

## **A treatise on the infantile remittent fever / By William Butter.**

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# TREATISE

ON THE

*INFANTILE*

REMITTENT FEVER.

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BY WILLIAM BUTTER, M. D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND  
MEMBER OF THE MEDICAL SOCIETY, BOTH OF EDINBURGH.

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THE SECOND EDITION.

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*Æque pauperibus prodest locupletibus æque. HOR.*

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London:

PRINTED FOR J. CALLOW, MEDICAL BOOKSELLER,  
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1806.

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Cum tantum intercedat affinitatis remedia inter, et indicationes, de curatione morborum nunquam benè sperandum nisi hæc duo arctiori, quam hæctenus fœdere processerint.

BAGLIVI.

Scio tamen morbos tum chronicos, tum acutos, eum feliciter eliminaturum, qui casu vel diuturnâ praxi inciderit in remedium per quod morbi species jugulari, ac velut in ovo extingui valeat.

IDEM.

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THE  
PREFACE.

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THE Infantile Remittent Fever, the subject of the following pages, is but slightly touched on by preceding writers, and has not hitherto been fully understood. Such of the observations, as are to be met with in other books, I freely resign to the respective authors who first published them; only desiring it to be remembered, that those facts have found a place in the present publication, as being confirmed by my own experience. I intend soon to complete the work, by treating, in the same manner, the complications with this fever, commonly, but very unjustly, called The Worm-Fever.

I hope

I hope the reader will give me credit for my good intentions, as to what I have advanced on the subject of worms. Nothing, but the strongest belief of my being in the right, could ever have induced me to attack a practical doctrine, which is now, in a manner, sanctified through the authority of successive ages.

*Lower Grosvenor Street,*

*May 6, 1782.*

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and Term

A  
TREATISE

ON THE

*Infantile Remittent Fever.*

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CHAPTER I.

OF THE SYNONYMES ; THE DEFINITION ;  
THE DESCRIPTION ; AND THE PROGNOSTIC  
OF THE INFANTILE REMITTENT FEVER.

§ 1. *The Synonymes.*

THE worm-fever of most authors. The  
(so called) worm-fever. S. Musgrave.

a. Febris Synochus puerorum. H.  
Mercurialis de puerorum morbis, lib. 2.  
cap. 1.

Febris ardens continua infantum. B.  
Timaei Opera Med. lib. 5. cas. 1.

La



La Fievre ardente des enfans. *Precis de la medecine par Lieutaud*, p. 677.

*b.* Hectica Infantilis. Sauvages *Nofolog. Method. Clafs ii. Ord. i. gen. 5. fpec. 1.*

Sagar *Syftem. Morborum Symptomat. Clafs xii. Ord. i. gen. 5. fp. 1.*

Hectica febris Infantum. Sydenhami *Schedula Monitor. p. 504. Ejufd. Procefs. Integr. p. 82.*

Febris lenta Infantum. Hoffman. *Opera. Tom. ii. p. 177.*

La Fievre lente des enfans. *Precis de la medecine par Lieutaud*, p. 677.

*c.* An acute fever with dumbnefs. *Allen's Synopsis Medicinæ. Art. 689.*

### § 2. *The Definition*

The Infantile Remittent Fever is distinguished by drowzy exacerbations, wakeful remiffions, pain of head and belly, total lofs of appetite, little thirft, and flimy stools.

### § 3. *The*

§ 3. *The Description.*

Mankind are liable to the fever thus defined from the birth to the age of puberty. This fever is accompanied with a great many symptoms; but they seldom all occur in the same case. These symptoms may very naturally be arranged under three different heads, constituting so many varieties of the disease in its simple state. These varieties, according to their several characteristick appearances, may properly be named The Acute, The Slow, and The Low Infantile Remittent Fever. I shall describe them in the order in which they are here mentioned.

a. *The Description of The Acute Infantile Remittent Fever.*

Sometimes The Acute Infantile Remittent Fever begins all of a sudden, while

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the patient seemed to have been in perfect health: but most commonly there are symptoms of indisposition for days, or even weeks, before the approach of the fever. The child is observed not to look so well, his colour often changing. He is indolent, spiritless, and fretful. He is frequently picking his nose, lips, and fingers, even sometimes till the blood come. His breath is offensive. He is affected with a short dry cough. If he can speak, he complains of pain in his head, or belly, or both. When of more years, he says also that he is weak and fainty. He has a desire for drink more than food. He is much troubled with wind. His belly is sometimes larger than natural. He starts, makes a grating noise with his teeth, and moans in his sleep. His urine puts on a milky appearance almost as soon as made; and, in a few minutes, deposes

deposes a crude sediment of the same colour, leaving the body of the urine with very little colour. His belly is on the extreme, being either costive or loose.

