

DAGNINO (M)

SECOND EDITION.

NOTES

TAKEN FROM A LECTURE BY

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At the Medical University of Caracas, Capital of Venezuela,

ON THE

TREATMENT OF YELLOW FEVER.

TRANSLATED INTO ENGLISH BY

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Of New York.

The public are respectfully informed that during the prevalence of Yellow Fever in the South, one-third of the net proceeds of this pamphlet will be devoted entirely to the relief of the sufferers, and forwarded accordingly.

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TREATMENT OF YELLOW FEVER.

I DIVIDE the Fever into *Light* and *Malignant*. The malignant can be divided into the fulminating and regular, each following its ordinary course. Practice has taught me that the Climatorial or Yellow Fever can be divided, as far as symptoms are concerned, as follows: First, *Inflammatory*; second, *Bilious*; third, *Ataxic*; fourth, *Adynamic*; fifth, *Catarrhal*. The proper distinction of these different varieties of Yellow Fever has assisted me greatly in its treatment. I now divide the Fever into *three* stages, according to its duration. For the benign and fulminating there is only *one* stage. In the Fever which lasts five days, as it has done generally in the cases coming under my observation, there are two stages. When the Fever extends to seven, nine, or eleven days, it should be, in my opinion, divided into three stages. In very rare cases I have seen the Fever last twenty days, nor the more frequent cases where it is complicated with inflammatory diseases, such as pneumonia, dysen-

tery, &c. Under such circumstances, it becomes the duty of the practical physician to properly determine the course of the disease.

SYMPTOMS OF THE BENIGN FEVER.

The Yellow Fever presents itself frequently with trivial symptoms, the patient complaining simply of a slight indisposition not sufficient to keep him from his daily avocations. Of such cases I have seen many, notably where a sea-captain came on shore for business purposes, and on passing my house consulted me as to what I thought ailed him slightly, ignoring altogether that he had the Yellow Fever. The symptoms usually complained of by the patients are languor, lumbago, slight headache, heavy feeling about the head, sometimes slight vertigo, loss of appetite, more or less thirst, also occasionally a sense of weight at the stomach. The physician will perceive the pulse to be slightly accelerated, there being seventy to ninety beats a minute, together with a slight rise in temperature. The eyes are injected, the tongue coated, breathing heavy, urine high colored and ammoniacal. On closer examination he will find that the patient is restless and wakeful, and is troubled much by disagreeable dreams. His

spirits will be found slightly depressed, although I have met cases in which I have seen the greatest tranquillity, the patient attributing all the above symptoms to a slight cold.

The physician who meets with cases in which the described symptoms occur should at once take every precautionary measure against Yellow Fever, but must be careful not to arouse suspicions on the part of his patient, or to dispel his pleasant illusions too hastily. In this state of the disease the patient generally feels better in the morning, worse during the afternoon and night, which condition usually lasts three days. At the end of that period there will be a jaundiced appearance of the sclerotic membranes. There will be sedimentary deposits in the urine, together with bile therein, abundant perspiration, and the patient will soon find himself so well again that he will not believe himself to have been ill.

MALIGNANT OR INSIDIOUS FULMINATING FEVER.

The above designation is applied to this class of the Yellow Fever in consequence of its extreme malignity, differing from the other branches of the Fever inasmuch as it skips over the normal stages and terminates

always in death; hence it may well be termed pernicious.

However this may be, the cases which I have observed of this Fever, and which I term Fulminating, have presented to me the following symptoms and signs: The patient, following his usual daily avocation, is seized suddenly and falls to the ground, as if struck by lightning, without time to call upon friends and warn them that he feels sick.

A.—There are cases in which the patient has no time to call a doctor; when the latter arrives the patient is found either dying or dead. I have noticed that those exposed to the sun—such as soldiers and sailors—are mostly subject to such sudden attacks. The bystanders inform the physician that the patient fell as if knocked down by a severe blow, and on examination he is found to be slightly swollen, with stertorous breathing, coma, and heightened temperature. I may here note in this connection that a soldier who had succumbed in this manner, for four hours after retained such bodily heat that considerable doubt and apprehension existed as to his being dead previous to making the autopsy.

