Continued Fever

Is a disease in which after a preceding stage of weakness, defective appetite, and general want of sleep, throughout the body, acceleration of the pulse takes place, with increased heat, great debility of the limbs, and disturbance of most of the functions of the body, without previous local disorder, and without well marked premonitions. But one of these characters is invariable, thus the appetite is occasionally not affected, as also the strength of the pulse may not rise above the normal. The heat may not. The much increased the last invariable character is disturbance of the functions generally, for it seldom happens that the functions of the digestive organs, and the skin are not essentially deranged, and the internal senses impaired. There is but one way of taking a simple view of the symptoms of Continued Fever. Which is by first considering the essential phenomena of its three leading varieties, or types, and then the phenomena which are accessory and in relation to each other.

Odynochea may be defined to be a Fever consisting of a stage of Chilling, or rigor, succeeded by great increase of heat, frequent, hard pulse, redness of the arms, little disturbance of the mental faculties
and.tenderness, generally, to terminate by sweating. It commences for the most part abruptly: the patient is suddenly seized with a sense of feebleness, languor, and oppression, dizziness, loss of appetite, perhaps also vomiting, frequent and feeble pulse, followed by pain in the back, headache, a sense of weight in the limbs, colic, and often absolute prostration, with pallor of the features and dilatation.

When these symptoms have lasted for a period ranging from half an hour to half a day, the colic's papers off, the pulse from bruised soft and fluctuating becomes hard, sometimes full and bounding, often small, weak, and incomprehensible; generally very rapid; it may beat frequent as 140 or 150 per minute. Temple dry and covered with a white or yellowish film. Skin parched, hot: often accompanies an elevation in the animal temperature at the same time there is increasing headache with giddiness, throbbing of the temples and twitching of the features, great uneasiness in the limbs and intense sensation of heat, whitening and dryness of the tongue, with thirst and desire for cold liquids.

Total loss of appetite, constipation, uric acid, green, buboes, colored, irritability of the senses of sight and hearing. An exacerbation commonly occurs.
in the evening or early in the night, and a purpura early in the morning. The fever is thus formed in general: in the course of the first coming, not unfrequently it may be completely developed in the course of an hour, or it may be prolonged to the second day. There is not necessarily any local pain except headache and asense of swelling of the limbs. The functions of the mind may continue undisturbed, during the whole course of the fever, but frequently after a few days there is a tendency to delirium, which is at times active indicated by frequent incoherent talking, with sedestation of reason. Delirium occurs most frequently for a short time before the last stage of the fever: is about to be resolved.

The terminations of this form of fever are essentially three, in number, abrupt departure in connection with some critical discharge. 2. General. mitigation and disappearance, without particular increase of any of the operations, or any adventitious recession. 3. Gradual transition from the inflammation into the, Typhus type. But when this last occurs the decline ceases the"
A common Course is a gradual mitigation of the symptoms between the 7th and 14th days, sometimes without any critical distress, but sometimes with an attack of sweating. If the Fever lasts much longer than 7 days it usually puts on the Typhoid type. If on the contrary there is an amelioration before the 7th day, or even on the 7th day itself, the amendment, usually becomes complete, occurring in connection with either a profluse attack of sweating or sometimes though more rarely with an attack of Diaphoresis or Dyspnœia, the most frequent variety of this. type of Fever, is that which terminates abruptly by sweating, sometimes as early as the 4th day, very rarely earlier, most generally on the 7th day and seldom at all on period. The skin becomes moist along with a sudden abatement of the headache and facies, and a profuse discharge of sweat follow, which may last from 2 to 6 or 8 hours and leave the patient languid and exhausted but otherwise almost free of every other complaint, and in particular with the pulse at the natural standard. In a few cases Fever is cut off in a lesser manner by Diaphoresis, or critical
Critical Gripe. Convalescence from an attack of this kind is always very slow, several weeks being requisite for the proper restoration of strength, even where the patient has not been more than 5 or 6 days under the proper febrile symptoms. Relapse is common about the 14th day, commencing with severe shivering, symptoms proceeding similar to those mentioned as occurring during the primary attack. The Sympoee of hot climates seems not to differ essentially from the disease here described, the tendency to Diaphoretic crisis however is less marked. Under the general denomination of Sympoee, may be arranged the simplest of all, febrile disorders of the primary kind. Dysentery, Fever, so named because it seldom lasts longer than a single diarrheal revolution, beginning with chillings, pains, paleness, occurrence of frequent small pulse, and loss of appetite, these symptoms are followed in the course of 12 or 24 hours by loss of skin flushed face, frequent small pulse, sense of fatigue, restlessness and stiffness in the muscles. When the name of febrile dysentery has been given, when this state has continued for 12, 18 or 24 hours, perspiration breaks out, which continues
for about an hour since all the symptoms dis-
appear, leaving neither consumption nor colic. Ability
with freedom of the appetite, this is the exception
of all forms of fever and is not uncommon during
the spring months in Britain. It is generally
primary affection, and after no apparent cause
can be ascribed for its frequency it originates
under atmospheric vicissitudes during the
peculiar months of Spring makes this disease frequent.
Along the prevalence of primary Jaundice Jaundice
occasionally it is said to be seen as the apparent
effect of large doses of Calomel, Pepper, quin
enamelably for Gastroenteritis. But most frequently
of all it is exceedingly difficult to discern any
unanswerable cause for its Jaundice may pass
into Jaundice, Gastroenteritis or into acute
febrile Inflammation. It is seldom difficult
to distinguish Jaundice from, Primary
Inflammatory Fever. The chief distinction is
that in Primary Inflammatory Fever, the local
inflammation persists in contrast with the
general, febrile state, that it arises insensibly
in the face, and that in many cases to which
the name of Primary, Jaundice, Inflammation
for the general, febrile symptoms, the Chilliness
and tides, the subsequent reaction and after many
antecedent accelerations of the pulse. And of these
various, various, various reactions, and disturbance
of all the functions of the body, whether of connective
tissue or nervous systems, are unattended during the great
part or whole of their course. By any such local
symptoms, such fixed and permanent local
troubles, such local change of the
visible qualities, and during most of the functions
of any one part of the body, it justifies the
belief that any individual organ is inflamed.
And of these observations be thought ambiguous
on account of the occasional occurrence of cases
of latent inflammation. The absence of local
inflammation meaning such cases, is further attested
by the fact that afterwards, that they terminate
dissipate usually, without any evidence apparent
or distinct, of inflammation of any part of
the body. Besides this negative observation which applies
only to a part of the case thus named, there is the
positive observation applicable probably to all cases
of Syphilitic Fever, although much more obvious
in regard to some cases than to others. And the
Syphilitic Symptoms which may always be held
to imply the action on the Nervous System of,