After these symptoms have continued for a longer or a shorter time, they are attended with the fever; which is preceded by a cold fit in the usual manner. Or this fever first shews itself by the child's being very hot and restless in the night. This nocturnal exacerbation is soon followed by others through the day. These exacerbations even observe a degree of regularity. There is commonly one in the forenoon, one in the afternoon, and a third in the night. The last is the longest and the most intense. These exacerbations are long, and the remissions short, in proportion to the violence of the fever: so that, when the fever runs very high, the remissions

are hardly perceptible. During the hot fits there is an aggravation of all the symptoms; and the patient is drowsy and sleeps but not soundly; for he starts, moans, talks incoherently, and even screams in his sleep. The wind is particularly troublesome, makes a rumbling noise in the bowels, and is exploded copiously both upwards and downwards, and with manifest relief. The cough is more frequent. The breathing is much affected. The patient is often sick, sometimes retches, and even vomits phlegmy stuff of various colours. The pulse beats from a hundred and forty to a hundred and sixty pulsations in the minute.

In the remissions all the symptoms abate. The patient is wakeful, is attentive to things around him, often inclines to be playful, and is, in general, averse to lying in bed. What sleep he has is usually composed. The pulse  
beats

beats from a hundred and twenty, to a hundred and thirty strokes in a minute.

Both in the exacerbations and remissions the skin is commonly dry. When sweats happen they are partial, affecting only the head, breast, or palms. The belly and palms are always warmer than any other part of the body. The patient has no appetite, and hardly any thirst; so that, in many cases, it is with great difficulty that he can be made to take either food or drink: and what he takes is often thrown up again; but more from sickness than reluctance. The urine is of a diaphanous orange colour. The state of the belly is uncertain: but the stools are always unnatural, either as to their colour, consistence, contents, or smell. Most commonly they are morbid in all these respects; for they are either whiter or darker than natural; they are always more offensive;  
are

are feldom without a great deal of flime; and fometimes confift of nothing but flime. The stools fometimes froth, and ferment, like barm.

The patients generally pafs worms in the courfe of this fever, even when they were never known to void any before. Thefe worms are not only thrown off by vomiting and stool, but are fometimes obferved to work themfelves out of the body both ways, feemingly unaffifted by any exertions on the part of the patient's organs. In many cafes of this fever no worms are ever feen.

When the fever is on the decline, the exacerbations grow milder and fhorter; and at laft difappear one after another; the appetite returns by degrees, and in time becomes very craving; the patient has long and refreshing fleeps, attended with a general moifture of the fkin more or lefs copious; the fkin continues foft, and,

and, in general, moist at other times; the pulse loses of its frequency from day to day till it become quite natural; the urine breaks, and deposes a copious gross sediment, leaving the body of a straw colour; this sediment afterward becomes more digested, being of a polished smoothness with a gross covering, at length, the sediment gradually diminishes till the urine is left absolutely colourless, and without contents; and finally, the stools approach more and more to the natural state, till they become as in health.

This is the order in which the several functions of the body return to a state of health. In some cases, however, the pulse continues quick, after all other symptoms of disease are gone, and till the patient has pretty nearly acquired his usual flesh and strength.

