

PART IV.

MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

CLINICAL RECORDS.

A Case of Protracted Enteric Fever. By R. J. KINKEAD, B.A., M.D.,
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THREE hundred years ago (1591) Forestus described the disease, which we now call enteric fever, under the name *Febris lenta*, from its long duration. In 1729 Strother, in his "Very Remarkable History of a Spotted Fever," spoke of the "Slow" or "Lent Fever," which could have been none other than enteric fever. Protracted as the duration of this fever not infrequently is, the following case is probably without a parallel. The patient was admitted to hospital after five weeks' illness, and was discharged convalescent after a sojourn in hospital extending over 18 weeks and 5 days.

CASE.—Mrs. X., aged fifty-two, mother of a large family, a very stout woman, was admitted to hospital on Oct. 2, 1891, and discharged on Feb. 9, 1892. Five weeks before admission diarrhœa began, notwithstanding which she went to Dublin, remained there three or four days, came home, and had no medical advice or treatment for three weeks. She was then seen, prescribed for, and directed to remain in bed; but diarrhœa getting a little better she got up, went out, and continued at her household duties until Oct. 1, when diarrhœa still persisting, and feeling weak, she again sought advice.

All the symptoms of typhoid fever were well marked; numerous spots, abdomen tympanitic, pain, tenderness, and gurgling in right iliac fossa; temperature, 101.6°, rising to 103° in evening; stools, "pea-soup;" the urine scanty, of low specific gravity, and albuminous. Abdominal distension and pain increased, vomiting followed, and on Oct. 8 the respirations became slightly hurried. On morning of 9th there was dulness on percussion, and fine crepitus over base of left lung, up to within a couple of fingers' breadth of angle of scapula, extending

round to sub-mammary region; the pulse was weak and compressible; the first cardiac sound short, but fairly good, the second sound accented; mind clear, but patient very fretful and nervous, frequently crying. The urine steadily diminished in quantity; the albumen, the congestion of lungs, the distension of the abdomen as steadily increased; the tongue dry and dark brown, the face puffy and flushed, when on the 13th sharp hæmorrhage from the bowels occurred. On that day, and on the following, she had six stools, at first nearly all liquid blood, with large clots, gradually getting more fæcal and less bloody, until there was no blood in last couple of stools on the 14th.

Although she was very much weakened by it, yet on the whole the hæmorrhage proved beneficial. The kidneys were distinctly relieved; the quantity of urine increased; the albumen diminished to a trace, and the specific gravity rose. At the same time the lung symptoms improved, dulness and crepitus diminished, respirations became deeper and slower, the temperature steadily fell, the abdomen was less distended, and the patient progressed fairly well until Oct. 27—then she became worse than before. Both lungs were now engaged, dulness and crepitus at both bases; respirations 36 to 40 per minute; pulse rapid, weak, irregular; cardiac sounds short and weak, with a peculiar, musical, high-pitched bruit at apex; frequent liquid stools, sometimes passed under; urine scanty, albuminous, of low specific gravity; and occasionally loss of bladder power requiring use of catheter.

On Nov. 8—38 days after admission, 26 days after former bleeding—a second attack of hæmorrhage from bowels occurred, and very nearly carried off the patient; it was decidedly more profuse, lasted longer, than the first, and reduced her to a profoundly prostrate condition. However, she rallied, and the record for Nov. 9 to Dec. 30 shows a steady continuance of fever, with apparently abortive attempts to defervesce, most disheartening to deal with. If lungs improved the kidneys worked worse, or the abdominal symptoms became aggravated; if abdominal distension declined, diarrhœa lessened, and tenderness not so marked, she would either take to vomiting, or the lung mischief go ahead, and urine become scanty; if kidneys acted better, either lungs or abdomen gave trouble, and sometimes all together got bad; the pulse failed, and the patient's condition appeared hopeless, while all through fresh spots kept coming out as the old ones faded away. On Dec. 24 the stools began to thicken, and between 30th and 31st the temperature fell from 103·8° to 97·2°.

The fall in temperature was followed by an all-round improvement. The lungs cleared up, and respiration became normal; urine became abundant, and free from albumen; the pulse fell in rate, and became fuller in volume; tongue became clean and moist; abdominal distension disappeared, and stools became solid.

This happy condition continued for 16 days, when without any apparent cause, without any error in diet, without any worry of any kind, or mental anxiety to account for it, and without any warning whatever, the temperature rapidly rose from 97° to 102.4° —and except the lung mischief all the typhoid symptoms, spots included, returned. This new bout of fever lasted 14 days, terminating by a gradual fall of temperature.