of some cause, distinct from mere local inflammation or distinctly to be perceived. These Typhoid symptoms then, themselves generally in several of the following ways, in the state of the circulation, in the state of the Secretions, which are more deranged and generally more diminished, than in Inflammation, Fever.

In the state of the Nervous System, the gradual tendency to confusion of thought, clearing of the mental and the gradual tendency to delirium as the disease advances, of the convulsive kind. In the state of the Blood which is nearly always in an altered in its vital properties in Typhoid Fever, thus to coagulate, stop firmly than usual, and in some cases to lose that power, altogether, in connection with which state we frequently observe more or less of the symptoms of purpura erythema, Purpura, Hemorrhage, and Gangrene from slight irritation. Typhoid Fears are often absent for a length of time even from large communities, and are again extremely prevalent, at other times or in other districts, and therefore do not proceed merely from causes which are of general operation as the exciting causes of inflammation are, but in fact, completely results from causes of more local and subsidiary agency, and accordingly
we have good evidence that all these epidemic fevers either originate from amalarias, or propagate them- selves in part at least, and in certain circumstances by contagion. Puerire fever, is sometimes distin-
guished from 2 typhus with great difficulty. The fever, however, is seldom so violent for the continu-
ance to approach, nor the sense of restlessness of the body so disturbing, neither is there so marked tendency to resolution of the disease by sweating, while in the other hand the unique emotion found with a
yellowish exudes, or purpura sometimes. The local
symptoms referable to the abdomen are generally
less marked, though this is far from being inadmissibly
the fact, and there is usually a more distinct tendency
in the fever to put on the febrile type.
There is some very difficult distinguishing true
Inflammations, Puerire fever, typhus. But the former
pap is insensibly into the latter by the introduction
of Puerire symptoms, towards the commencement or
termination of the second week, and according
to the degree of that, secondary stage the case may
be regarded as belonging to either one type or the
other. Typhus. This is probably the most frequent
of all types and forms of Contined fevers. It is
comminated by the disease Commencing as—
as

Syphus, and terminating as Typhus. The Inflamma-
ying stage may be so well marked, that it is impossible to
tell, for some clumps, whether the disease was to terminate
as Syphus, or pass to the Typhoid state of Syphus.
While in the other hand, the Typhoid stage is the charac-
teristic of the advanced stage, among the others. It may be so well developed that
no one seeing the disease for the first time would
know from the symptoms, that it had ever been any
thing else than true Typhus. The symptoms of the
Inflamatory stage are the same as those related
under the head of Syphus. In Syphus, as in
Syphus, the fever is sometimes simple but much
more frequently complicated, as in the latter with
local inflammations in the early stage, later in the
disease when Typhoid symptoms are present. Local
inflammations of the skin frequently appear;
but fever in the latter state being
affections are sometimes absent. In that state
a pure en complications, proven by the disease, few
years to last. The most common secondary
affections in this as in the Inflamating form
of Typhus, are Inflamatory Eences
of the Cheek, as Phlebitis, Phlebitis in the
other part of the body, Pneumonia, Thick.
watch, or perforated into Bronchites. The passage
of Syphus, as Typhus occasionally takes place,
When typhus passes into typhus, is it one disease that passes into another? The typhus in always typhus, owns a specific poison which produces an often severe, progressive systemic typhoid.

Most of these distressing characters belong to the advanced stage of typhus.
on the course of the second week. It is indicated by the pulse becoming full, more compreensible, though still somewhat irreguvlar, which falls at the same time in frequency. The tongue also acquires abnormal dry stalk due to the centric, the trunk is feel prominent.

But the skin remains dry, the muscular weakness increases inscrutably, the senses especially of sight and hearing are more obtuse, than natural. The integument acquires a dusky reddish brown tint of the nature of Congestive Redness, and there is a marked tendency to daze, sometimes slight muttering delirium, which changes gradually turn to true Typhus.

