Hospital Practice and Clinical Memoranda.

GENERAL TUBERCULOSIS AS ONE OF THE SEQUELÆ OF TYPHOID FEVER.

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THE following case presents some features of interest in the way of diagnosis, it being an instance of rapid development of tubercle in serous membranes, with no positive pathognomonic symptoms. The autopsy as recorded by Dr. Gannett revealed chronic fibrous pachymeningitis, tuberculosis of pia mater, peritonæum, pleura and lungs, also chronic diffuse nephritis, fatty infiltration of liver, fatty degeneration of the intima of the aorta, and perforation of the intestines.

Anna W—, aged twenty-three, a widow, delicate, but fairly healthy looking, was sent to the City Hospital, October 5th, as a case of "threatened miscarriage, complicated with typhoid." Both parents died of phthisis. Excepting scarlatina and diphtheria had never had any severe illness. Never had children. Two miscarriages, the last two years before entrance, since when she has been subject to dragging pains in the loins. Menses always irregular, often delayed for two or three months; flow and pain moderate. Her last period was two months ago. Has now some slight flowing; ceased following day. She says that about the middle of September she began to have headache, backache, general malaise, and chilliness with marked prostration, confining her to her bed. For a week has had some diarrhoea with colicky pains, no tenesmus, and dejections free from blood and mucus. Says she has had some vomiting, slight sore throat, and hacking cough, without expectoration. Has always been troubled with slight palpitation, dyspnoea, and œdema of ankles. Her appetite is poor, and she is restless at night. Micturition normal. On examination no marked pulmonary symptoms. Soft systolic murmur at base of heart. No headache. Tongue clean and moist. No rose spots nor epistaxis. Tenderness in left iliac region. No gurgling. Considerable tympany, but no tenderness on pressure. Temperature 99° F.; pulse 118.

There being some doubt as to her antecedents it was for a day or two thought possible that another miscarriage was impending.

October 10th, five days later; no flowing nor signs of pregnancy. Temperature 102° F.; pulse 110. Has vomited but a few times since entrance. Tympany still continues; but she makes no complaint of it nor of the weight of the stupes and fomentations. Legs not drawn up. She has three or four loose yellow dejections daily. The skin is always soft and warm. Says she is quite comfortable, and in fact she has made no complaint at the daily visit of pain. Is always cheerful, and says she is doing well.

The daily temperature, the tympany, and the continuance of the thin yellow dejections, in the absence of any other recognizable cause made the diagnosis of typhoid with which she entered the hospital most probable. On the 14th, four days later, her morning temperature was 102° F.; pulse 140, and becoming more feeble. Tympany unchanged; anæmia more marked; hæmorrhage feared. On the 18th complained for the first time of slight pain in right side of chest; no cough; a friction rub was discovered.

October 19th. Temperature rose to 103.2° F.; pulse 152.

October 26th. Pulse during last week about 130; temperature varying from 100.2° F. to 103.2° F., five-grain doses of quinine having no perceptible effect.

October 28th. Looks better; pulse 120; temperature 99.2° F.; abdomen less tense; has always taken nourishment well, though quite indifferent to it, but to-day she asks for more food.

October 31st. Morning temperature rose to 104.2° F., with a rigor, but in evening fell 6.6° F. to 97.6° F.

November 7th. Had a chill day before yesterday, and again this evening, with slight hæmorrhage from the bowels.

November 9th. Involuntary dejections; complains of nausea and objects to nourishment.

November 11th. Mild delirium for thirty-six hours; at five A. M. took brandy and water without trouble, and in ten minutes was found dead.

There are two ways of looking at this case. We have here a patient who, previously in good health, after two months of illness without any positive pathognomonic symptoms, dies of the effects of extensive tuberculosis. During life, with the exception that a typhoidal element complicated her case, there was nothing to justify a positive diagnosis. Until two days before her death she was cheerful, complained of no pain in particular, took and digested a fair amount of nourishment, slept fairly well, had no pulmonary or cerebral irritation. The principal symptoms, exclusive of some long standing uterine disturbances, were exaltation of pulse and temperature, abdominal tympany, and anæmia. For the first three weeks, and before her entrance to the hospital, they were apparently those of a mild typhoidal attack (and in the absence of any better history one is tempted to so consider it). In this view the general tuberculosis may be looked upon as a not improbable sequence, her parents having died of phthisis. Its rapid development without more definite signs is sufficiently noteworthy as one of the not very common sequelæ of typhoid fever.

Liebermeister states that out of two hundred and fifty autopsies after typhoid this condition was found four times only. His presumption is that such cases occur in persons who have the specific poison of tubercular phthisis lying latent within them, and that the fever with its sequelæ only serves as an exciting cause for the development of these processes. He also alludes to the fact that miliary tubercle may be developed in the pia mater (and presumably elsewhere) without a single symptom leading to suspicion of its existence.

But, on the other hand, the autopsy in this case reveals no evidence of typhoid, and the question arises was not this a case of tuberculosis *ab initio*.

What the chart was for the three weeks before entrance in the early stages of the disease we have no means of knowing, and from the date of entrance it gives us little help. It resembles any other in which complications have ensued after the typhoidal poison may be supposed to have been eliminated. There was no history of rose spots or epistaxis, and the tongue was so entirely clean and natural as to excite constant remark.