The ordinary duration of this fever is from eight or ten days to a fortnight  
or



or three weeks. Some few cases last longer.

b. *The Description of The Slow Infantile Remittent Fever.*

The slow fever is preceded by the same symptoms as the acute. The patient is longer indisposed before the fever comes: and, at last, it comes so imperceptibly, that they are not aware of its presence for some time after it has commenced. From the beginning of his complaints he loses his flesh and strength gradually; his appetite is unequal, being sometimes great, sometimes small; and when his appetite is small, he is thirsty. His belly is often larger than natural. His breath is offensive. There is but one remarkable exacerbation. It begins sooner or later in the evening, and nearly about the same time; and lasts till morning, when it is succeeded by a profuse sweat.

sweat. Through the day his skin is temperate, but feels dry and harsh. He is often affected with hectic flushings. In the exacerbation, the pulse seldom exceeds an hundred and forty, and in the remission an hundred pulsations in the minute. He is never so ill as to be confined to his bed: but he is at all times so listless and indolent, that wherever he is placed, there he would wish to continue. He says he is weak and fainty, and that he declines walking because it makes his limbs ache. He is hardly ever playful himself; nor does he seem to partake of the amusements of those about him. He mostly passes his time, as well in the day as the night, in dozing and sleeping, starting and moaning at times, and often picking his nose and fingers till the parts fester and become sore and scabby. He has no appetite, and but little thirst. His tongue is white and moist.

His urine is of a deep orange colour: in the morning it contains a gross sediment; through the day it contains only a cloud. There are the same appearances in the stools, and worms are voided in this slow fever, in the same manner as in the more acute.

When the fever is about to decline, the nocturnal exacerbation and succeeding sweat abate; the flushings also become less and less frequent; the appetite and spirits return; every morbid symptom gradually disappears; and the patient of course recovers his former dispositions, his flesh, his strength, and his colour.

This fever will last for two or three months, or more.

c. *The Description of The Low Infantile Remittent Fever.*

The Low Infantile Remittent Fever begins suddenly; and, for the first week, resembles

resembles the acute in every thing, except that the head is more affected, even sometimes to a degree of raving, and one or other of the excretions is always remarkably increased. After this the patient becomes quieter than usual, says little, complains of nothing, and is not disposed to answer questions. He seldom asks for any thing; but, in general, takes his food or drink when it is offered to him. The trunk of his body keeps to one posture; and he rarely moves his lower limbs; but his arms or hands are almost always in motion when he is awake. Sometimes he is flinging about his arms; sometimes he lies with his hands stretched down on the lower part of his belly, and his knees drawn up. At other times he is much employed in picking not only his nose and lips, but even his tongue, eyes, and other parts of his face, till they become sore and chopped. And he gapes that he

may reach his tongue; for he has not the power of putting it out of his mouth. At last, his indifference as to answering questions ends in an impossibility of giving answers, for he is deprived both of speech and voice. And his jaws, in some cases, are so locked that nothing but liquids can be got into his mouth, and these with a good deal of difficulty. At this period, which seems to be the height of the disease, he slumbers, and is most composed, as usual, during the exacerbations; and, in the remissions, he performs the same gesticulations. From the time that there are settled symptoms of lowness, his eyes are redish, dull, and inattentive: his countenance is marked with distress; his tongue, gums, teeth, and lips, are covered with a blackish fur; he is particularly uneasy before stools, or great explosions of wind; his urine and stools are involuntary; and yet he is quite sensible.

The

The pulse beats a hundred and twenty strokes in the minute during an exacerbation, and about an hundred in a remission. The stools have the same multifarious appearance, and worms are equally inconstant as a symptom, in this, as in the other varieties of our fever already described.

When the disease takes a favourable turn, the symptoms of recovery are nearly in the following order. The exacerbations are milder and shorter, and, of course, the patient is more wakeful. His eyes become first clear, and afterward attentive. His whole countenance is placid. His tongue, gums, teeth, and lips are cleaner. He takes his food with more eagerness; and helps to feed himself. His voice returns. It is weak at first; but it soon strengthens; and he exercises it on every occasion; for he cries as often as he is uneasy, or is disturbed, or wants something, or is not able to reply to questions, or not able  
or

or willing to do what is required of him. Sometimes those vociferations are loud enough to disturb not only the family, but the neighbourhood. He gets strength, flesh, and colour. He yawns, or sneezes, or coughs; even when he was not able to do any of these before. The gesticulations abate. He shifts his posture: and attends to the keeping of the bed clothes upon himself. He begins to put out his tongue when desired; and cries, as usual, if he cannot do it perfectly. He attends to his playthings. His tongue is natural. His appetite is keen. His skin is temperate. His pulse is calm. His urine is of a straw colour, and copious, but still involuntary. He has good nights and days; and chiefly cries, or is fretful, when he wants something, as food, to get out of bed, or the like. His speech begins to return. He answers all questions by the monosyllables, *yes* or *no*; but with difficulty at first, which makes  
him

him cry. In the course of a few days he speaks as readily as ever. His stools are voluntary. His urine is copious, colourless, and voluntary. The gesticulations cease entirely. His stools are both natural in their appearance and voluntary: He has no complaint but weakness. In a few more weeks he recovers his full strength, flesh, and colour: and there are cases where the pulse does not quite settle, till such a complete recovery take place.