Typhus may be defined as a Fever, characterized by a compreensible rather frequent pulse, little increase of animal temperature, extreme languor, and debility, and much disturbance of the mental tone indicate as another. Character its origin in infection, which however is by no means peculiar to this among Contagious Fevers. The most unmistakable en vinjance of Typhus are the great exhaustion of the muscular strength, a drowsy of the mental faculties often mingled with delirium. Under the name of Typhus may be arranged a great variety of Fevers.
Epidemic FEVER, which has been variously designated as, Low FEVER, Malignant FEVER, Jail FEVER, Camp FEVER, Hospital FEVER, &c. which are all marked by great feverish exhaustion, as shown by the peculiarness of the pulse, prostration of the strength, and loss of the sensibility of the mouth. Typhus and those forms of Typhus which approach the Typhoid form generally begin gradually. In general, Typhus Fever begins with headache, loss of appetite, disturbed sleep and inaptitude for mental or bodily exertion; or after one or two or sometimes after an interval of several days, a rigor or sense of Chilliness first announces the patient, that serious illness is setting in, which enters in the symptoms of Fever the pulse being rather frequent and rapid, between 104 and 106. Sudden opening of the bowels with presence of an intestable habit of body, occasional palpitation or even, under the healthy standard, which is generally full sometimes however small, always noisy, unremittent, and of a jarring character at the end of its expansive stage while often with all points of firm enlargement of the papilla, attended with loss of appetite and dyspeptic thirst, length greatly reduced, a sense of exhausting excitement in the prevalent part of the body, deathly commeat-
somewhat
accelerated, short, with occasional sighing.
The skin is somewhat hot but not much increased as to
occasion the desire for cold air, or to affect the turgid when
applied to it. Bowels generally constipated. Urine
is a deep yellow, or loaded in colour with a sediment
Brunt, poetic and peculiar. The cutaneous secretion
slightly affected, at times assuming the form of
irregular sweat, of short duration and mutilated
with brilliant of the face. The complexion is generally
downy, flushed, and much apprehended. Eyes heavy
enlarged and injected, much intolerance of light,
indelinnt of vision, almost always severe or lop
headache, though not very great. Commonly
Fistulas auriculae with a sense of distance of some
connected with deafness. Great confusion of ideas
and emblems of giddiness when he sits or stands.
The sleep is disturbed, the patient imagines
that he gets none, stickiness in tummies, vomiting
with a sense of fullness in the epigastrium.
In the generality of cases the symptoms here
described, commence with little varication, except
an increase till towards the close of the first or
more frequently, the beginning of the second week
and recovery generally takes place about the
11th, 14th, or 17th days. In others the Characters of
Aggravated. Typhus seems even about the middle of the first week, but such cases are rare. Most generally at the beginning of the second or close of the first week, the tongue becomes dry brown and chapped, and with some bloud with acrides. Pulse either more soft or more James, yet amenable usually about 60 in frequency. This continues day by day particularly hot becomes often roughkerk and dry, and frequently presents eruptions. The exaustion is acute and poetic, heat of surface little increased, just irregulerly, distributed, especially in the extremities which are apt to become cold. Temperature seldom above the natural standard occasionally suit to be as low as 92. F. In the patients complaints of a want of sleep, if stiffness and constipation have been previously present, they grow diaphoretic, the eyes become more blooden and heavy, the complexion durtler, and lip flushed. Muscular debility very great, accompaied at times with painting and muscle brought to a limination abruptly by precipitously the death or beginning of the second week. By an effort of the patient to go to stool, or sit up in bed. At this stage there may be acute delirium more wandering of the mind, marred spy —
muttering; in some those may be
scious to use some sleep-requiring attendants to
keep them down. Generally the symptoms undergo
an exacerbation during the early part of the night
and a remission in the morning and early part
of the forenoon. As the disease advances all these
symptoms become more aggravated, with twitches
of different parts and starting of tendons at
different parts of the body. The focal evacuations
become involuntary, with retention of urine causing
great distension of the bladder. Where the patient
is going on to an unfavorable termination, death
is preceded by one or two things by increased
frequency and spacing of the pulse, hurried
interrupted breathing, twitching of the muscles in
different parts of the body, followed by a state
of deep coma. But when recovery takes place the
pulse becomes more full and rapid, running
with an improvement of the symptoms; the
patient is more lucid, perceptive, and an appetite
of devouring rather than of appetizing, the
appetite returns, and the patient gradually
improves, but it is always slowly. The blood
in Typhus seldom shows any appearance of
a Buffy coat, is of a very black colour.
Are copious perspirations favorable towards
the recovery of this patient?
Congulates loosely, different from what it is in Sycosis, which characters become more and more marked as the disease advances. In the latter stages of both cases, the blood coagulates strongly, as to be a tumiduous mass resembling blue currant jelly. It is also chemically altered, having lost volatile contents, but especially lost colouring vehicle ingredients. Fatal cases generally terminate between the 11th and 17th days, when they do not result from sudden syncope early in the disease, very seldom sooner or later except from secondary diseases. The crisis commonly occurs about the 16th day or between the 11th and 17th days and the disease may go on much longer. Fortunate Outcomes is described as occurring at the time of crisis. Epistaxis, profuse perspiration, and great dilution of highly bottled urine. Favorable cases always have a tendency to terminate in critical days. In a series of observations made by Dr. Welsh in the Edinburgh Epidemic of the Year 1837, The Critical days are the 3rd, 5th, 7th, 9th, 11th, 14th, 17th, 20th, the non-critical are the intermediate days. But the 4th, 6th are considered to be the most clearly critical. Out of 670 cases where the commencement and termination of Fever could be traced with —
with tolerable precision crisis will place in 4 to 10 of the cases on Critical days, in 5 to on subsiding Critical days, and in only 108 cases on the days which were considered non-critical.

**Secondary Affections of Contagious Fever.** It is rare to have a case of Typhoid, or Inflammatory Fever, more especially the former, and through its entire course without some standing affection putting its appearance, they are much common where the Fever lasts for some time. They are proved to be secondary and not essential to the Fever because they present a great variety in their seat and nature, and seldom make their appearance till after the Fever has subsisted for several days, and because they appear and disappear without the course of the Fever being materially altered in any essential particular. First of them partake of the nature of local inflammations. The secondary symptoms to which they give rise, may be arranged according to the seat of the disease, as in the Head, Heart, Chest, Abdomen or the Affections of the Head; Chiefly congestion of the Brain or its membranes. Meningitis and affection of the nerve allied to epilepsy. Here is a tendency to a congealed state of the cerebral organs.
General officers in heaven. Reed.
especially those of a membranous structure, as is visible in many of the membranous surfaces found without the usual congestion. Membranous structures of this sort, when they occur, show themselves at an early period of the disease, as to have fed some duration, to describe such a fever under the name of congestive fever. True. Meningitis is a very rare secondary affection to fever, as was supposed by many. But it has been observed in some cases of bad congestive fevers occurring especially in diarrheas. Intercurrent disorders are apt to present themselves, but a convulsive affection allied to epilepsy in its character occurs at times independently of the constitution of intemperance, and even of any marked degree of congestion of the brain. Afebrile of the Herd, fitfulness, are common accompaniments. Kind of diarrhoea called congestive which occurs in the advanced stage of fever, distinguished from diarrhoea proper by the period of its occurrence and by the considerable expectoration which attends the cough, and it is distinguished from pneumonitis by the patient being able to take a full breath without coughing. It is the dryness everywhere on percussion over the chest.
and say the disease. Pneumonia and Phthisis are
pure local affection in the course of Fever. They most
frequently come in the latter stages of Fever, which
are apt to escape the attention of the practitioner.
From the state of the patient, being unable to
complain of his condition, from the loss of his
senses, and mental faculties.

