FEVER, BRAIN.

This fever is known by a variety of names, as spotted fever, cerebro-spinal meningitis, cerebro-spinal typhus, malignant purple fever, encephalitis, etc.

The fever in this case is purely symptomatic, as the real difficulty consists in an excessive congestion and inflammation of the brain, or its membranes. In most cases, the spinal cord or its membranes are involved in the inflammation. <u>Under drug treatment</u>, this disease is very likely to terminate fatally; <u>but under hygienic treatment</u>, most patients recover.

Symptoms.—This disease usually manifests itself very suddenly, though not always. The individual may be apparently well, yet within an hour be taken with a severe chill, accompanied by dizziness, intense headache, and vomiting, quickly followed by feverishness, and mental prostration; often there is delirium. There is extreme depression of the physical powers, sharp pains with stiffness of the muscles of the neck and back, and the head and neck are drawn backward. The headache becomes incessant and most distressing, the countenance, pale, anxious, and pinched; and there is restlessness and mental confusion.

The tongue, pulse, and temperature, may not be much changed at this stage, and the bowels may be either loose or costive, generally the latter. As the disease progresses, the pulse becomes hard and quick, cramps and spasmodic contractions of the muscles occur in various parts of the body, and the jaws sometimes become locked, the patient is disturbed in his sleep, starting up every few minutes in a state of wild delirium. About the fifth or sixth day, the pulse becomes more frequent, the eyes are bloodshot, the tongue is dry and shining, or brown and covered with what appears to be dirt, an eruption generally appears which may vary in form and color. It is this eruption that gives the disease the name of spotted fever. The patient has less consciousness. A heavy stupor sets in, which if deep is very unfavorable; the patient becomes tremulous; the vision becomes imperfect or fails, in which case the pupils are expanded. There is difficulty in swallowing; the feces and urine may pass involuntarily. Of fatal cases, three-fourths die before the tenth day, and one-third, within forty-eight hours. The most dangerous time is between the second and fifth days.

With those who survive, the process of recovery is slow, and unless the patient is careful, there is danger of a relapse. The severity of this disease depends wholly on the condition of the patient. If he is vigorous and not gross, it will be light; but if his vitality has become somewhat exhausted before the access of the disease, it will be

more severe; and if, in connection with this weakness, the patient is very gross, it will probably prove fatal.

Treatment.—In this disease, there is an excessive accumulation of blood in the brain and spinal cord and their membranes, where it has stagnated; and a deficiency of blood in the limbs and extremities. Therefore, the hot bath will be found serviceable. It should be given as hot as the patient can bear, about 102° to 110°, two or three times a day. A convenient mode is to give a hot sitz-bath for ten minutes, followed immediately by a hot pack for thirty or sixty minutes, using a thick woolen blanket instead of a cotton sheet. The blanket must be applied as hot as the patient can bear, and followed by a tepid sponge-bath. Two or three times each day, early in the morning, at noon, and in the evening, apply very hot fomentations, alternated every five or eight minutes with ice-cold applications, to the spine and head for thirty minutes, always beginning with the hot and ending with the cold; at the same time give a hot foot-bath. In mild cases, sitz-baths and dripping-sheets at a temperature to suit the feelings of the patient may do, but the hot treatment indicated above is prefer able.

As the patient recovers, the treatment may be reduced to a dripping-sheet or a sponge-bath three times a week, the diet in the meantime being quite light. See Diet for the Sick.

There are several other forms of symptomatic fever, which will be noticed in connection with the diseases of which they are symptoms. We will next notice that class of fevers known as eruptive fevers.

The Hygienic Family Physician: A Complete Guide for the Preservation of Health, and the Treatment of the Sick without Medicine, pg. 272-75 by M. G. Kellogg