She was discharged convalescent on Feb. 9, 1892, having been in hospital 18 weeks and 5 days. At this date, although the morning temperature had been but 9 days below the normal line, and the evening temperature only 5 days at normal range, it was deemed wise—considering the length of time she had been in a small hospital—to remove her from an atmosphere which must have been saturated with typhoid emanations. Although I learn from Dr. Brereton, who took charge of her during convalescence, that occasionally there have been rises of temperature of transient duration, she has steadily progressed on the road to health, except for an attack of bleeding from the throat, which occurred suddenly without any inflammation or pain, was decidedly profuse in quantity, and from behind and below the left tonsil. She woke up on the morning of March 11 spitting blood; the hæmorrhage continued till 2 a.m. on the 12th, and we controlled it with difficulty by small doses of ergot, vigorous swabbing with liq. ferri perchl., and the application of ice.

During the fever dietary and stimulation were attended with grave difficulties. At times digestive power and absorption seemed gone altogether; milk, even when diluted with soda-water or lime-water, passed in curds in the alvine evacuations; beaten-up yoke of egg passed off unchanged. On one occasion when sleep failed, and diarrhœa was profuse, opium and belladonna pills were administered; in a few hours they appeared in the stools as perfect as when swallowed. If alcohol was withheld the heart immediately failed; on the other hand, it seemed when pushed, so as to keep the heart going, to bother the kidneys. The administration of a couple of ounces of gin in the day, along with whisky or champagne, solved the difficulty. Milk evidently disagreeing, whey was tried, but patient soon tired of it, and stomach kicked against it; then bread jelly was given, which she relished; it was well digested, and proved most satisfactory.

Quinine was well borne, but seemed absolutely inert—10 gr. doses, repeated in an hour, produced neither headache nor singing in the ears, nor deafness, nor did it affect the temperature. The only medicine which lowered temperature was Warburg's tincture in full doses, and wherever on the chart a high temperature is seen, followed by a sharp drop, and falls and rises of a couple of degrees, Warburg had been given.

Turpentine stupes relieved the abdominal distension. Sometimes, however, they had to be aided by 1 drachm doses by the mouth.

The first attack of hæmorrhage was met with ergot and turpentine; the second by ergot and hazalin, and it seemed to me that the latter acted better. Almost continuous dry cupping was kept up over the lumbar and thoracic regions; it not only appeared to relieve the kidneys, but had the distinct advantage of keeping patient off her back.

It is interesting to note the connection between rises of temperature and decrease in quantity of urine, and the albumen therein. Prior to and during rise of temperature, the face flushed if rise was about to be high or prolonged; the flush was peculiar, not in cheeks alone, but the forehead became puffy, then a bright red, smooth, shining, very similar in appearance to erysipelas.

Although the disease lasted so long, accompanied, too, by such marked digestive disturbance or profuse diarrhoea, the patient wasted very little; she was fat when admitted, and fairly fat when discharged. It goes without saying that such a case involved most arduous nursing and constant attendance. She was splendidly nursed by Nurses Kelly and Keys from the Ushers' Island, Dublin, Institution, and the fact that after 19 weeks she left hospital without a sign of a bed-sore, or the skin being even at any time abraded, speaks volumes for the nursing.

Acknowledgment is also due to Prof. Brereton for the valuable aid afforded me by him in daily consultation.

ERRORS IN HEALTH REPORTS.

THE editor of the (Sacramento) *Occidental Medical Times* announces his discovery that "glaring errors are, unfortunately, frequent in the reports of health departments." In the June report for Denver, for instance, the estimated annual mortality ought to have been 19·04 instead of 10·03 per mille, at which it was stated. He illustrates his assertion by the reported statistics of five other large cities besides Denver. "Most of the discrepancies," he says, "were errors of arithmetic, but in some cases the rate was found in a very unique way. To find the annual rate, the number of deaths for the month was divided by the number of thousands of population. The quotient, of course, gives only the monthly rate, and as this seemed too small for an annual rate, the dilemma was solved by removing the decimal point one place to the right. This mistake occurs in a comparative mortality table published in the Minneapolis health report for June." The want of uniformity in reports is also a serious disadvantage. Each city chooses its own tables and computations, and classifies its own diseases in its own way. Some report weekly, others monthly. Some calculate mortality according to census, others according to estimated population. Thus great difficulties are thrown in the way of the comparative statistician.