This fever lasts a month, or six weeks, or longer.

#### § 4. *The Prognostick.*

The Infantile Remittent Fever, as above described, will almost always afford a favourable prognostick.

“Prognosis autem, prout mihi videtur, potius pendet ab ipsa curationis methodo, rectâ vel fecûs factâ, ut et a nutriculæ moribus, an scilicet sibi nimum placeat.

atque



atque *sola sapiat* (quæ, proh dolor! mœstissima est consideratio) an verò morigera sit, et, quæ in mandatis habet, fideliter exequatur, quàm ab infantum ac puerorum ægritudinibus ipsis.\*”

“It appears to me,” says Doctor Harris, “that, in children, the prognostick does not so much depend on the nature of the disorder, as on the propriety or impropriety of the means of cure, and the dispositions of the nurse; whether, for example, being wise in her own conceit, she does only what she pleases (which, alas! is a most melancholy consideration) or whether, being of a compliant temper, she strictly follows the directions of the physician.”

\* Harris de morbis acutis infantum. p. 38.

## CHAPTER II.

OF THE CAUSES, NATURE, AND SEAT OF  
THE INFANTILE REMITTENT FEVER.

IN a former publication\* I observed, that there was an exact analogy between the Puerperal Remittent Fever, and the one which is the subject of the present discourse. Indeed, the resemblance between these two fevers is so very great that the constitutions of the patients make the only difference. The one is incidental to pregnant and lying-in-women; the other to children without distinction from the birth to the age of puberty. In the former case I explained the nature and the causes of the fever by an inquiry into the constitu-

\* An account of Puerperal Fevers, as they appear in Derbyshire, &c.

tion of the patient. I shall adopt the same method here.

The brain and nerves bear a much larger proportion to the other solid parts in children, than in adults. The whole body is much laxer, feebler, more irritable, and of much quicker growth. The fluids are in proportionally larger quantity. The blood is thinner, and of a lighter colour. All the glands are large. All the secretions are insipid. The pulse is quickest at this age; and is easily rendered quicker by slight causes. The dietetick fever is now most remarkable. Children are very restless and active. Even their sleep, of which they require a great deal, is seldom composed. But, when awake, they are almost constantly under the dominion of some passion, or desire, which we cannot always enter into. All their sensations are very acute. The sense of hunger is remarkably keen, and often leads to a desire

fire

fire for improper food. Their bodies are constantly in a state of irritable distention, from the great quantity of food taken for the double purpose of supplying present nourishment, and adding to the daily growth of the body. Their digestion is very weak. They vomit from slight causes. The first passages often abound with acid, slimy humours, The belly is naturally lax. Children are particularly liable to fevers, and other spasmodick affections. They are the least subject to putrid disorders.

What has been here said is chiefly applicable to the first years of infancy. The infantile constitution afterwards becomes less and less perceptible, till at length it is lost in puberty. And, at the same time, children, of course, become more or less subject to the diseases mentioned above.

In this short sketch of the infantile constitution, we see that childhood is liable,

among other diseases, to symptoms of indigestion and fevers. Indeed this period of life, as it is the most remarkable for irritability, so it is for indigestion. All the indispositions of children are attended with symptoms of indigestion. This is so notoriously the case, that physicians now seldom look further than the first passages for the cause of childrens' disorders. It is certain that the fever, of which I am treating, arises from no other cause. It may be accelerated by cold, fatigue, or the like; but the principal causes are crude accumulations in the first passages, which, with a very irritable predisposition, draw the intestinal canal into spasm, which is soon communicated to the rest of the body, constituting the fever.

