

**Remarks on the epidemic fever in Aberdeen during the year 1843 /
Alexander Kilgour.**

Contributors

Kilgour, Alexander.

Publication/Creation

Edinburgh : W.H. Lizars, 1844.

Persistent URL

<https://wellcomecollection.org/works/s6b8teb2>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

R E M A R K S

ON THE

E P I D E M I C F E V E R I N A B E R D E E N ,

D U R I N G T H E Y E A R

1 8 4 3 .

BY

A L E X A N D E R K I L G O U R , M . D . ,

O N E O F T H E P H Y S I C I A N S T O T H E A B E R D E E N I N F I R M A R Y .

EDINBURGH:

PRINTED BY W. H. LIZARS, 3, ST. JAMES' SQUARE.

1844.



REMARKS

ON

THE EPIDEMIC FEVER IN ABERDEEN.

Extracted from the Scottish and North of England Medical Gazette.

HAVING been requested to draw out a short account of the fever which has been epidemic here, for some time past, I send the following paper, which was read to the Medico-Chirurgical Society here; the only alteration being, in giving the total admissions and deaths down to the 31st December, which is the period at which our registers close, at the Aberdeen Infirmary, for the twelve months.

In the early part of 1843, the fever cases, although rather more numerous than at the corresponding period of the previous year, were, on the whole, mild and unimportant, there being only an occasional case of typhus, attended with the usual exanthema, and which, in its duration, extent of delirium, &c., stood in strong contrast with the other cases of what was considered to be mild continued fever, in the wards.

The circumstance of frequent relapses was early observed, both by my colleague, Dr. Dyce, and myself; and the second attack being frequently attended with gastric disturbance, foul tongue, &c., our first impression was, that the patients had been indulging too freely in the house soup allowed to convalescents, and directions were given that it should be no longer admitted into the fever wards.

Still the relapses continued, and in the beginning of May, we saw from this, and other symptoms, and from the numerous admissions of families, or residenters in one house, that we had

got a fever, distinct from the common continued fever from cold, and from the exanthematous typhus, a new epidemic.

The patients had been complaining for three or four days, or at most a week before admission, of the usual symptoms of fever, viz.,—A feeling of coldness, with shivering and pain of the joints and bones. The pain of the back and joints was much more severe than in typhus, many of the patients affirming that they had got rheumatism, and that they could not move their joints without the most excruciating pain. A greater proportion, however, were able to walk up to the Hospital on their own feet, than is usual in the early part of the typhus; and though there was no mistaking their appearance amongst the other patients waiting for admission, still they had not the same sunken expression and deep depression of countenance as in typhus.

When well washed (as is the practice here) in the bath, and put to bed, the skin, in some of the younger patients, was, in the early months of the year, found to have an indistinct appearance of the exanthema. For some months past, however, this has not been seen in any case. Not unfrequently, in the worst cases, the skin was marked with livid or blue patches, or with spots like those of purpura. But the most remarkable symptom was an icterode condition of the skin and conjunctiva, amounting, in many cases, to a deep jaundice-yellow. This, however, did not occur in above a fourth of the cases, and was chiefly found in those of a cachectic habit of body, or who had been exposed to severe privations before the attack of fever. Individuals subject to stomach complaints, and those who would be termed of the bilious or melancholic temperament, showed it much oftener than the sanguine or leucophlegmatic. It was always attended with much derangement of the stomach and bowels, with vomiting, with constipation, or with purging. The skin, in all cases, was hot and dry. Pain of the head—the forehead in particular, was often much complained of. The eyes were not often suffused; the tongue was white, or covered with a white or yellowish white coat, and often marked at the sides by the teeth. In other cases, it was dry and brown; sometimes it had a dry brown centre, and

white soft edges. It was seldom, indeed, deeply furred, and seldomer still fissured, cracked, or bloody, though in some very bad habits, this condition, as well as sordes on the teeth and gums, did occur. Extreme and urgent thirst, or dryness of the mouth, was almost invariably complained of, and the desire for drink incessant. Drinking, however, of much cold water, they said, made them worse, and did not appease the thirst; and not a few attributed the coming on of retching or vomiting, to drinking so much cold water. Vomiting, however, was not so often a symptom in the first attack as in the relapses. The bowels were oftener loose than costive, the stools dark, liquid, and offensive. The urine was high-coloured, or slightly yellowish; and in the icterode form more or less deeply so, sometimes it was bloody. Delirium, in some cases, existed, but only for a few hours, and only to a slight extent, except in some fatal cases, where it was the chief symptom. Epistaxis, but only to the loss of an ounce or two of blood, happened in several young and sanguine subjects. In every case of the disease, in a pregnant female, abortion or premature labour took place; but of many of the latter cases, we had only one child born alive, and it died the second day after. Some times the lochial discharge was most profuse, and flooding requiring the appropriate treatment was not uncommon. Every one of these cases, and all, except one, which were brought into the Hospital after delivery at home, whether seized with the fever before or after delivery, did well, whilst in typhus fever, such cases were as invariably fatal, attended often with purpura and vibices.