Afections of the Abdomen, occur very frequently
there is surely any one organ in the abdomen that
is not at times affected. During Fever. It was to
constitute a secondary affection. the most important
are an abscess affection of the stomach of the nature
of inflammatory or irritation, and subsequent
inflammation of the mucous lining glands of the intestines
constituting the Peritonitis of Pathologists,
and derangement of the hepatic organ, attended
with the external symptoms of Jaundice.
A common accompaniment of Continuous Fever is
an acute disorder of the stomach, called to
Atresia, the patient becomes afflicted towards the
close of the first or beginning of the second week
with sickness vomiting and tenderness in the
ypogastrium. Some have supposed that it depended
on inflammation of the mucous membrane of the
stomach, others have attributed it to irritation.
only connected with a congested state of the organ of respiration, and the effects of a local disturbance of the brain. The decline of the patient is rapid; the symptoms attending it vary with the severity of the case, and sometimes the symptoms attending it may be severe, oppressive nausea, vomiting, the latter being excited by drinks of any kind, or medicines. There is also a tenderness over the jugular veins, which can commonly be relieved by gentle manipulations. An attack of jaundice in the course of fever is frequent, and very dangerous in the heat of hot climates. It is occasionally seen in this country, chiefly in the autumn, and principally in the Epidemics. Those who have the inflammatory type of the prevailing parties always prove fatal. It is often attended with pain and tenderness in the situation of the liver, extreme prostration of strength, nausea vomiting, a speedy sinking of the pulse, and in general, bilious stools. This is a tendency to coma at an early period of the disease. In some cases it is unattended with the usual indications of jaundice, in the stools and urine, and inpection no.
Obstruction of the gall ducts appeared. These affections, both of the bladder and ducts of allowed to go on are frequently followed by an increase of the symptoms of the affection of the brain and rapidly advancing coma. But the most common abdominal affection in this climate is that in which the intestines are chiefly affected; it may come at different times but chiefly in the latter stages, to which the name of Rotten Stent has been given by Bostomeau, the symptoms of which are often very obscure, sometimes you may have no further indication of its existence than flatus distension of the abdomen, increasing prepare with yellow diarrhoea. When its characters are well marked there is tenderness and pain in the right upper region, hurried breathing, tongue commonly red dry it may be diarrhoea, sometimes vomiting, the diarrhoea is often obstinate, attended with occasionalpatches puris, sometimes with bloody; mucous bloody stools, as in Depenting but not often. It is often accompanied with dyspeptic distension, and frequent occurrence of gas in the abdomen, of which great nausea and vomit, extreme debility, and great dryness of the skin are observed. Its course is frequently unfavorable and death
death from general anemia, not as in depending on
exhaustion, but to a mechanical aggravation of the Typhoid
state. In some instances it terminates in perforation
of the intestines which is indicated by sudden acute
pain in the right iliac region, with a burning pain
extending over the abdomen, constipation, vomiting,
great anxiety and extreme exhaustion, followed
by death in from 18 to 36 hours. Sometimes it is shown
by dissection, from there being perforation and consequent
peritoneal inflammation take place, without any of
the signs being observed during the life of the
patient, from the profound nature of the anaesthesia
attends the disease. The recovery is slow in favourable
cases, but it is seldom at least in this country that the
patient overcomes the disease, should he not sink
under the Typhoid depression in the early stage.
This affection seems to have been first observed in
the year 1763 by Roederer. Wagner has of late
years attracted much attention in France. Since the
investigations of Bretomceau, into its anatomical
characters, and the elaborate conjectures of
M. Louis, into its relation to Fever. He concludes as
the result of his researches, that it is never fatal
in true Typhus Fever, and is the local Cause of
that Fever. M. Louis thinks that it is an expectably
different disease from that to which Typhus has been applied, to which he applies the name Typhoid affection. But it is now granted that Puerperalitis may occur as a primary disease, and also as a secondary complication. Puerperal fever, as in the case of Chest affection, is chiefly a secondary affection.

The affections of the skin occurring secondarily to the above-mentioned are important not merely on account of the danger attending some of them. But, in aiding the physician in forming his Diagnosis, the chief affections are the various forms of Pustular Tuberculosis, Tuberculosis, and Syphilis, and the eruptions analogous to measles. In some Epidemic Pustular Tuberculosis is so common that it is rare to find a case without them. Observations have led to the conclusion that mentioned three of all types. Pustular Tuberculosis are in essential but secondary. There are 3 kinds of Pustular Tuberculosis commonly described, as met with:

