SCARLATINA COMPLICATED WITH TYPHLITIS; FATAL ON THE SEVENTH DAY.¹

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J. G. B., house physician, City Hospital, twenty-one years old, with the exception of scarlet fever when eight years of age, had never been ill. He had been working hard since July, and went to the Centennial at Philadelphia in October, since which time his attention to his duties was unremitting, and he began to wear a somewhat tired look, although his health was vigorous. Several cases of scarlet fever had been treated in the isolating wards, and a fresh one came under his charge about a week before his illness. Another interne who had never had scarlatina was exposed like himself, but was in bed only twenty-four hours with a slight pharyngitis and a doubtful eruption.

On December 2d, Mr. B. complained of headache, severe backache, sore throat with some dysphagia, anorexia, chilliness, and general malaise. He kept about his duties with difficulty. His expression was dull, the fauces were congested, and at night all the symptoms were aggravated.

December 3d. Though feeling worse he persisted in making the morning visit, after which he was compelled to go to bed; he did not vomit, but the throat was much sorer, and at night his temperature was 103.8°; pulse, 105.

December 4th. Throat felt very sore, much dysphagia, nasal passages nearly occluded. Tongue moist, red, with prominent papillæ at tip, and white coat posteriorly; the whole throat very red, and mucous membrane swollen; a punctated redness around and upon the uvula; abundance of stringy mucus on tonsils and pillars of fauces, which had also a filmy coat like that of early diphtheria. There was also considerable mental dullness when not aroused, and some abdominal pain referred to the umbilical region, which he considered to be due to constipation during the previous three days. His bowels had always acted with perfect regularity. There were several attacks of epistaxis during the day. A bright scarlet eruption appeared on the chest extending less thickly over the abdomen; none was seen upon the legs. Bowels moved by enema. Full doses of bromide of potassium failing to give sleep, morphia, gr. one eighth, secured it. Temperature, A. M. 99.7°; P. M. 101°. Pulse, A. M. 89; P. M. 72.

December 5th. Much more comfortable, general pains nearly gone. Throat less sore, skin cooler, pulse good, and everything promised a good result. Towards evening he began to have colicky pains around

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the umbilicus for which laudanum stupes were applied, and relief not being obtained, morphia was given subcutaneously. Temperature, A. M. 99.7°; P. M. 101°. Pulse, A. M. 80.; P. M. 72.

December 6th. Slept well till two A. M., when he was aroused from sound sleep by severe pain in the umbilical region and right side, and required considerable morphia for relief. The pain persisted in varying degree all day. The pulse remained nearly normal, and the skin kept moist and cool. Towards evening the pain was almost wholly referred to the right iliac region and was very severe, all motion being painful. Decubitus on back with one or both legs drawn up; abdomen tender on pressure in the regions mentioned, soft and not tympanitic; much tenesmus, urine free and normal. The eruption appeared only on the surface covered by his undershirt. The countenance remained bright, and the patient said if it were not for the pain, he should feel "first-rate." He had taken sufficient liquid food, but now began to have nausea and vomiting. Enema with oil terebinth 3ij caused a small dark, offensive dejection. Pulse, A. M. 72; P. M. 78. Temperature, A. M. 98.7°; P. M. 100.7°.

December 7th. The pain during the night was so severe as to require several doses of morphia. Strawberry tongue; pulse, of good strength. Took less nourishment as the nausea became troublesome, lime-water and milk being most acceptable. The eruption diminishing on trunk, showed slightly on the legs and feet; the patient ceased to complain of the throat, and lay on the back with his legs drawn up; towards night the abdomen grew tympanitic, and had a board-like feeling. He breathed with difficulty because of pain in the right hypochondrium, and was greatly annoyed by hiccough and eructations. The nausea was somewhat relieved by sinapisms to the epigastrium. Urine free; specific gravity 1031; urea much increased; no albumen. Temperature, A. M. 100.9°; P. M. 104°. Pulse, A. M. 90; P. M. 98.

December 8th. After full opiates he slept most of the night, waking at times. This morning, when Dr. Lyman and I visited him, his features were pale, sunken, and pinched; he answered questions clearly, but took little notice if not addressed. The pulse was thready, 120. Temperature 100°. He had hiccough, eructations, and vomiting of grumous matter. At six P. M. it became difficult to count the pulse. The pain was not so much complained of when I saw him at about this time. Subcutaneous injections of brandy were ordered, under which the pulse rallied for the next hour or so. I was summoned again about nine o'clock to find him moribund. He had become delirious, and then comatose. The urine had been scanty during the day, and in the afternoon had to be drawn by catheter. The quantity was twelve ounces, of strong odor, high color, specific gravity 1031; albumen, two per

cent., with large zone of urates; urea greatly increased; abundance of epithelial casts. He steadily sank, and died at 11.20 p. m.

