

PYÆMIA AFTER ENTERIC FEVER.

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THE occurrence of pyæmia in the course of enteric fever is of sufficient rarity to warrant me in placing the details of my case on record. I shall briefly relate the facts.

J. A—, aged fifty, a farmer, was attacked with enteric fever, and passed through the usual phases of this disease till the twenty-first day, when he had an alarming collapse. He was pulseless at the wrist, and the skin was bathed with a cold and clammy sweat, which was believed to be his "death agony." From these and other symptoms perforation was diagnosed, and an unfavourable prognosis was given. Restoratives, with other remedies, were prescribed, and he rallied. Two hours after the collapse his pulse was 140, and his temperature 97·2°. For the next seven days he remained free from pain, but with a slightly tympanitic abdomen; his stools were black at first, but gradually became pale and semi-solid, being studded with "scabs" on certain occasions, as stated by his wife. The temperature between the twenty-first and twenty-eighth days remained about normal; on the last-named day it was 99·8°. On the twenty-ninth day, or eight days after the collapse, he was seized with a most violent and prolonged rigor, followed by a very profuse perspiration, which saturated his night-shirt, and extended to the ticking of the bed on which he lay. The next day he had three severe rigors, followed by some copious sweats; and from this date, the twenty-ninth day of his primary illness, till the sixty-second (or thirty-three days from his first rigor) he continued to have rigors and sweats at more or less regular intervals. The morning, about nine o'clock, was the usual time of the attack. After the rigors had continued a week they began to miss a day, and, finally, they missed two days; but on all occasions the shiverings were of the most prolonged and most severe character, and were always followed by such sweatings as actually to cause the bed-ticking on which he lay to rot. The temperature, pulse, and respiration were taken regularly from the beginning of his illness for a period of sixty-five days, two or more observations being noted each day. After the first rigor the temperature rose to 103·4°, the pulse to 124. The highest point reached after a rigor was 105°, the highest point of pulse and respiration being respectively 160 and 52. It was noted that each rigor was followed, sooner or later, by the expectoration of a few mouthfuls of bloody sputum, which contained nearly always a small clot or coagulum about the size of a pea. This bloody sputum occurred only after a rigor, and at no other time during the illness; this fact is interesting as bearing on the diagnosis, as will be seen. The patient had severe diarrhœa after the twenty-eighth day, most offensive and at times containing blood. He had often vomiting before or after the rigors. No physical signs of consolidated lung could be made out. The right foot and leg became painful, and ultimately a large and painful swelling occurred in and around the ankle joint. He became now greatly prostrated, and could not even turn himself, and his motions were passed in bed. He often had a tendency to faint when the bowels were being moved. When the rigors missed a day the temperature remained normal, the pulse and respiration also came down. His skin became yellow and shrunken. He lay with his eyes shut and asked to be allowed to die without being disturbed. From this point he began to mend, and his last rigor is noted on the sixtieth day of his illness. For three months after this the patient was unable to go out of doors, but now he is able to go about on his farm. He is, however, still in feeble health.

Although writers on the subject of pyæmia admit that it may occur as a sequel of typhus, variola, or enteric fever, yet doubt is often thrown on the records of these cases. It is asserted that the diagnosis of enteric fever has not in these cases been satisfactorily made out, or if it has, that the so-called pyæmia has been only a relapse of the fever, an acute pneumonia or the like. That the case I have just related was in the first instance purely enteric is proved by the clinical history of the case, the presence of the usual symptoms, the spots, the diarrhœa, the temperature, &c. Two medical men saw the case with me, and concurred in the diagnosis. Enteric fever had seized twelve persons already in the neighbourhood. Seven of these cases were in

the same street. During this illness the patient's eldest daughter, aged twenty-one, who had helped to nurse her father, took enteric fever, and died from hæmorrhage from the bowels on the sixteenth day of her attack.

In discussing the diagnosis of pyæmia I may state that the patient had a small bed sore on his sacrum before the collapse came on. As to pyæmia being the secondary affection, I point out the occurrence of the prolonged and recurrent rigors, followed by the profuse perspirations and the apparently normal condition between the rigors; the local lesions in the lungs, as shown by the expectoration of the extravasations, or pulmonary clots, which had ruptured the capillary network and thus escaped, and also by the inflammation and threatened suppuration of the ankle joint. The absence of other local morbid manifestations may be accounted for by the fact that in a certain class of cases of pyæmia the lungs are the only organs which are affected by these extravasations, and it is well known that the lungs are almost invariably affected by these deposits in pyæmia. Again, our patient had the intense prostration, the sickness, the bloody stools, the sallow countenance, and so on. The temperature showed a characteristic change from the typical enteric form. After the rigors it always rose, and it invariably on this account had its highest point in the forenoon and its lowest in the evening. The high pulse (160) after a rigor, and the quickened respiration (52), returning to almost normal in the absence of the rigors, are also points worthy of remark. What was the immediate cause of the pyæmic infection I cannot pretend to say, but it seems to have proceeded either from the lesion of the intestines, perforation, or abscess from local peritonitis in the region of an ulcerated Peyer's patch, or it may have resulted from purulent infection from the small bed sore on the sacrum. There is no ague in the district; the patient had never been abroad.

The house in which the patient lived was extremely defective in its construction. The old thatched roof was rotten and admitted rain in many places, the walls were blackened with damp, and the only ventilation in the sick-room was by means of the room door. There was no fireplace in this damp bedchamber. The usual sanitary defects of these rural homesteads were present in an exaggerated form. I may say that no puerperal septicæmia or surgical fever had been found in the district for many years, and that therefore there could have been no infection from without. The treatment adopted was the ordinary rational treatment of such cases, known to all medical men who are interested in the subject. I need not, therefore, recapitulate; but only mention that quinine, stimulants, and the rigid enforcement of all possible hygienic measures, with an almost unvaried diet of milk, soda-water, and brandy (of which combination he never tired), were the remedies chiefly relied upon.

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CASE OF PAPILLOMA OF FAUCES; REMOVAL.

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W. J—, aged seventeen years, a strong robust youth, consulted me about six months ago, suffering from sore-throat, evidently the result of catarrh. He soon shook off this condition under simple treatment, but it was followed in three or four days by an attack of monarticular rheumatism, the joint disease being confined entirely to the left knee, and accompanied by high temperature, loaded urine, and sour-smelling sweatings. I have related these few facts as illustrating a point to which attention has recently been called, the association of sore-throat with acute rheumatism. When examining his throat I noticed a growth attached to the right anterior pillar of the fauces; it was the size of a horse-bean, cauliflower-like in its surface, pale in colour, covered by a mucous membrane similar to that lining the general buccal cavity; it was pedunculated, soft and freely movable, lay between the root of the tongue and the fauces, and was painless and not very sensitive to pressure. He says he first noticed it about eighteen months ago, that it gives him neither pain nor inconvenience; he thinks it grows a little larger, but decidedly objects to have anything done for it, as he has been told that if it is cut he may bleed to death.

I had occasion to see this patient again early in March for a small superficial abscess of the cheek, and at the same time