The pustule which is sometimes seen in the advanced stage of Typhus or Typhus, a third time before death, consisting of small pustules from tender swellings without any elevation or in any way rough, and resembling freckles. Another kind is in cases where the early stage of the fever presents an inflamed cutaneous
small circumscribed, dark reddish brown spots closely crowded without elevation of the skin, and resembling fleas bites. The latter can be easily distinguished by a little darker point in the centre, which is invariably seen either with the naked eye or by the help of the lens. They are said to make their appearance towards the base of the foot or the dying of the second week of the disease. Their usual seat is on the breast, shoulders, forearms, etc. The cases in which they have occurred have severely proved fatal. They are akin to an exfoliation on the surface of the true skin, and are connected with the mucus membrane of the circulation. Leucy (mask characteristic abuse the reaction is high. The third variety presents numerous spots of apple juice red colour, not circumscribed but rather diffuse, round the edge with slight elevation, and on applying the hand to the surface there is a sensation of roughness, feel they resemble measles very much. They have the same seat as the circumscribed spots, sometimes they are seen on the abdomen, especially of belly, loins, flanks, the time of their occurrence vary. In the Edinburgh, epidemics they have been observed to occur about the 7th day, or may be later or earlier, at other
Other places it is stated to appear, regularly on this. They are commonly in epidemics and cases of Typhus Fever, and are accompanied with cases where it appears to prove fatal. They are thought by French Pathologists to be peculiar to Pathocrats. Viruses alive at Poitiers as to their nature, which sometimes show themselves late in the Feet of the Typhus. They are spots varying in size from that of a speck to the size of a full coin, of various colors, sometimes with sometimes without elevation of the skin. Their seat is generally on the part on which the body rests, and are connected with great depression of the nervous system. They occur in the most severe cases and in Typhus they are for the most part of fatal import. 

Dyspnea and Lachrymation occur in Contined Fever, where the body is subject to prostration from position, from accurate observations, though as to not in general indicate a fatal event. Epipilepsia is another secondary affection of Contined Fever, occurring chiefly when Gastropeptic Epilepsia prevails. And in Epidemics, this is always an unfavorable accessum. Aticurie is another affection occurring frequently in the inflammatory type of the Fever, consisting of small spots of the size of a pinhead, dotted and filled with a clear fluid. They are said to
To be a favorable sign. The sequelae most commonly observed after continued fever are: Adenitis. Phlegmonous Adenitis. Pneumonitis. Partial Palsy, and Relapse. Relapses are most frequent in simple inflammatory fever from whatever cause they are generally ushered in by a rigor and not infrequently vomiting. In relapses it is said that secondary affection are more uncommon than in the primary attack. Partial Pneumonitis and Neuralgia are common sequelae of continued fever of all kinds. These themselves usually during convalescence, mostly after, fevers of the inflammatory type. The shoulder joints are the parts most commonly affected. They subsist but more than one week. Partial Palsy is not infrequent of the deltoid muscles or of the knee and ankle joints. When it affects the limbs it has been mistaken for an affection of the spinal column. Adenitis is frequent. Sequelae of continued fever generally confined to the ankles. But general adenitis is rare. Phlegmonous Oedema is another sequelae is apt to be mistaken for. Adenitis. The symptoms of which are pain, swelling, tension, heat, and ghastly whiteness, of one limb extending from the point downwards with inability to move the limb it generally ends in Resolution.
Fever. Inflammations are apt to occur during convalescence from exposures. The species of local inflammation which are most common are, Phrenic Peritonitis, Pneumonia, Appendicitis, Laryngitis.

Peritonitis is the most common. These diseases quickly prove fatal if not actively treated. They are said to be most frequent after fevers of the inflammatory character, than after Pneumonia. Phrenic Pneumonia is said to be brought on, say, fevers sometimes, but which in acute and long observations, in the Epidemics of Edinburgh, it was found to be very rare. It may be said as a general rule that Continued Fever has no tendency to lead to the formation of Chronic Organic Disease. But it is said to have a tendency to remove Functional Disorders of the viscera, which often appear after an attack of Fever. Mania is also sometimes an occasional sequel of Continued Fever. But it is of a very rare occurrence.

Mortality of Fever

Some types of Continued Fever are much more fatal than others. Typically it is most fatal to those much more ill than Typhoid. Epidemics have been observed to be much more deadly in some localities than in others, also the mortality of the same
same kind of Epidemic differs in different places.

In Epidemics presenting the Inflammatory Character, the mortality has been observed for a long period
1 in 22, 25 or even 30. In the Epidemic in Edinburgh
from 1817 to 1820. But in the recent Epidemics in
Edinburgh which have assumed one of the Typhoid
Character, the average has been greatly increased.
In the Epidemic of 1826 to 1827, the mortality
was as great as 1 in 10. In the Edinburgh Hospital
in the years 1837 and 1838, the proportion of deaths
was as 1 in 10, during the former year and
1 in 6 during the latter year. These proportions
are much exceeded in some of the great cities in
England. In the London Fever Hospital for the
period of 10 years, according to the observations of
D. Tweedie, the average mortality varied between
1 in 10 and 1 in 5. In Kings Hospital in the year
1816, Dr. Mason found the deaths to amount to
1 in 4, and for a short period in the Year 1799
Dr. Williams ascertained that among the Patients
treated at home, in connection with at Dispensary
in London the average deaths were one half the
dezires. The mortality is found to be seriously
affected by liability to Enteric Inflammatory Affections
which have been described as accompanying
The mortality occasioned by this Bowel affection was very great. He lost 146 out of 132 patients, or 1 in 2 1/2. — Influence of Fever on the general Mortality from Diseases at large.

During the prevalence of the late bilious epidemics in Glasgow, Dr. Cowan ascertained the relation of deaths on Fever to the general mortality to be the following. In the years 1835 to 1837, the deaths from Fever alone were according to the bills of Mortality, which have been settled at 1,12, 841, and 2180, and they constitute in relation to the mortality from all diseases, in 1516, 1 in 10 and 1 in 4, annually 10 to 10 of the population at large in 270, 270, and 166.

