

AN UNUSUAL RASH IN ENTERIC FEVER.

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ON page 511 of Cayley's 3rd Edition of Murchison's "Treatise on Continued Fevers," we find these words, in speaking of enteric fever:—"Occasionally when the rash is more than usually abundant, the spots are persistent, forming distinct elevated papules of a darkish-red colour, which do not disappear on pressure, and when they fade leave brown stains; the fading on pressure is a criterion which cannot be depended on when the rash is intense." And on page 515 of the same treatise, when tabulating the 12 principal points of distinction between the eruptions which occur in enteric fever and typhus fever respectively, of the former he states "a large number does not indicate danger."

I have seen several cases presenting a rash which in many points coincide with that described above, and in illustration I will describe one recent case and endeavour to point out the characters by which it may be correctly diagnosticated.

CASE.—J. B., aged twenty-four years, labourer by occupation, admitted to Cork-street Hospital, October 29th, 1895. He was a healthy-looking man of average height and build, with brown hair, a native of the Co. Galway, whence he had come about 9 months ago, having obtained a situation in one of the city breweries. He gave the following history:—About 12 days before admission he awoke one morning with a headache, pain in the back of his neck, constipation, a foul tongue, and, as he expressed it, the colour of his face changed to dark yellow. He managed to work for 4 days and then took to bed; he came under our care on the 12th day of his illness, his condition on admission being as follows:—He complained of headache, want of sleep, and a great sense of weakness; the headache was chiefly frontal, but not severe; he was able

to turn in bed when asked; face pale, eyes clear, pupils slightly dilated; absence of all tremor; skin moist. On inspection we found a rash present, slightly on the forehead and face, copious on the abdomen, back, and chest; some on the thighs and arms; absent on the hands and feet. The rash might be described in the following words:—Dark red, somewhat irregular, with a tendency to circular outline, in some places like enteric spots or enteric spots in pairs, fairly well defined in outline; the spots were raised, not punctate; soft; disappeared on pressure—in fact, conveyed the sensation of enteric rash to the finger; some of them, after pressure, left an indistinct mottle, but at no time in the course of the disease did they in any respect correspond to true petechiæ. The patient stated that a few had appeared on the previous day, and more had come out the next morning—*i.e.*, the day of admission. There was a complete absence of mottling; the heart sounds were clear and regular; pulse 96; breath sounds normal; tongue dry, though moist at tip and edges, contracted if anything, not fissured; abdomen distended, but not excessive; moderate tympanites. Motions were, in the early stage of the disease, slightly fœtid, large, light brown liquid; later on they became dark brown with shreds like the *débris* of beef-tea. While in bed in hospital he had two attacks of epistaxis, which were easily controlled by the nurse. The diagnosis was enteric fever with copious rash. The patient was put on liquid diet, ordered sulphonal to counteract the sleeplessness, and given a mixture containing aromatic sulphuric acid, sweet spirit of nitre, glycerine, and carbolic acid. On the 31st of October the rash had faded, but fresh spots had made their appearance, some of which were more persistent after pressure; the intellect was still clear; said he felt better, but very weak, stated he was restless at night, the diarrhœa had increased, motions being what a nurse would describe as “typical typhoid.” On the 8th day after admission—*i.e.*, 20th day of the fever—the notes were: tongue still dry, abdomen less distended, tympanitic note present, absence of pain, no chest symptoms. On the 12th day rash was fading, but few fresh spots on the trunk, brighter in colour, none on the extremities; all other symptoms improved. The evening temperature became normal on the 27th day of illness; rapid convalescence. On the 30th allowed to sit up in bed; on 32nd day of disease allowed up and put on No. 2 diet. On November 22nd—*i.e.*, 37th day of disease—given full diet; on December 6th left hospital feeling, as he said himself, better than ever he felt since he came to Dublin.

