CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. Knyvett Gordon, M.B. Cantab.

PYREXIA.

(*Concluded from page* 43.)

We have seen that it is not advisable to regard a rise of temperature as something to be attacked in itself. It is only when the pyrexia is excessive, and the blood is in consequence very much hotter than it should be, that it becomes a danger to life. It is obvious however that a point might be reached at which damage might be done to the tissues, especially to the delicate parts of the brain, and we find in practice that a temperature of 105° represents the limit above which the temperature cannot as a rule be safely allowed to rise. To be on the safe side, it is usual to allow a margin of a degree or so, and to interfere when the thermometer registers 104°. Of course the patient himself must be taken into account, and I have myself frequently let a "temperature" of 104.5° alone with safety, and subsequent advantage to the patient, and, on the other hand, in weakly subjects it is often advisable to reduce the temperature when it reaches 103°. Still the limit I have mentioned is a safe average.

The reason why we should not attack pyrexia itself is that—within the limit mentioned above—it means that the patient is making a good fight, and that the bacteria are being consumed, and their toxins neutralised; in other words, a good sharp energetic battle is often the best for the patient in that the contest is sooner finished. If the combatants are separated so to speak, the fight will be continued as soon as the policeman has got round the corner, and the issue may not be so favourable for the patient. In other words, there will be a prolonged illness at a lower temperature.

We can sometimes get valuable help in estimating the resistance that a patient is making—the strength of the home army so to speak—by counting the number of white corpuscles in a drop of his blood. If the resistance is good, there will be an increase of leucocytes. It does not always mean when this increase is present that the battle will be won by the patient, because we have no means of similarly measuring the strength of the invading bacteria, and these may be present in overwhelming numbers, but if there is but a slight increase, or none at all the outlook is bad, because it means that whatever the strength of the enemy, there are very few soldiers to join battle. This method is very useful in appendicitis, and in surgical septicæmias.

Apart from the counting of the leucocytes, the signs of a good resistance are a full and bounding pulse, flushed face, warm extremities, together with an absence of signs of prostration such as low muttering delirium, tremors of the hands, a dry and brown tongue, pallor of the face, and sinking in of the eyes.

Coming now to the question of treatment, the first essential is to know the cause of the pyrexia. We have then to consider whether it is possible to do anything in the way of attacking the micro-organisms directly.

Sometimes the pyrexia is due to a local lesion in a position where it can be reached by surgical methods. An inflamed appendix, and a glandular abscess of the neck are examples of this. In such a case the affected part is either removed or opened and drained, the object being in either case to allow the bacteria which are responsible for the pyrexia to escape from the body. Sometimes however, though we may know the pyrexia to be due to a local lesion, we cannot attack the latter because it is in an inaccessible position; the inflamed lung in pneumonia, and the ulcerated intestine in enteric fever are illustrations.

Or the infection may be general from the first, as in malaria where the parasites that are responsible for the fever are circulating in the blood itself. In such a case we obviously cannot take the germs away altogether, so we try to kill them, or hinder them from multiplying, by the administration of drugs internally. In the case of malaria we can poison the parasites with quinine, but as a rule it is not possible to use an antiseptic in a solution which is strong enough to do much damage to the organisms, without at the same time killing the white blood cells too: in other words we cannot kill the germ without poisoning the patient.

With the exception of quinine in malaria, salicylates in rheumatic affections, and mercury in syphilis, there are no drugs that can be introduced into the blood stream for the purpose of killing germs that are at all satisfactory in practice.

But our resources are by no means exhausted if we cannot attack the organisms directly. Inasmuch as the pyrexia is due to the circulating toxins, much can be done by assisting in the elimination of these from the system through the bowels, skin, and kidneys.

previous page next page