognosis</i> —BRONCHIAL AFFECTION—Necessity for administration of stimulants and nourishment—Danger of exhibition of tartar emetic—Failure of emetics—Turpentine-punch—Dry-cupping, poulticing, blistering— <i>Internal remedies</i> : bark, ammonia, spirit of chloroform, turpentine—ACUTE CONSOLIDATION OF THE LUNG—Its three forms—Treatment of the first form by dry-cupping, blisters, quinine, turpentine, and wine—Of the second form by local depletion simultaneously with the administration of wine—Of the third form, <i>externally</i> by iodine and blisters, <i>internally</i> by tonics and iodide of potassium	222
--	-----

LECTURE XXXI.

TREATMENT OF INTESTINAL SECONDARY AFFECTIONS—Two chief indications: (1) alleviation of symptoms, (2) modification of typhous deposition—Poulticing—Local depletion in early stage—Analogy in variolous eruption—Danger of alterative or purgative treatment at the outset of Continued Fever—Necessity for caution— <i>Constipation</i> — <i>Diarrhœa</i> —Poultices, demulcents, sedative astringents, injections of flax-seed tea— <i>Tympany</i> —Turpentine injection— <i>Diet</i> in diarrhœa— <i>Perforative peritonitis</i> —Opium our sheet-anchor—Danger of the antiphlogistic method—Dr. Murchison on the treatment of this accident—Bran poultices and warm fomentations— <i>Hemorrhage</i> from the intestine in fever—Not to be interfered with unless continued and excessive—Treatment by astringents, opium—Illustrative case	227
---	-----