The points of interest about the rash in this case were the difficulty of diagnosis, and as to its prognostic value. I have seen at least 10 cases of enteric fever which presented this rash; the notes of some I will briefly recapitulate:— W. S., male, aged sixteen; C. S., brother, aged nine. They were both admitted from the Co. Wicklow with three other members of the same family, all suffering from enteric fever. The two boys who presented this rash were far severer cases than the others—in fact, they were a month longer in hospital. I afterwards treated the first lad for well-marked petechial typhus. H. B., male, aged fifteen; severe delirium; prolonged case; epistaxis. —, male, aged twenty-two; severe hæmorrhage twice; recovery. —, male, aged thirty-three; severe hæmorrhage; died. S. H., female, aged eighteen; small bit of a girl; she suffered from severe hæmorrhage during the course of her attack. T. M., male, aged thirty; died of hæmorrhage. A. D., aged twenty-one, freckled, foxy-headed young female; had a severe attack of hæmorrhage on her 21st day; died of perforation brought on by the injudicious administration of grapes by her sister on her 30th day. P. F., a Dundalk bricklayer, aged twenty-one; suffered from severe epistaxis necessitating plugging of both nostrils; severe diarrhœa; eventually recovered. T. M., aged twenty-one, medical student, male, severe diarrhœa, epistaxis, and serious pulmonary complications; recovery. In discussing these points we will first consider the question of diagnosis, and next that of prognosis. This rash may be mistaken for that of typhus fever or a prodroma of small-pox. In making a diagnosis we are guided by the history of the case, the likelihood of exposure to infection, and the appearance of the rash. As regards history, the average hospital patient cannot give a definite statement as to when he became ill—this especially applies to enteric fever. Even in typhus fever I have found they often per-

sisted in stating that they were only one or two days ill, when subsequent events proved they must have been at least a week sick. Enteric, like typhus, often commences suddenly. The patient in question may have been exposed to the contagion of typhus, so we had but one point to go on, the patient as he was when he came under observation. The points we noted as against the diagnosis of typhus were: clear intellect, with absence of marked headache or backache; absence of the muddy eye and muddy complexion of typhus; absence of mottling, with the rash two days old—a very valuable diagnostic point, and the *tout ensemble* of the rash as regards elevation, locality, where copious and where absent. It was more raised than typhus in my experience ever is; it was not more copious in the depending parts, not present on backs of wrists, dorsa of feet, inner side of thigh, and very little on the sides of the body. Typhus rash is uniform and general in distribution, seldom on the face, and more pronounced on the dependent parts. To diagnosticate it from the small-pox rash, the prodroma is most marked about the groins and axilla, and in fact is a purpura, and I have never seen it raised. Has a copious rash any bearing on prognosis? In my experience it has; for instance, A. D. had no bad symptoms for the first three weeks of her attack except the rash; she had hæmorrhage and deep ulceration. I have for long taught that the signs which make you expect and guard against hæmorrhage are clear intellect, high temperature, fast pulse, and distended belly; add to these the rash as described above, and you may look upon hæmorrhage as an almost certain complication. Four times I have seen these symptoms, and four times successfully foretold the occurrence of hæmorrhage. Even where you have the ordinary enteric rash abundant, I believe that you should look upon the case as likely to be severe, and give a guarded prognosis.

We find on analysis that 8 out of 10 of these cases had hæmorrhage, 5 had hæmorrhage from the bowel, and 3 had epistaxis; 3 of the cases died, showing a death-rate of 30 per cent. My thanks are due to Dr. Ashe for permitting me to bring this case under the notice of the Academy. Unfortunately there is little new under the sun; still of enteric fever, least of all of our exanthemata, can it be said, "*Ab uno disce omnes.*"

DR. J. W. MOORE said the case showed the necessity for a fever wing being attached to every hospital, as the patient in the first instance was admitted to a general ward in the Meath Hospital. When he first saw the case, he had no hesitation in pronouncing it one of typhus fever, but that it was not so, but enteric fever, the temperature chart now shown proved absolutely. He never saw a case more like typhus in the early stage. The case could not be left in the general ward, and had to be sent to Cork-street Fever Hospital. With regard to the case, he thought from the number of the spots, their unusually dark colour, and their irregular size, that they were those of typhus fever rather than an enteric rash.

DR. POLLOCK said he had seen several cases in which there was the rose-coloured rash all over the body, together with all the other symptoms of typhoid, yet they were cases of typhus. The brain became rapidly involved, and all the cerebral symptoms manifested themselves.

The PRESIDENT gave some details of a case, apparently of typhus fever, but a fatal result produced by perforation proved that the case was one of typhoid. The late Dr. Kennedy believed there were some cases of mixed typhoid and typhus fever. The President mentioned a number of cases that occurred in Bishop-street, in which both rashes co-existed simultaneously in the same patient. He said that enteric fever was not so fatal 25 years ago as it is at present. He had never lost a typhoid patient in Cork-street Hospital, but this he did not attribute to his superior skill, but to the mild form the disease assumed at the time he was connected with that Institution; on the other hand, cases of typhus fever were then far more numerous.

DR. DAY briefly replied.