These symptoms continued with more or less intensity, during eight to ten days, when the patient was so far recovered as to be able to quit bed. This apparent convalescence lasted for a few days; and, in the Infirmary, in some cases, it lasted so long as to induce us to send the patient out. But, in every case, whether the patient was out of or was confined to bed, the relapse took place, commonly from the tenth to the fifteenth day, from the first seizure of the disease. I have observed, that where the first attack was most severe, the period

of apparent convalescence was shorter than where the first attack was mild.

The relapse was preceded by want of appetite, sleeplessness, and then a rigor, for the most part taking place during night. These symptoms were followed by great heat of skin ; a quick and usually full pulse ; much pain of the head ; a thick white furred tongue ; great thirst ; frequently vomiting ; and, in some cases, looseness of the bowels, but a constipated state of them, before and during this relapse was more frequent. A most profuse sweating then followed, lasting for several hours, and completely drenching the patient, and making his shirt and sheets as wet as if steeped in water. In some cases this was followed by immediate relief, but in others with little or none, until the same process of rigors, thirst, hot skin, and sweatings, to a less degree, had taken place on two or three successive days. This relapse was more severe, generally, than the first attack, but lasted a much shorter time, terminating, for the most part, in three or four days. Where the first attack was severe and tedious, the relapse took place sooner, and was proportionately less intense. The patient was left by the sweating much exhausted, but he soon picked up strength enough to leave his bed. In some cases, severe pains in the limbs remained, after this relapse had passed away, for several days. I have never seen the jaundiced condition of the skin in the relapse, except in one case, an African.*

As the sequelæ of the disease, we had swellings and pains of the legs, as after typhus, and more rarely swellings, but never ending in abscess of the parotids. Erysipelas of the head and face, so common during the last epidemic of typhus, has not appeared in the fever wards during the present epidemic.

That this fever is highly contagious, I do not entertain a doubt. We have had numerous examples of whole families affected with it, and we have had, in the Hospital, every inmate

* I have now one more melancholy instance to name, in the case of the late Dr. Andrew Moir, Lecturer on Anatomy in this city, in whom intense jaundice returned with the relapse of the fever, preceded by diarrhœa, and attended with irritable stomach, and this jaundiced state remained for the three days he lived.

of a house, and almost even of a court of houses. Three-fourths of the cases admitted into my wards, stated that they had been exposed to the infection, by living in the same room or house with affected persons.

In many instances, it has attacked those who had been patients in the Hospital during the epidemic of exanthematous typhus. This circumstance has most forcibly struck me as to the two being different diseases. I had also a well marked instance of exanthematous typhus in the Hospital, that went out cured, and returned with the present epidemic, and went through its two attacks.

The average time the patients remained in my wards, with this fever, has been seventeen days, and the average duration of the fever—from the time, according to their statements, that they were seized with it, to the time they were sent out cured—has been nearly twenty-one days. But, certainly, in consequence of the numerous applications for beds, the cases were often sent out a few days earlier than, under ordinary circumstances, would have been the case.

The number admitted, from 1st January to 31st December, 1843, has been 1201; and, of these, excluding three moribund, who died within the first twelve hours, there have died forty-seven, being in the proportion of one in twenty-five, or four per cent. These are the total deaths from *all* fevers admitted into the wards; and, as several deaths took place from typhus, the proportion for the present epidemic ought to be made less; I think, not above one in thirty-five cases.

The treatment has been entirely the palliation of existing symptoms. I have seldom had occasion to bleed, generally, the only cases being where the disease was complicated with bronchitis, attended sometimes with slight hæmoptysis, in which cases the abstraction of a few ounces of blood afforded immediate relief. Sometimes, also, it has been necessary to apply a few leeches to the temples, or to the epigastrium, but these were much seldomer required than in typhus. When delirium existed, blisters seemed to me to increase it, and I found more benefit from the douche, or pledgets, dipt in cold water, and applied to the forehead. An opiate often quieted the patient,

when much want of sleep, as sometimes was the case, preceded the delirium. Seldom, indeed, was the delirium worth noticing, and opening the bowels freely generally removed it. Where the bowels were costive, a blue pill, a little castor oil, or a dose of senna and salts, were given. The bowels were very generally constipated in the relapse. For irritability of the stomach, attended with vomiting, the effervescing mixture was used, with or without a few drops of laudanum, and where that did not succeed, a blister over the *scrobiculus cordis* generally did. In the jaundiced cases, two or three grains of blue pill, or half as much calomel, twice a day, appeared to answer best. The incessant thirst was a very troublesome symptom to the patient, and cold water, so much relished in most other fevers, was here much disliked; ginger beer and acidulated drinks were more grateful. Opiates were often useful in allaying the restlessness, and in forwarding the sweating stage. Wine, and still more, brandy, with hot water and sugar, was very serviceable in checking the rigors, quieting the stomach, when vomiting existed, and rousing the system, where the pulse and general appearance indicated great prostration. In fact, many cases, which, had the disease been typhus fever, would have been regarded as moribund, were rapidly brought round by the frequent exhibition of small doses of these stimulants.