

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

PYREXIA.

(Continued from page 4.)

We are now in a position to enumerate the causes of pyrexia, which we have seen to be due to a disturbance of the heat regulating centre in the brain. We noted also that this disturbance might arise either from direct injury as when a hæmorrhage occurs into its substance, but that a far more common cause was irritation of the brain by toxins circulating in the blood.

It is customary and convenient to divide this latter group into the specific fevers—the so-called “infectious diseases” and symptomatic fevers, as they are sometimes called, which are due to local inflammations. Scarlet fever is a good example of the first class, and pneumonia of the other.

As a matter of fact, there is no real difference between the two classes, as we now know that local inflammations are practically always due to micro-organisms, just as are the specific fevers, but the classification is convenient because broadly speaking the former are “catching” and the latter usually are not.

We have now to see what is the effect of toxic pyrexia on the system generally, but we must bear in mind that it is impossible in practice to say how far the symptoms are due to the pyrexia itself, and how far to the direct action of the toxins on the organs concerned. We will briefly enumerate them.

The *skin* is hot, and usually dry. When the patient is making a good resistance to the pyrexia—a most important point which will be discussed later—the face is usually red and the skin flushed, but when the resistance is poor, failure of the circulation occurs, and the skin is then pale or livid in colour.

Alimentary system.—The tongue is furred, and at first moist; soon however, it becomes dry, brown and caked with dry saliva, and remains of food. In severe cases the gums also are covered with this deposit which is often called *sordes*. These latter changes can usually be alleviated by careful cleansing of the mouth, and, incidentally, there are few more important points in the nursing of a fever patient than the toilet of the mouth, and few better tests of the capacity of the nurse. The appetite is poor or lost entirely, and there is often vomiting at the onset, which in bad cases persists, and is then a sign of grave danger.

The bowels are usually constipated, though, in children especially, diarrhœa may occur, and in some diseases, such as septic scarlet fever for instance, is of bad omen.

Circulation.—The action of the heart, and therefore the pulse rate is quickened. At first the pulse is full and bounding, but, later on, if the circulation should fail, it becomes small and even running.

The *respiration* is quickened in proportion to the height of the pyrexia, except in diseases of the lungs when it may be very rapid indeed. Thus, with a temperature of 101° in an adult, the respirations, in a case of ordinary scarlet fever for instance, would be about 24, but in pneumonia the rate might rise to 40 with the same temperature.

Kidneys.—The urine is scanty, high coloured, and loaded with urates, and urea is excreted in greater quantities than in health. This is simply another way of saying that when the bodily fire is raging there are more ashes in the grate, urea being the product of combustion of the tissues themselves: for this reason there is wasting of the body generally and the patient looks thinner and loses weight.

Nervous system.—At first there is headache, and, if the pyrexia is intense, there may be delirium. This latter is of two kinds, the loud noisy type where the patient is actively engaged in getting out of bed, and fighting his attendants, and seems to be stronger than usual, and the low muttering type where he has little or no strength but his mind is evidently wandering and he keeps up a ceaseless flow of meaningless conversation.

It is perhaps worth while referring more particularly to delirium here on account of the “vulgar errors” connected with the subject. In the first place violent delirium makes the physician much more happy than the relatives, who are apt to think that a patient who is shouting, and tearing round the room is very bad indeed. Obviously this denotes a certain amount of strength, which is of much better import than the prostration indicated by the low muttering type. Delirium varies too very much with the age and previous habits of the patient. In children, violent delirium is not at all uncommon, and need cause no anxiety, and the same phenomenon is apt to occur in strong men of sound physique and athletic habits. A popular error is to ascribe violent delirium to previous alcoholic habits but this is entirely erroneous—apart from actual delirium tremens which has nothing to do with pyrexia at all though the temperature may be raised during an attack—as alcoholics much

[previous page](#)

[next page](#)