

CASE II. F. K., a boy, aged nine, strong and hardy. Parents living; no hereditary history of any disease; three sisters all in good health. In April, 1890, he suffered from intermittent fever, beginning with a chill at 4 A. M. Forty-eight hours later had an attack commencing at midnight, ceasing at 7 A. M., about twelve paroxysms, but did not bite his tongue.

In May, 1891, one year later, suffered from malarial intermittent fever as before. On third day, at time of expectant chill, was seized with convulsions to the number of fifteen. Bromide amyl pearls and chloroform failed to give results which followed use of nitro-glycerine as in previous case. The paroxysms recurred in spite of treatment every other day for ten days, but diminishing in number and severity. The temperature gave the same rise and fall as in Case I, but never ascended above 103°. The scalp remained very tender for several days. The patient was still subject during the autumn, about once a month, to nocturnal attacks preceded twenty-four to thirty-six hours by malaise, nausea and vomiting. The attacks are readily aborted by quinine, bromides and calomel.

These cases are the result of malarial fever in New England; during the years 1880 and 1884 forms of malarial fever appeared in Massachusetts of sufficient frequency to claim the attention of the State Board of Health. In the latter part of 1885 and beginning of 1886, they were epidemic in character at South Framingham, disappearing from its previous localities, spreading along the course of a small stream (Beaverdam Brook) to Natick. Since 1886, it has disappeared entirely from South Framingham, and became prevalent along the Charles River through South Natick, Wellesley, Dover, Watertown, and the Newtons. In South Natick and Dover, the location of the cases reported, malarial fever prevails with greater severity than in any portion of the valley, scarcely any resident escaping during the summer and fall seasons.

Malarial epilepsy has been recognized from early times of medicine. Hippocrates clearly refers to epileptic fevers (*febres comitiales*) and their greater frequency during the spring and autumn months (*Echeverria*). According to modern authors, it is rare. The literature examined shows reports only by

Lowe and Paine: *Indian Annals of Medical Science*, Calcutta, 1860-61, vol. vii, p. 597, *et seq.*

Hansfield Jones: *Clinical Observations of Functional Nervous Disorders*, 1868, p. 139.

Echeverria: *Epilepsy*, 1870. Two cases.

Mackay: *Edinburgh, Eng.* One case in detail.

Jacobi: *Hospital Gazette*, New York, 1879, pp. 41-43. One case.

Hamilton: *Pepper's System*, vol. v, p. 472. Three cases.

Hammond: *Nervous Diseases*, 1891, 7th edition. Seven cases as a cause (?).

Ferreira: *Archivo Italiano di Pediat.*, 1889.

Ferreira finds four varieties of cerebral form of malaria seen in children during the heated season: (e) the eclamptic, (2) the comatose, (3) the delirious, (4) meningitic. The last two were observed in older children.

Meigs,² Pepper² and Lewis Smith³ hold that it is not unusual for malarial fever to be ushered in by a convulsion taking the place of a chill; and in 1882 the *North Carolina Medical Journal* stated, editorially, "there is no more fatal disease in children in the malarial districts of the South than malarial eclampsia."

Dr. Smith, however, says he is surprised at the immunity of epileptics from infantile convulsions.

Dr. Morris J. Lewis,⁴ with ten years' experience at the Dispensary of the Children's Hospital, Philadelphia, has failed at that parallel to note such fatal results from malarial poison as seen in North Carolina; and in New England, malarial fever, I believe, does not show any such convulsive substitution.

It is interesting to note — already mentioned — that the convulsions continued unchanged with unremitting energy under three entirely different conditions, namely, the three stages of an intermittent fever; (2) the temperature rose with the close of each paroxysm, but fell in the quiet interval to the fever level, and did not show the abrupt, rapid and successive rise which occurs in eclampsia;⁵ (3) the success of nitro-glycerine, as an epileptic status, over bromides, chloroform and nitrate of amyl, especially in those cases characterized with a large flow of pale urine, and which is in accord with the observations of others.

Clinical Department.