All the symptoms are obviously and satisfactorily accounted for in this way: for we see in practice, that, in proportion as the body is kept quiet and still, and the  
morbid

morbid accumulation carried off, every one of these symptoms diminish, and at length vanish. But I have already explained the symptoms of fever so fully, in the work just alluded to, that it would be superfluous to insist more on it here. I have only to add, that the gesticulations so often mentioned, and which are peculiar to the first stage of life, are entirely explicable on the same, and no other, principle. They are the consequence of irritation communicated, from the first passages by consent, to the more remote and superficial membranes of the body.

All this will be granted perhaps: but there are two symptoms, namely, the loss of voice and speech, which have always been attributed to worms; and sometimes, on account of their singularity, even to supernatural power. But there is no occasion to have recourse to any other agent than the constitution of infancy for the  
production

production of those symptoms; as they are only the effects of debility, which, for reasons we cannot assign, induce a spasm upon the organs of speech and voice. That the matter is really so, we may be satisfied, by observing that those symptoms are generally preceded by some great evacuation, which must reduce the strength and spirits already too much reduced. And, as a further proof, cordial food and medicines are almost the certain cure.

But though these symptoms are peculiar to childhood, yet others of a similar nature are often to be observed in the disorders of adults. I have met with an impeded deglutition; I have also seen the course of the stools and urine interrupted: all which complaints were owing to the same cause of debility, occasioning a spasmodick affection of those different organs. That the voice and speech only should be affected in infancy, and the other organs  
just

just now mentioned in adults, must be referred to a different law in the human constitution at those different periods. And that this is truly the case may be further inferred from hence, that children, labouring under this Low Fever near the age of puberty, have hardly ever those symptoms, but only a great reluctance to speaking; and they sometimes rave, at times, even when the fever is become very inconsiderable. I must, however, mention that I once saw this Low Fever in a youth, who had just completed his fourteenth year; but his habit of body was small and very delicate.

We now proceed to inquire into the influence of climate and the seasons on the Infantile Remittent Fever.

The Acute Infantile Remittent Fever is not only a sporadical, but an epidemical, disease; and, when epidemical, it is also contagious. The Slow Fever is only sporadical.



sporadical. The Low is only epidemical; and never is seen but when the Acute also is epidemical; and even then the numbers of the former are but few in comparison of those of the latter. It is proper also to remark, that this Low Fever occurs but in few epidemick seasons. I have only met with it in two, during a course of near twenty years. It would seem that the contagious particles of the Acute operate, in certain seasons, on certain idiosyncrasies, so as to produce the Low Fever. However, I will not deny that great and improper evacuations may, independent on contagion, produce this Low Fever in certain constitutions.

From what has been said concerning the Infantile Remittent Fever, in this and the preceding chapter, we see the analogy so great between that and the Puerperal Fever, as I have described it, that there can be no doubt of their being the very  
same

same disease, only in different constitutions. The causes are precisely the same, to wit, debility, irritability, and intestinal accumulation. The Acute Infantile, and our Puerperal Fever, agree almost in every symptom independent on constitution. Worms, in particular, occur in the one case as well as in the other. I have also given an instance of a Low Puerperal Fever. Mrs. C. D. was delirious, could not, or thought she could not, swallow; and performed certain very remarkable gesticulations peculiar to adults. I observed the Puerperal Remittent Fever chiefly as a sporadic disease, and in its most simple form; which enabled me to throw some light both on its nature and cure. It is, however, well ascertained that this fever is sometimes epidemick, and also contagious.

Thus, in my opinion, I have fully explained the nature and symptoms of the

Infantile Remittent Fever, without calling in the assistance of worms. Doctor St. Clair proved fifty years ago, that worms were not always found in the worm-fever. The same learned gentleman has also observed, that the ambiguity of every symptom ascribed to worms, except that of voiding them, was well known to physicians, even before his time.\* It has also been long known that fever destroys worms. Notwithstanding all this, the pernicious and absurd practice of giving vermifuge medicines in fevers still too generally prevails. There is not the smallest rational ground for regarding worms in the cure of the Infantile Remittent Fever. Indeed, I have in general paid very little regard to them in the cure of any of the diseases of children; except when it was absolutely necessary for the satisfaction of friends. Though the ex-

\* Medical Essays, vol. ii. art. 18.