B.—In other cases there is time to take the first pre-

cautionary measures, but all of a sudden, before the termination of the first stage, and when least expected, the patient takes to his bed and succumbs to the disease in a few hours, to the surprise of his attendants, altogether presenting the symptoms described under A, and in addition accompanied by black vomit, and a highly jaundiced condition of the skin.

The cases referred to have been of robust and sanguineous Europeans. After the first twenty-four or thirty-six hours, everything progressed well. Cups were applied to the neck, and leeches in the region of the temples, symptoms of cerebral congestion predominating. The patient, although ultimately dying, seemed to respond to the treatment, nothing occurring to make me apprehensive. I believe that free bleeding was required in these cases.

In a more extended translation of Dr. Dagnino's lecture, which may possibly hereafter appear, it would be proper to notice his description of the Regular Fever, the prodromes or prelude to the Fever, symptoms of invasion, and description of each of the three stages, but all of which, for want of space in a limited pamphlet of this nature, I leave out, and pass on to

TREATMENT.

When we suspect an acclimated person is seized with Yellow Fever, we proceed in a practical manner, consulting especially our own experience, to quiet the apprehensions of the patient, then to place him in the proper hygienic condition both for himself and others; and lastly, to discover as far as possible what may have given rise to the disease and any former sicknesses he may have had, in order to be able to commence treatment without embarrassment.

In many cases the patient commences to feel sick after a meal, with nausea, weight and pain at the stomach, bad taste in the mouth, together with all the symptoms of indigestion. In such cases it is well to commence treatment with an emetic of Ipecac. If in place of these symptoms of indigestion there should only be constipation for a few days, treatment can be commenced by a dose of castor oil, or it might be proper to unite calomel with the oil.

If the indication should be for purgation and emesis, the following prescription may be used:

R_y

Saline mixture,	13	ozs.
Epsom Salts,	2	ozs.

Tartar Emetic,	2½ grs.
Syrup,	2 ozs.

M. and take two tablespoonfuls every half hour.

Should there occur no marked indication of purging as here mentioned, perspiration should be freely encouraged, for which the footbath may be used for a more or less prolonged time, and charged with pulverized mustard, &c., according to the degree of headache and other circumstances which the practitioner will recognize. Immediately after the footbath it is advantageous to make use of warm frictions with mixed olive oil and alcohol, made after the style of *Massage*, especially over the back, to alleviate the pain there which torments the patient so much. Generally the first twenty-four hours of the disease should be employed making the applications here named, besides mustard plasters in the proper places, warm or lukewarm lemonades, and the *Potion de Riviero* with liquor acetate of ammonia, in order to induce and encourage diaphoresis. Generally I have made my patients take from three to five drachms of this diffusive medicine every twenty-four hours.

The following is the formula for the *Potion de Riviero* :—

POTION DE RIVIERO.

Take

Bicarbonate of Potash,	$\frac{1}{2}$ drachm.
Water,	14 drachms.
Simple Syrup,	4 “

M. and mark “Alkaline Solution, No. 1.”

Take

Citric Acid,	$\frac{1}{2}$ drachm.
Lemon Syrup,	4 drachms.
Water,	14 “

M. and mark “Acid Solution, No. 2.”

If in this first stage the pulse and congestion should be such as to require bleeding, wet cups and leeches can be employed. The sedatives to the forehead, such as ice-water, vinegar, ascetic ether, all seem to have a good effect, and are called for. In this period the patient may be allowed some orange to eat, but no solid alimentation. There are cases in which the pain in the back causes much suffering. Then the physician will commence by applications of poultices of mustard, which, if not sufficient, cupping may be had recourse to, which, in some cases, has afforded immediate relief.