It has been supposed that Epidemics of Fever although they constitute a large proportion of the sickness of the place, and disburse a large proportion of the whole deaths, in the help do not add to the mortality. Which statement is grounded on the fact that Epidemics of Fever by seizing on the peculiar Constitution occasion a diminution of other diseases. But that inference has been shown by Dr. Cowan of Glasgow, to be wholly false. In the year 1824 in the city of Glasgow, the deaths were only 1 in 37, while during the late Epidemic of
of 1835, 1837 there have occurred 67 on 32, 6, 2849, and 246. In the years 1835 and 1837 the total deaths from all diseases were 7198–8441 and 10,270, and on deducting from these numbers the whole deaths from Typhus there remain of other diseases 6786, 7600, 8090, &c. that contrary to the common notion the same causes which have increased so much the deaths from Typhus have actually also increased the casualties from other diseases at large.

Morbil appearances presented on dissection after death from Contined Typhus.

A variety of morbid appearances have been described as occurring after death from Typhus, some of which have been held to be constant others incidental. In the first place cases of death from Contined Typhus of the Typhoid or Syphonic type without morbid appearances of any kind presenting themselves except slight angiectasis of some of the internal organs, &c. Such cases it is not unusual to find. The pusious of the Buda mater, bursting with blood, the bloodvessels of the membranes of the Brain, more or less gorged, and the cerebral-
actual substance when cut not, presenting bloody
points, the mucous membrane of the Brunhilde, increased
in its vascularity. The mucous membrane of the
intestines also vascular in consequence of being
much distended with blood, with spots of lithigrease.
Here there, sometimes also there is found gross
offusion into the ventricles of the Brain, and into
the Subarachnoid Yasses. The part in which
we most frequently find such ill appearance
is in the mucous membrane of the intestinal
Canal. The Plunging Bullet have been found
to be superficially ulcerated after time. M. Louis
found softening & ulceration of the Villous coat
of the Stomach. Ulceration is more rare, which may
be attended with discolouration of the membrane.
The mucous membrane of the Duodenum is sometimes
found to be red, softened, or superficially ulcerated.
In the small intestines, long far the most frequent
mucoid appearance brief with after death, is
inflammation of the Solitary and Conglomerate
Glands. In the first place they are found to
be enlarged and more perceptible than in
the natural state, presenting a red appearance
of somewhat tawny, and they present a
greyish transparent surface, dotted over all.
with black points, which are the excreting mouths of the several follicles. As the inflammation advances, the patches become redder and the follicles burst or ulcerate, or slough away partially, so that the ulcers present an irregular appearance, jagged with thickened edges. Sometimes the patch puffs up into a sort of fungous swelling in which all traces of the follicular structure is lost. The colour of the ulcerated surface is various as well as its form and appearance. Sometimes it is pale or grey, sometimes red, often times yellow. The above description relates to Peyer's glands.

The solitary glands usually participate in the change. Sent becoming larger and harder and present a whitish coloured projection from their surface which has been mistaken for a pustule. At length they begin to ulcerate producing a small but deep ulcer. These changes are more common further advanced and more extensive as we speak the severity, where the glands are most numerous. For sometimes fluid redness, hardness, swelling of the corresponding prepuce or glands, going along with ulceration of the mucous glands. Which seems the consequence of it, but is a secondary result. These alterations of the intestines are—
all interesting as accounting for many of the symptoms of Contumacious Fever. As diarrhoea, occasional 
remittances from the bowels, the uneasiness and 
pain felt when the abdomen is pressed, and also 
for why the uneasiness is greatest in the situation 
of the Oesum. We can understand why although 
these ulcerations exist, there may be no pain 
occasional by them, partly owing to the general 
insensibility to impressions and sensations of all 
linds, produced by the fever, partly also depends 
on the depth to which the ulceration goes. Thus, 
tissues are protected of but little sensibility even 
sunder inflammation, but if the muscular and 
peritoneal coats become involved, as the inflammation 
proceeds the pain begins to be felt. These ulcerations 
the stiffness, redness, tenderness, and ulceration 
or sloughing of the inner coat, of Baezaer are so 
common in Fever particularly in time. Evidences 
that among Pathologists as Baezaer is thought 
that Fever is essentially inflammation of these 
glands. If this doctrine were true, it could almost 
peremptorily follow that the severity of the case, and 
the intensity of the symptoms, should be in 
proportion to the number, depth, and extent 
of the ulcerations, which is not found like the
the case. For in cases in which the symptoms have been of the worst kind, there have been found very few ulcerations, and these small and apparently insignificant. On the other hand, when the emaciation has been so marked, at length has terminated fatally, it is not uncommon to discover an ugly amount of disorganization in the tissues. But what is more conclusive is the occurrence of this state of the intestines is not constant. This ulcerative state of the intestines may lead to a fatal termination by exhausting diarrhoea, in the way of slow asthenia, or by opening into a large blood-vessel, producing copious hemorrhage directly to the heart, and it often destroys the patient by perforation of the Bowel. The Ulcer, penetrating the mucous and muscular coats, reaching the Peritoneum, in consequence of which its escape of the contents of the Bowel into the cavity of the Peritoneum causes intense Peritonitis. But the Ulcers may and do likewise often be healed, and the scars which they have left behind them are frequently seen. The Serous Membranes are seldom diseased in Continuous Fever, except as the result of perforation. The Glandular System is frequently affected. Those of the Neck, Axilla
Spills are frequently found to be affected. The Meckel's diverticula are always more or less affected, when the mucous glands of the intestines suffer. Of the great viscera, the Spleen is the most frequently affected, in lepers very generally found to be much softened, of a dark colour and sometimes of almost another consistence. The Liver is sometimes found to be enlarged, softened and friable, but it is rare. The kidneys are rarely affected. The Heart is often dry and softened, occasionally to such a degree as to be easy torn and to retain bile through the impressions of the fingers. The intestines contain usually little blood, and when its parts are softened. The blood is in loose clots without separation of fibrin or fluid, and mixed with air Bubbles. This condition of the heart corresponds with the hurried, feeble, fluttering pulse during life. The lungs may be partially engorged with serum or petrified. The Bronchial tubes frequently contain a good deal of mucus, fluid and are dark red or black and the Epiglottis and Pharynx occasionally show redness and Swelling of the mucous membranes beneath it very rarely, proton or Policentric.
Causes of Continued Fever.