That the post-mortem appearances in an ordinary case of uncomplicated typhoid fever are decisively characteristic is undoubtedly true, but milder abortive cases resulting in recovery leave us of course without this

positive method of confirming the diagnosis. In these abortive cases, however, such perhaps as the one now reported, where a subsequently fatal result is directly due to some complication, excited to active development by the primary febrile condition, all anatomical evidences of which may in the mean time have disappeared, is the absence of these ordinary post-mortem signs conclusive as against typhoid.

Is it true that the agminated or solitary glands or follicles in cases of abortive typhoid, where there is probably but a slight degree of infiltration, never so far return to their normal condition as to remove all anatomical evidence of previous disease. Liebermeister says: "When the infiltration extends only to a moderate degree, the swelling may gradually diminish by degeneration and absorption until the patches and follicles return to their normal condition." Friedrich also, as quoted by Aitken from the *British and Foreign Medico-Chirurgical Review* for July, 1858, on the Enteric Fever of Children, holds that the infiltrated follicles or vesicles, either from the resorption of the infiltrated material or more often from rupture into the intestinal canal, revert to a normal condition without the formation of any cicatrix.

PROBABLE PROGRESSIVE HÆMORRHAGE INTO BOWEL DEPENDING ON GENERAL DISORGANIZATION OF THE BLOOD.¹

BY R. M. HODGES, M. D.

MRS. —, aged twenty-eight, mother of two children, and who, though never robust, had been in better health than usual during the past winter. Dr. Hodges was asked to see her at his convenience, as she was not feeling very well, although out and about as usual. At his first approach to her bedside he was struck by the extreme lividity of her countenance, which reminded him of cholera cases. The tongue and fauces even were black, but the throat presented nothing otherwise unnatural; the pulse was good; breathing quiet and calm; auscultation and percussion normal. No local cause for the condition could be detected, and there was no explanation of the appearance presented by the patient to be derived from her previous history. The only complaint made was of an annoying pain when, as she said, she hiccupped; the "hiccup" being in reality the eructation (in a very moderate degree) of gas from the stomach. An hour later attention was called to the patient's urine. But little had been passed during the night, and the specimen shown was less than half an ounce, and black like that in cases of carbolic-acid poisoning. It was examined by Dr. E. S. Wood in less than an hour after it was passed, and contained one fourth per cent. albumen, numerous brown, granular casts, and much blood; the specific gravity being 1012. This suggested acute nephritis, and dropsy was expected, but it never came. In the afternoon there was a large, black, tarry dejection, not seen except by the nurse. Dr. M. Wyman, of Cambridge, visited the patient in consultation on the first day of her sickness.

The urine of the second day, also examined by Dr. Wood, contained no blood, but an immense amount of

blood pigment in solution, and a large quantity of serum albumen. Otherwise the same general characters remained. The patient's symptoms were unchanged, though the lividity had diminished. There was occasional nausea. She had one loose black dejection. There was considerable thirst, and simple food was relished. Dr. Wyman again saw the patient in consultation.

On the third day the urine regained its natural color and the crystals of hæmatin disappeared. But one granular cast was found in a careful examination of five slides. The amount of albumen had, however, increased. The patient complained of severe headache, as well as of pains about her waist, first on one side, then on the other, but they were never severe, nor was their nature comprehensible. Her color continued to improve, and she took milk, beef tea, jelly, and champagne with much satisfaction. She had one dejection similar to that of the day before. Her intelligence and cheerfulness were not disturbed.

On the fourth and fifth days there were ten black and bloody dejections, some of them mixed with a good deal of transparent mucus, for which ergot and bismuth were given, and with apparent success, so far as the evacuations were concerned. The general condition continued about the same, and on each of these days she took and relished a chop, and some broiled chicken.

At the end of the fifth day she began to have dyspnoea and rapid breathing, and was restless during the night. This condition was first seen by the speaker on the morning of the sixth day, when the complexion had become sallow and the lips pallid. An eighth of a grain of morphia had been given the evening before, but this was thought to have nothing to do with the disturbed breathing, as she had taken it on other occasions without any unpleasant effect. The respiratory and cardiac sounds continued perfectly good, and at her solicitation the patient was placed in a chair for an hour at noon, as a relief to the restlessness and dyspnoea. In the afternoon some slight râles were detected in the front of the chest, the respiration and percussion being elsewhere natural; the pulse fell from the seventies into the sixties, the heart sounds grew faint, the temperature went below normal, weakness increased, and death occurred at night. Dr. Wyman again saw the patient on this day.

At no time during the patient's illness did the amount of urine passed in twenty-four hours exceed two ounces. The temperature never rose above 98° F. She had very fair sleep at night, until that of the fifth day. There was never any somnolency or delirium, or any abatement of her cheerfulness and intelligence until the afternoon before her death. The increasing pallor, together with the other symptoms which have been narrated, suggested that the fatal result was due to a progressive hæmorrhage into the bowel, apparently owing to some general disorganization of the blood itself. There were no purpuric spots. Careful inquiry failed to obtain anterior evidence of any chronic renal symptoms, or other organic affection, or of any possible and recent drug poisoning. The patient had been frequently under the care of Dr. Hodges.

The treatment pursued was stimulating, supporting, anodyne, and expectant. Packing with blankets wrung out in hot water, and counter-irritation with mustard, were resorted to for the suppression of urine.

There was no autopsy.

¹ Read before the Boston Society for Medical Improvement, May 14, 1883.