After all this has been done, we proceed to make use of the Sulphate of Quinine. I have rarely employed it alone, but generally use it in combination with Calomel and Rhubarb in the following proportions:—

Take

Sulphate of Quinine,	30 grs.
Calomel,	25 “
Rhubarb,	15 “

Mix and divide into 20 pills.

Of these we make the patient take two every three hours, or one every two hours; sometimes we alternate doses of the Calomel and Rhubarb, according to circumstances, viz.:—

If the bowels are open, diminish the doses, or they can be increased if there is a tendency to constipation. There are cases in which they are discontinued after having been used, or where I avoid the Calomel from the commencement, which I have done in rare cases, such as with women *enceinte*. Jointly with these pills I continue the use of cold acid drinks, such as the *Potion de Riviero*, *orangades*, and *lemonades*, taking care not to overcrowd the stomach, bearing in mind that the great thirst of the patient will not be quenched by taking large quantities of fluid at one

time. It is necessary to see that the attentions of the attendants do not excite vomiting which has not yet existed, but which may be superinduced by the least imprudence on their part. With this treatment, more or less modified, we arrive at the end of the third day and at the commencement of the second stage of the disease. The patient will have taken by this time from three to five grams of the sulphate of quinine, and from twelve to fifteen grams of the liquid acetate of ammonia, when chinconism will generally have been produced. Now we have to take into consideration the strength of the patient, and we make use of mineral acids, of the bitters, together with generous wines in small quantities. The anti-spasmodics will, if indicated, be used, selecting those most suitable to the palate of the patient, with a view of obviating nausea and vomiting. The patient may be allowed the use of various kinds of teas; and cold drinks may be continued. With this treatment we may arrive at the fifth day and enter into the period of convalescence. Many cases will present themselves in which there will be no necessity for recourse to other measures than here stated, but unfortunately this does not always happen; when the physician, despairing, puts in practice all the therapeutic remedies at his command against the symptoms of this terrible disease.

The advice here given is entirely from my own experience, and not from any preconceived ideas culled from the writings of other practitioners, however worthy. I now proceed to enumerate the remedies which I have found efficacious: First, for pain in the epigastrium, viz., mustard poultices; the abstraction of blood in accordance with the state and strength of patient; applications of flying blisters; sometimes stimulating liniments. Second, for Vomiting. For this cold acid drinks; pieces of orange; solution of cream of tartar, &c., &c.; if not counter indicated by carbonate of soda or magnesia, with a little opium; sometimes in the bilious form an emetic has seemed to do good and afterwards stay the vomiting. If there be constipation, a dose of calomel or rhubarb may do good service.

BLACK VOMIT.

For this, small repeated doses of lime-water should be given, associated with a few drops of laudanum oft repeated. Small doses of chlorate of potash and bicarbonate of soda seem to do good. Vegetable and mineral acids are often useful.

HEMORRHAGES.

If epistaxis occurs, it will be treated in the usual way.

I have never been obliged to tampon the posterior naris. For hemorrhages from the stomach, cold drinks and mineral acids are used; other hemorrhages may be treated in the usual manner.

DELIRIUM.

This symptom or complication is of grave importance and urgent. Apply cold to the head, revulsives to the extremities, depletion of blood from behind the ears, opium, and antispasmodics. Everything should be put in practice that may be deemed suitable, whether there is albumen in the urine or not.

TREATMENT ACCORDING TO THE DIFFERENT FORMS.

In accordance with what we have already said of the forms of the Fever, I believe that we should pay them attention in the consideration of treatment. In the form adynamic, sustain the strength by means of the mineral acids and bitter tonics employed with prudence. Quinine may be also used; also any form of mercurials, with caution. The prudent practitioner will be careful to bear in mind the form adynamic in order to avoid the antiphlogistics, which not only predispose the patient to adynemia, but also indirectly precipitates it. In this particular it should be noted that the Yel-

low Fever goes hand in hand with Typhoid, and the practical man must not forget the fact.

