CHOLELITHIASIS COMPLICATING TYPHOID FEVER OPERATION DURING THE FIRST WEEK RECOVERY

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In September, 1908, I reported in *Surgery, Gynecology and Obstetrics*, a case of acute typhoidal cholecystitis operated on during the second week of the fever. Since then I have operated upon a case of cholelithiasis complicating typhoid fever in which the illness was ushered in by the gall-stone attack. The history is here presented.

Mrs. B. P., white, female, aged 28, called me to see her on November 24, 1909. I found her complaining of malaise, headache, slight nausea and loss of appetite extending back over a period of about two weeks.

heart and lungs. On November 27 I was again called and found her suffering severe pain in the region of the gall-bladder, with temperature 103.2, pulse 100, and with constant nausea and frequent vomiting.

She insisted that the pain was different from any that she had experienced with her appendiceal attacks, and I soon concluded that the trouble was with the gall-bladder. Her sclerotics were becoming jaundiced. A leucocyte count showed only 8200, and this at once aroused suspicion as to a probable typhoid infection, my experience being that so sharp a

There was a history of pain over the appendiceal region at irregular intervals for several years, and a diagnosis of chronic appendicitis had been made by her former physician in Ohio. She had occasionally experienced some sensitiveness over the gall-bladder region, but none was present at this examination. Her temperature and pulse at this time, 10 a. m., were not elevated, and she was not jaundiced. Blood examination showed 8,000 leucocytes. There were no malarial parasites.

The urine was negative, as were also the

rise of temperature, due either to inflammation of the appendix or gall-bladder, especially in the early stages, always gives a decided rise in the leucocyte count, whereas typhoid is characterized by a normal or sub-normal white count.

Blood was secured for Widal examination, but proved negative. During the night the patient vomited repeatedly in spite of treatment, and was worse by morning. Further Widal and malarial examinations were made with negative result, and leucocyte count

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showed 7600. Jaundice at this time was apparent on the skin and the urine gave a reaction for bile.

Consultation was arranged with Drs. Cabot, Lull and J. S. McLester, and at our examination a few suspicious spots were found on the abdomen.

We could not be sure that they were rose spots, as it did not appear to us that she was in so late a stage of typhoid. However, as we had had only one opportunity for observing the patient before the onset of these severe symptoms, we felt that we could not rule out an earlier typhoid infection, and the presence of these spots influenced us in our diagnosis.

We made a diagnosis of infection of the gall-bladder, probably complicated by typhoid fever, and secured permission to operate at once. This was done at 6 p. m., November 28, at which time the temperature was 104.

The gall-bladder was exposed through the Bevan incision and a stone was felt free in its cavity. The appendix was brought into the wound and found to be free from adhesions, but distended with fluid. It was removed, and was found to present a condition of catarrhal inflammation and to contain 15 or 20 drops of blood. The gall-bladder was then opened, the stone was removed and the bladder drained.

The patient reacted without shock, ran a typical typhoid course, and made an uninterrupted recovery. A positive Widal reaction was secured on December 7. A motile bacillus was cultivated from the contents of the gall-bladder, but it has not been identified as a typhoid bacillus.

This is, perhaps, one of the cases in which the previous presence of a gall-stone was the determining influence in directing the early symptoms of typhoid infection to the gall-bladder.

Since the report of my former operation, quite a number of others have been added to the literature.

Quenu, in *Revue de Chir.*, Paris, June, 1908, gives the statistics in 44 cases of chole-

cystitis, cholelithiasis and other pathological conditions of the bile passages operated on during typhoid fever and convalescence therefrom. Thirty of the cases in his series were operated on during the illness and fourteen during convalescence.

He has tabulated the results as follows:

Operations during the attack and during convalescence 44

Recoveries 28

Deaths 16

Mortality, 36.3 per cent.

Operations during the attack..... 30

Complete 22

Incomplete 8

Deaths 12

Recoveries 18

Mortality, 40 per cent.

Completed operations 22

Deaths 5

Recoveries 17

Mortality, 22.2 per cent.

Incomplete operations 8

Deaths 7

Recoveries 1

Mortality, 87.5 per cent.

Of the complete operations there were:

Cholecystectomies 17

Deaths 4

Mortality, 23.5 per cent.

Cholecystectomeis 5

Deaths 1

Mortality, 20 per cent.

Operations during convalescence 14

Deaths 4

Recoveries 10

Mortality, 28.6 per cent.

In this series there are 10 perforative cases and stones were present in 13.

This is the largest series of cases so far reported, and while still too small to be of absolute value in determining the mortality, there is decided improvement over former reports.

In Ashurst's series, reported in the *American Journal of the Medical Sciences*, April, 1908, there were 21 operations on the gall-

bladder during the fever with 13 deaths, a mortality of 61.9 per cent.

Since from 25 to 40 per cent of cases of typhoid infection of the gall-bladder, according to the statistics of Thomas and Keen re-

spectively, go on to perforation if let alone, earlier operation in typhoid cholecystitis will reduce the number of gall-bladder perforations and further improvement in mortality will follow.

HARE-LIP TWINS

By CHARLES H. CARGILE, Bentonville, Ark.

After Operation.

Failing to find a record of "hare lip twins" I report the cases of two male twins, children of Mr. and Mrs. G. W. Andrews, on whom I operated the ninth and thirteenth of March, 1907, when about three months old.

As shown by the illustrations, the deformities were not alike, one being single hare lip with only slight deformity of the dental arch, while in the other though the palate was perfect there was double fissure of both lip and arch with anterior projection of the inter-maxillary bone.