istence of worms be a sign of disease in children, yet, in my judgment, they are properly neither cause nor symptom of such disease; and therefore ought not to influence, in any respect, medical practice. Worms are Nature's remedy for destroying the superabounding morbid humours; and for stimulating the first passages by their crawling motions, and thereby assisting the peristaltick motion of the guts to carry off what remains of the offending load. Whoever, therefore, directs his whole attention to the destruction of those innocent vermin, has not even so much to plead in his own behalf, as he who only attempts to remove a symptom, instead of the cause, of a disease. If you are not satisfied with Nature's remedy, why do not you adopt a better? A rational and experienced physician has it often in his power to improve, as in the present instance, on

the curative operations of nature. If you strengthen, at the same time that you gently cleanse, the first passages, the worms will soon disappear; their causes, as well efficient as final, being then removed. In sum, whoever makes himself properly acquainted with the natural history of the three worms \* commonly found in children, must be strongly prepossessed with their innocence, in relation to the human body: and an attentive practical physician will, through such a prepossession, wonder how worms ever came to be so generally considered as a morbid cause.

- \* 1. *Lumbricus terrestris*. Linn. Faun. Suec. 2073.
- 2. *Ascaris lumbricoides*. Ejusd. ibid. 2072.
- 3. *Ascaris vermicularis*. Ejusd. ibid. 2071.

## CHAPTER III.

OF THE CURE OF THE INFANTILE  
REMITTENT FEVER.

ALL the diseases, to which the human frame is liable, are founded in irritation. If we know the cause of the irritation, we know the nature of the disease, and are liable to determine how far it is curable, or incurable, by our art in the present state of its improvement. But if we know not the cause of this irritation, we are utterly at a loss about the nature of the disease; and, consequently, whatever we administer, by way of cure, is gross empiricism.

That I may apply this doctrine in the cure of the Infantile Remittent Fever, I lay down but one intention; and that is, to take off the febrile irritation. From  
what

what has been delivered in the preceding chapter, we know what this irritation is owing to; namely, a spasmodick affection of the intestinal and other membranes of the body, supported by morbid accumulations in the first passages. The indication which, by this knowledge, is rendered clear and specific, keeps the very essence of the disease perpetually in our view, and leads us to wish for a cure as succinct and specific as the indication itself. There is probably in nature (left for future industry to investigate) a medicine which will, in not many hours, remove the febrile spasm. Till this discovery is made, physicians must be content with such roundabout means, as their art supplies them with. I recommend the following, as being the best that I have learned from experience, for fulfilling the intention of curing the disease under consideration.

The

The first means recommended for taking off the febrile irritation are rest, quietness, and stillness. I call these the first means; because many people are too apt to think, that, if the medicines are carefully taken, most of the other directions may be dispensed with. And, when they are disappointed in this way, they blame the physician; though the truth is, that the fault is entirely their own: for it is certainly the case in fevers, as well as in most other disorders, that little success is to be expected, unless the management be as punctually attended to, as the medicines. The first thing, therefore, to be done, in order that we may ensure success in the cure of this disorder, is to procure rest, quietness, and stillness. To accomplish these purposes, the patient must be put to bed in a chamber that is temperate, and admits, for the time, but little light. His playfellows must be kept  
from



from him, and whatever playthings would occasion any exertion either of his strength, or spirits. When he seems inclined to be playful, he must not be allowed to get out of bed, nor to tumble about in the bed, nor to exert himself in talking, or the like.

The next indispensable means, in the cure of this fever, are diluting and nourishing liquors. These are, principally, small broth, gruel, and barley-water. They should be taken, by turns, lukewarm, and plentifully. They support the strength, dilute and blunt the morbid humours in the bowels, relax the intestinal stricture, and wash off the accumulation. No solid food, not even bread, is allowed.

The next general means for the cure of this fever is, a medicine which has the power of abating the intestinal stricture, and of opening the body at the same time.

time. The neutral salts are the best of this kind that we are yet acquainted with. I commonly employ the Polychrest Salt. It promotes urine and stools, and allays the febrile irritation, by its operation on the nervous system, even before it has produced any sensible evacuation. For a child five years old, I prescribe as follows, altering the quantity proportionally for an older or younger subject.

Dissolve one dram of the Polychrest Salt in a quarter of a pint of water; and sweeten the solution with two drams of sugar.