The above account is from notes furnished by Dr. C. W. Brown, ophthalmic interne, and Mr. B.'s faithful attendant.

Autopsy, by Dr. W. P. Bolles, twelve hours after death. The abdomen only was opened. There was a small quantity of purulent fluid in the peritoneum, and there was recent inflammation of a portion of the peritoneum having its origin at the appendix cæci. It extended over most of the right side of the abdominal cavity, was generally slight, with a very thin film of exudation, but at the cæcum it was very marked, with much adhesive fibrin, the adhesions being about as hard as cheese; the surface was reddened, and the sub-serous tissues were oedematous. Portions of the small intestines touching these places were inflamed, while the neighboring coils not so touching were free. The appendix cæci was adherent, much enlarged and thickened, black and dilated. It contained an oval concretion slightly larger than a cherry-stone, with two or three smaller ones. Its canal was large enough freely to admit this body. The concretion was of a yellow-ochre color, rather hard, and apparently composed of a number of layers. The small intestine, just above the cæcum, contained four or five hard, yellow masses, of little faecal odor, looking somewhat like curdled milk or cheese. Of these the largest was as large as a black walnut, the smallest no larger than a filbert, and of this size there were more just at the entrance of the valve and small enough to just go through it. The largest would have had some difficulty in doing so.

The kidneys were rather large, with marked cloudiness of the cortical portion, and slight redness of the cones, but they were not nearly so red as the scarlatinous kidney should be. The spleen was soft, the liver and other organs normal.

The uncommon occurrence of typhlitis in the course of another acute disease has led me to give perhaps too full a record of the symptoms. How long the concretion had been lodged in the appendix is uncertain, but its appearance did not indicate a recent formation. The scarlatina was progressing most favorably when the peritonitis was suddenly developed and caused a fatal prognosis, only too soon verified.

It will not be considered impertinent if I close this paper by recording the high estimation in which Mr. Bridgham was held by all who knew him, and the loss the profession has sustained in his early death at the post of duty. It is common to say of those who die young that they were youth of rare promise. In Mr. Bridgham's case this is no unmeaning eulogy. If zeal, judgment, and accuracy like his, while gaining esteem from one's peers, do not always command success in practice as they ought, he would have been aided by his manly and cheerful address, his sympathy with suffering, and firmness in its relief. His

tact and willingness made the course of his hospital duties run smoothly, and his bright face is sorely missed in the wards. Conscientiousness and fidelity won the appreciation of his teachers and employers, and, with his high Christian character, endeared him to us all.

RECENT PROGRESS IN SURGERY.¹

• BY J. C. WARREN, M. D.

*Excisions of the Shoulder-Joint for Gunshot Injury.*² — Preceding the section of Dr. Otis's valuable work devoted to this subject is an interesting account of five hundred and five cases of shot fractures of the shoulder, treated on the expectant plan. The small mortality of less than one third is accounted for by the fact that the cases of least severe injury were selected for this mode of treatment. Dr. Otis says, "While the opinion offered in my preliminary report of 1865 may have been expressed too emphatically, as deduced from insufficient data, it may still be held that the proportion of cases of shot fracture at the shoulder in which an expectant treatment is expedient is comparatively small, and that recourse should generally be had to excision, unless concomitant injuries of the blood-vessels or nerves, or extended lesions of the soft parts or of the shaft of the humerus, render amputation imperative.

There were eight hundred and eighty-five cases of excision at the shoulder reported, and the results as to fatality have been ascertained in all save nine. There were fourteen cases of partial excision of the head of the humerus, with one death. The results showed the comparative safety of free openings into the shoulder-joint after shot injury, but do not prove that when the head of the humerus is grazed or grooved by a ball it is safer to slice off the injured portion rather than to decapitate the bone. Ankylosis was too frequent to permit much to be said in favor of partial excisions in this region. A useless arm is recorded in seven instances. The results of intermediary decapitations of the humerus were found to be much less satisfactory than primary operations; of one hundred and seventy-five of the latter, fifty-six died; of the former, twenty-one out of fifty-five survived. The mortality was twelve per cent. greater than in secondary operations which were attended by better results than all the other varieties of operations.

Of excisions of the head and portions of the shaft of the humerus there were five hundred and seventeen cases. The two hundred and ninety-three cases of primary excision gave a mortality of 27.3 per cent. In the one hundred and fifty-five cases of intermediary excisions there was a mortality of 41.2 per cent. There were fifty cases of sec-

¹ Concluded from page 733.

² The Medical and Surgical History of the War of the Rebellion. Part II. Vol. II. George A. Otis, M. D. Washington. 1876.