There is still a great doubt entertained amongst the Members of the Profession as to the causes of Fever. The Disorder is now considered by some of the most experienced of the Profession to originate in an animal poison and to be communicated from one who is labouring under the disease, to another who is not. In the investigation of this subject, if we trace the Fever among persons who have had intercourse with the sick, and more frequently in proportion as that intercourse has been close and continued, and if other persons found living in the same place and under precisely the same circumstances, except that they have had no communication with the sick, do escape the Fever, we have clear evidence in those facts that the Disease is Contagious. It is found that in Hospitals where Cleanliness and ventilation are enforced, Fever attacks many of the persons who come most often and intimately in contact with those already ill of that disease. Chiefly the nurses, next the Clinical Chairs, and the most apostles of the Students, and the medical officers, rarely the others. Patients soon in the same ward. Those who argue against it state that the situation of the Fever Hospital is
is affected with some local medium. But if so, why should not the minutes of the Smallpox or other Hospitals which are immediately adjacent to it be affected with it, which is not found to be the case? Evidence of a different kind but tending to the same conclusion is to be found in the fact that when persons having the Fever are transferred to some distant locality, that was previously free from them, frequently from centres from which the disease begins to spread. It has also been observed that bodies of persons collected together, and fenced out by barriers, which preclude all intercourse, between them, and places infected with the Fever, remained exempt from it, as Children in Charity Schools, Soldiers in Barracks, and Prisoners in Jail. It has also been found in the medical reports of the Army and Navy, that Ships that had for a great length of time been quite free from Fever, have had that disease spread rapidly from one individual recently imported so as to affect almost all the Crew. It has moreover been found that when persons ill of the disease are taken away from their own extant crowded houses and means of propagation employed, the Fever ceases to spread in those houses.
The arguments on the other side of the question are: First, that Fever cannot be contagious because many persons who have intercourse with the sick do not contract the disease. But this argument is completely overthrown by the well-known fact that in respect to diseases which are universally acknowledged to be contagious, which are even propagated by inoculation, as Small Pox, the same kind of symptoms appear. Some of those who escape may have had the Fever before and have thereby become less capable of being reinfected by the poison. Allowance must be also made in some cases for the effect of habit in fortifying the system against Contagion. Persons who are much and often exposed to these afflictions are thereby seasoned in a degree to the proper atmosphere. Second argument against the Contagion of Fever is that the disorder does not spread in the houses of the rich. But attention to cleanliness and ventilation accounts for this. Many Fevers originate in any other cause than Contagion. Few Authors and Practitioners in general agree that it may. It is known from the experiments of Mesmer, that even Lower Animals are confined in a narrow space.
Space, filled with incinerated bones, decaying animal matter, they are attacked and killed by an affection, which seems considerable, resembling the Typhus of the Human Race and cases have been recorded of a disease apparently identical with Typhus. It continues within art in the neighborhood of places, where the dead bodies of animals had accumulated, to a great extent and burned insufficiently deep. The conclusions drawn from the whole of these facts seem to be that a disease indistinguishable from true infectious Fever, may sometimes arise without infection, such cases however have been found to occur. Fatigue, Mental emotions, atmospheric exposure, noxious effluvia and epidemics are the table. Sometimes seem to induce an attack of Fever.

Prognosis of Continuous Fever

It is found partly on the nature of the particular type or prevailing character of the Epidemic, partly on the intensity and endurance of the sufferer, Typhoid Symptoms and partly on the degree of complication with local Diseases of the three types of Continuous Fever, Syrups are least frequently fatal, Typhus most fatal and Typhoidus intermediate between the two.
The mortality from Contiguous Fever is least in early life, and gradually increases as life advances. In children the age of 10 years, it is often as low as 1 in 20 or 40 cases, and above the age of 40 it is usually one in 3 or lower. The mortality is greater in all parts of life beyond the age of puberty in Men than Women. It is also greater beyond the age of puberty in persons of the higher ranks than of the lower. Particularly these suffering from much mental anxiety, or care in the usual art of leading a sedentary life. In most Epidemics of Simple Typhus, the mortality varies from 1 in 10 to 1 in 12. The Prognosis of the Fever is bad when the progress of the disease is rapid. In the contrary, when the disease runs its course slowly, the Prognosis is said to be good. It is also a good symptom when the pulse is moderate in frequency till the Fever is fully developed. Gentle perspiration unattended with pungent heat of surface is a good symptom. It is said to be unfavourable if after the fever day, there is an irregular distribution of heat, early exhaustion, perspiration attendant with a pungent heat, without improvement of Patient, also if there is congestion of the face, injection of the conjunctiva, and turbfine of the
The Pupils of Pulse is above 140, are said to be bad
Symptoms. But Cases are recorded where it has run
above 140 in Tifhins, and still recovery took place.
In Symptom of the pulse is too fast and fluid it
is about Symptom. After the Tenth day of the fever
of the pulse is increasing progressively it is about
Symptom. High and violent delirium is also a bad
Symptom. Subcutaneous Tenderness, Falutains, and Rigidity
Respiration almost always betoken of vital one.
Local inflammations occurring early on the fever
unless they are violent do not in general add
materially to the danger; because they are for
the most part easily subduled. But if they come
on in the second week it is different. During the
latter half of the first week, a well sluttering
pulse, irregular with a dry and contracted
Tongue, an eruption of Valsalva diffuse petechie
irregular spots with increase of fever after these.
Edema protrusion of Strength; shown by the Patient
lying on his back constantly, Subcutaneous tendon
stretch, prenas of the hands tall indicate badly.
It is a good sign at the commencement of the
second week when the Tongue is not loose, no
irregularity of temperature when the pulse is
not full, passive still and inconsistent as falling that.
Character and does not speed too. When there is an absence of urgent heat, when there is an eruption of small and enumerated pustules, some showings capable of being intercepted. The signs which related unfavourably in the course of the second week are increased frequency, sheleness and flush of the pulse, and higher than 130 or 140 at body contact. Tongue, with teeth on the teeth and gums. Breathing hurried and interrupted by occasional sighing. Flushing of the face with colonies of the extremities, contraction of the pupils, complete perspiration with a constant supine position with no attempt to alter it, an eruption of large, crowded pustules, superficial fever which the patient cannot be raised from if it exists determinately, involuntary discharges of urine. Spaces, irregular diverts without abatement of fever. The favourable signs during the second week are chiefly negative. A steady state of pulse with diminution in frequency, with increase of fullness and disappearance of the jerk at the end of it. Tongue becoming more at the edge, with a greater facility of protruding it, a stronger expression, occasional sleep and facility of being aroused. Headache, return of appetite.
A change of posture from the supine to the lateral position. Deafness is said to be a favorable sign, although cross deformity symptoms be present. There are collateral circumstances which exert an influence on the Prognosis, such as age, sep. constitution, and the coincidence of old, fatigue, mental depriasion at the Commencement of the Disease. The mortality being greater in the male than the female. From the greater frequency of habits of micturation in the former than in the latter.