Give two spoonfuls of this mixture every four hours: or, what is a better method, give it, by a couple of spoonfuls at a time, when the child is most awake; so that the whole may be finished in twenty-four hours.

This mixture is to be repeated daily, so as to promote one, two, three, or four

F

stools

stools, according to the circumstances of the case.

In general, one stool a day in the Low Fever, two in the Slow, and three, or four in the Acute, will be sufficient.

When the body is sufficiently open, Nitre is a proper substitute for the Polychrest Salt: because, in the same quantity, it is not so laxative; and it possesses the other virtues of the Polychrest Salt in, at least, as great a degree.

When the fever is attended with a looseness, (which, though a complication, ought to be taken notice of here, as it occurs so often, and from so many different causes) none of the neutral salts can be used: but all the other directions must be persisted in. By way of medicine, I order as follows:

Diffolve five grains of the Extract of the Hemlock in four ounces of water; and add to it a dram of sugar.

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This mixture is to be taken in the same manner; and is to be repeated daily. It relieves every symptom of the fever; and, at the same time, gradually carries off the loosens.

In the Slow Fever, when the neutral salts have not the desired effect, the Extract of the Hemlock will do wonders, by subduing the fever, and promoting appetite, strength, and spirits: all which good purposes it will effect in a much shorter time than any person can imagine, who has not tried it. I commonly order a grain, for every year of the patient's age, to be given dissolved in water, and in the manner so often mentioned.

When the Hemlock is used, the Polychrest Salt may be continued twice a day, so as just to keep the body open. Or as much Rhubarb may be given every night as will have the same effect.

I have seldom prescribed Rhubarb; as

the Polychrest Salt is more agreeable to children, and has equally good effects.

The general treatment takes place in the beginning of the Low Fever: but, after the symptoms of lowness are settled, the treatment varies a little.

When the body is costive, half a dram of the Polychrest Salt may be given, dissolved in two ounces of water sweetened, the one half at night, and the other in the morning.

If the child has a stool daily, twenty or thirty grains of Nitre may be exhibited, instead of the Polychrest Salt, and in the same manner.

Four drops of the Acid Elixir of Vitriol should also be administered, in some of the patient's drink, every four hours.

Small wine-whey should be used, instead of the barley-water, by turns with broth and gruel. And sometimes a little wine may be added to the gruel.

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I have given both the Peruvian Bark, and the Hemlock, in this Low Fever with advantage: but, in general, every purpose is answered by the other means.

If this Low Fever is complicated with a looseness, the Hemlock should be the only medicine employed: and a drop or two of Laudanum should be given after every stool. The same diet should be continued.

For the vociferations, and great restlessness, the belly should be fomented with flannel cloths, wrung out of a decoction of Chamomile, and applied agreeably warm. This should be done for half an hour, more or less, at a time, as occasion may require; and should be repeated as often as the symptoms return. This method generally quiets the patient very soon, and lays him asleep.

The same fomentation is proper in the Acute and Slow Fevers, when the patient  
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becomes very restless from pain, or distention of the belly.

Children too often let their stools and urine pass into the bed. This is always the case in the Low Fever, when the patient can neither speak, nor help himself: but, as he never fails to discover great uneasiness for some time before a stool, all inconvenience, on that head, may be prevented, by taking him out of bed.

Towards the end of the disease, when the appetite becomes very craving, the patient may be allowed to eat, at times, some dry bread of itself, and not in his liquors: but the same method must, in other respects, be continued till the fever is quite gone; or at least, every morbid symptom, except the frequency of the pulse. He may then have his clothes on, and return, by degrees, to his usual diet and way of life: but so as not to have his free liberty, as to eating, drinking,  
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and exercise, till he has recovered his full flesh and strength.

Thus have we recommended a variety of helps for taking off febrile irritation, such as darkness, coolness, rest, silence, diluents, emollients, and laxatives. This practice, however, is merely artificial, and cannot be founded in nature. as it employs too many means for answering one intention. These means, while they discover the defect of our art, at the same time point out the remedy: for they are all, properly considered, but lame substitutes for a single medicine, which possesses their aggregate power in a much greater degree, so as to be capable of nipping the disease in its very bud, without perhaps occasioning any evacuation except by stool. Such a medicine is most likely to be found in the vegetable creation.

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