

**TEN LECTURES  
INTRODUCTORY TO  
THE STUDY OF FEVER**

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Ten Lectures Introductory to the Study of Fever by Andrew Anderson

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**ANDREW ANDERSON**

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STUDY OF FEVER.

BY  
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157. b. 146.

THE following Lectures have been printed from a short-hand writer's notes of my extempore speaking, corrected and somewhat condensed. In substance they do not pretend to more than is assumed on the title-page; and if they are found useful to students, my end is gained.

A. A.

March, 1861.



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## LECTURE I.

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### FEVER—ITS CAUSE; ITS ESSENTIAL NATURE; ITS TYPES.

OUR course of practice of medicine, gentlemen, falls into two great divisions, comprising respectively the general and the local diseases. Of the first, some may occur at any part of the body; of which sort are diseases of Nutrition, the derangements of the Capillary system, and Inflammation: others, when present at all, must exist at *every* part, because they are blood diseases. These last comprise diseases of Assimilation, maladies arising from Virulent poisoning,—and FEVERS, which we now take up.

With these it is of the utmost importance that you should be thoroughly acquainted, for fevers will meet you in every corner of your practice, every day of your lives. But this subject is one which, to judge by my own experience, is generally but imperfectly understood by the student,—his difficulty arising partly from the way in which authors have treated it, and partly from the essential complexity of the disease itself. Many authors, in treating of fever, overload their description with such a variety of symptoms and facts

that the student's mind is so burdened with innumerable details that he is unable to grasp the essential and distinctive points of the disease. And again, if you go to the bedside, more difficulties and complexities await you. You are taken to see a child in fever. You are bid to remark the heat of the skin, the flushing of the face, the scarlet efflorescence over the body,—the sore throat; and you are told rightly, that these are the symptoms by which you are to recognize scarlet fever. In the next room the father of the child may be ill with severe sore throat, but without any eruption, and the student still is told that this too is scarlet fever. And upstairs there may be a second child, running about the room, complaining of nothing, having only the efflorescence on the skin,—and yet from the presence of that eruption—which in the case of the father has been shown to be non-essential—he is to conclude that this child also is labouring under scarlatina; while next day he may be called to see another of the children sink and die in a few hours, without eruption, without sore throat, but still, they tell him, of scarlet fever. How can he unravel all this difficulty, especially when he afterwards observes that other fevers may produce symptoms hardly to be distinguished from those of this last case? and that thus we may have the same fever producing symptoms the most diverse, and identical symptoms arising from the action of different fevers. No wonder therefore, that the student finds it difficult to comprehend this subject fully. You may unravel the