Pregnancy in the female is a source of great anxiety during Fis. Constitution the influence of which is great on the Fis. Healthy and robust suffer less than the feeble distinctly. The most powerful modifying influence among constitutional circumstances is that which depends on habits of interpenetration. Cold is apt to complicate the Fis. 2nd. Local inflammations, fatigue to aggravate, depress, and mental amolitions to increase the nervous disorders.

Treatment of Continued Fis.

In the treatment of a particular case or particular Epidemic, there are two Conditions of the system, which we must endeavor to combat: excitement of the Circulatory & Nervous systems. Their
their degree varies in different epidemics and at different stages of the same disease. The treatment may be divided into two heads. At the commencement the object of treatment being to cut short the disease in the Early Stage to mitigate reaction and also to cut the disease short. In the Middle Stage to mitigate reaction, and support exhaustion. In the Final Stage, to support exhaustion, and maintain life till the Fever leaves itself out. In Convalescence to give strength to the patient and to prevent a relapse of the Disease. Our great object in treatment is to place the patient in circumstances favorable for the ultimate reaction of the Disease, by adopting the antiphlogistic Regimen. These parts of the regimen which consist in removing the irritative arising from strong impregnated on the intestinal tract, from voluntary exercise of mind or Body and from taking in Aliments are to be observed, during the whole period of the Fibrile Reaction. Rest & quiet to be enjoined. A moderate temperature feared. Fever allayed by a full allowance of fluid liquids, and watch the action of the Bowels. Precise a full daily concurrence of forces by medicine or by enemata. When the Patients are strong & apparently healthy, and placed as above—
above circumstances, many will pass through the disease favourably without any further treatment. Kept we should attend to the nature of the Epidemic as to the effect of Depleting or Stimulating Remedies in the progress of the Symptoms. In some Diseases Stimulants are taken largely without any apparent effect, on the Symptoms of the affection of the Brain. Whilst in others their use is followed by increasing delirious Fever. A practice of giving Emetics to cut short the fever in the cold stage has been adopted. But it has not in general been attended with success. In the instances in which it was successful, the patient was led to a small extent in the first instance followed by a combination of Paralytic medicines, with a harsh Emetic so as to produce vomiting, purging, depleting until a short time is possible. In some instances the Emetic alone seemed effectual. After the stage of prostration has set in, in some instances the effusion of Cold water has seemed to cut short the disease. Cold drinks of small pieces of ice given by the mouth after appearance of great use in mitigating the symptoms. But if any local affections is present there is great danger of aggravating it by checking the circulation over the surface by Cold effluents more frequently the
The patient is seen after the reaction has been completely established, and when we have no expectation of cutting short the disease. It is thought best to stop the violence of the reaction, and stop the danger of increased detumescence to the head, by means of Local Bloodletting as by Leeches. Parony is also recommended if there be no spontaneous, diarrhoea present. Laxative and Washing to the head. Nauseating Doses of Tincture Biotic. Derivatives from the Heart. Warm Fomentation Petilium, Stimulating Emetics, small doses of Saline medicines are often of great use. In the Complication with Bronchitis or Pneumonia early in the Fever, Local Bleedings, Antimonials, or slightly nauseating doses of Speciecum, with Blusters to the chest. Only the kept over few hours in Children, let Abosution or bagging succeed. When the Third stage sets in and symptoms indicating that the stimulating treatment only is called for, as feeble pulse, coldness of the Skin, Sweating, with subspecies and mucous Rules. The latter indicating that serious effusion is going on in the lungs. The treatment is to give Rubecas Small doses of Digitals. Spirilet 4 to 1 or one of the most important points in the treatment of Typhus is that of the
the Nervous System by giving some but one must be taken to watch the effects of it and be prepared to withdraw the use of it in overstimulation. When and whenever give Stimulants if delirium appears watch the patient closely for fear of his exalting himself or doing injury to himself. In cases of Dyspnea appearing over the actions it may be treated for three or four days until the Epilepsia state passes off. By applying a Liniment of a Mixt. of Rectified Spirit and the white of an egg to the part. When the aches are formed the treatment is to apply Profuse and mild use of the Water Mustard. If indications of the nervous membrane of the Bowels being affected and there appearance, as shown by Dehiscence attended with griping pains or distension of the abdomen. Doses are often of great use, and when give great relief to the symptoms, and repeated small doses of Acetate of Lead with Opium, or with the Vegetable Stimulants, or grain in the form of emetic are of use of the greatest use, and followed by improvement of all the symptoms. But this should not be used in such quantity as to check suddenly the Peristaltic and prevent the full daily evacuation from the Bowels.

Arthur W. A. W. D.