ATAXIC OR NERVOUS FORM.

When certain nervous symptoms predominate, the physician will presume that the ataxic form has supervened. This is very important for the treatment. Blood extraction should be used with great discretion, and every endeavor should be made to help nature as far as it is possible. Small doses of opium may be administered to quiet the symptoms. Light antispasmodics will be prescribed (chloral may be here used). Cold applications to the head will be continued, and leeches to the base of the cranium will not be left to the last resource. Unfortunately, I have found in my practice that all is useless when the ataxic form reaches the form of continuous delirium, with convulsions and albumen in the urine. Even without these circumstances I have lost various cases after employing all the means indicated, and, in addition, musk, camphor, castor, etc.

BILIOUS FORM.

The Bilious form from the commencement requires the use of adequate emetics. I have seen cases in which the administration of an emetic on the fourth

day has very much alleviated the sickness, producing bilious vomit of a dark character, abundant diaphoresis, disappearance of the cephalalgia, clearing of the head, and bringing on rapid convalescence.

INFLAMMATORY FORM.

The Inflammatory form calls for the use of anti-phlogistics, but it should be recollected that in the Yellow Fever from one moment to the other in the best constituted and robust person there can come with the typhoid symptoms a surprising condition of adynemia, on which account we should not imitate those practitioners who are too sanguine as to the results of bleeding.

CATARRHAL FORM.

There is very little to be said with respect to this form, which is very rare. Warm drinks and sudorifics can be employed.

COMBINATIONS.

As these forms present themselves combined in practice, after having given an account of the principles of treatment used, the variations will be met by

the practitioner, consulting always the state, strength of the patient, and the character of the fever present at the time.

COMPLICATIONS.

Complications will be treated as they present themselves, having always in view the nature of the principal disease.

With this method of treatment, which for the most part is a rational treatment, I have obtained in my practice very favorable results. In it there figures only a systematic use of the sulphate of quinine, associated only with calomel and rhubarb. I ought here to mention why I have so much faith in these agents, whatever may be the form or intensity of the disease. From the year 1856 to 1860, during which time I practised in the hospitals, I saw put in execution by various physicians, and some of them very distinguished, divers curative methods, without being able to assign to any one of them a position of preference in the therapeutics of Yellow Fever. None of these esteemed physicians had any set method or treatment from conviction for the Yellow Fever, as it happened with other diseases which reigned in the country, such as typhoid, dysentery, etc. Alternately I saw put in

practice the extraction of blood, the acetate of ammonia, the purges, emetics, expectant treatment, and mercurials. The sick succumbed in the greater part. The autopsies proved nothing particular except a peculiar state of the liver, which was revealed by discoloration. As to the rest, the signs were of little importance, such as dark contents in the stomach and small intestines, coagulated blood in the stomach, reddening of the gastric mucous membrane, which sometimes was more or less softened, and so forth. It results therefore that in the year 1860, when I received my degree in the Medical University of Caracas, although I had seen and assisted many cases of Yellow Fever, I had no convictions of my own with respect to treatment.

Finding myself therefore frequently before people suffering with this disease, and not having as yet sufficient confidence in my own judgment to separate myself from the classics or the teachers of medicine, I continued to put in practice the various methods of which I was cognizant, but always with an equal result. At the end of two years of this conduct, and led by the idea which the Amphitheatre suggested, that the liver was the organ or apparatus which most suffered in this disease, and led by clinical induction to think that Yellow Fever developed itself amongst us by miasma,

I endeavored invariably to put in practice the system I have propounded. By means of the sulphate of quinine I endeavored to operate on the miasma; by the calomel and rhubarb, on the liver. Having frequent occasion to put in practice my ideas, I was enabled to obtain satisfactory results, and whereas before I saw that the sick died at the rate of 60 or 70 per cent, I was at last able to persuade myself that *with this method* almost all were saved, that is to say, **90** per cent.

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