A CASE OF INFLUENZA WITH ERUPTION.¹

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LOUIS SCHEAR, white, age nineteen, laborer, was admitted to the post hospital at Fort Du Chesne, Utah, on March 28th, with the following history: With the exception of measles fifteen years ago, and typhoid fever one year ago, has always been strong and well. Has worked in the Park City mines, but has never had any symptoms indicating lead poisoning. Was taken sick seven days before admission with headache, severe pains in the calves of the legs, slight chilly sensations, fever, slight cough, marked muscular weakness and loss of appetite, two days after which an eruption appeared which even when first noticed was universal. Has taken no medicine.

When admitted, he had a temperature of 101.5° (which rose that afternoon to 103°), a pulse of 120, a slight cough, no coryza or conjunctivitis. Over the whole body, but most abundant on the legs, where it was deeper in shade, was an eruption of reddish spots from one-half to two millimetres in diameter, irregularly circular, coalescing in a few instances, elevated just enough to be perceptible to the touch, not exclusively associated with hair follicles, without special arrangement, not itching, and which fourteen days after its appearance—gradually faded without desquamation. On the hard and soft palate, were similar spots, with such modifications in appearance as might be expected from their seat. It was also visible on the palms of the hands. Epitrochlear and inguinal glands to be felt. On the knuckle of the right ring-finger was a slight abrasion surrounded by a parchment-like induration. This came, the patient said, from a burn received the day before he was taken ill. It disappeared without treatment. No oedema of legs or swelling of joints. Some sub-sternal soreness on coughing, but no tenderness on percussion. Tongue coated, bowels constipated, urine scanty and depositing urates, but otherwise

¹ Published by authority of the Surgeon-General.

⁴ Keating: *Diseases of Children*, vol. iv, page 876.

⁵ Bourneville: *Archives de Tocologia*, tome ii.

² Local citations.

³ *Diseases of Children*, vol. iv, page 285.

normal. Auscultation of heart and lungs gave negative results. The temperature, which gradually declined, was usually one-half to one degree higher in the morning, and became normal on the eighth day after admission. He complained once of a sore throat, which was speedily relieved by a chlorate of potash gargle. No trace of sores or induration on penis or in rectum. He was discharged from hospital April 7th, complaining only of a weakness that was rapidly passing away.

The treatment was limited to rest in bed, regulation of the diet and the administration of a few doses of quinine, Dover's powder and phenacetin.

The interest in this case centres on the diagnosis. Without the eruption and during the prevalence of influenza, one would not hesitate to give the disorder that name. Cases of influenza accompanied by an eruption have recently been reported. Was this one?

A CASE OF RECURRENT APPENDICITIS; OPERATION; RECOVERY.

BY JOHN C. MUNRO, M.D.

THE following is reported as a contribution to those cases of removal of the appendix for recurrent, severe attacks of pain, in which the pathological lesions are not commensurate with the suffering endured.

N. M., seventeen years old, servant, rather fat and undersized, with a marked phthisical family history, and of a nervous temperament, came to me first in November, 1889. In the previous year she had had a short attack of colic, but none since, until a few weeks before I saw her when she had had several attacks of cramps in the bowels, coming on generally at night, and, so far as could be determined, without any reference to the catamenia, diet, etc.

There were no evidences of heart, lung, renal or hepatic trouble; the menses were normal, and the bowels, though constipated, were regular. Improvement followed the administration of iron and laxatives.

In the latter part of December, however, without any warning, she had a severe colic lasting eight hours, and not relieved by hot applications or mild opiates. She could lie partly on the right side and located the pain in the cæcal region. The next morning, feeling better, she worked; but in the afternoon the pain returned, and she came to my office, when I found marked tenderness over the cæcal region, but a normal pulse and temperature. She complained that the jolting of the horse-car caused pain in the same locality.

That night she had a severe attack; Dr. Vaughan, of Cambridge, was called in, and found her suffering acutely, with a weak, rapid pulse, but normal temperature. Pain was controlled only by large doses of morphia. The following morning I saw her with Dr. Vaughan, and he kindly admitted her to his wards in the Cambridge Hospital, where she remained about two weeks and made an uninterrupted recovery under rest, diet and opium.

For a few weeks she did well; but a mild attack coming on, she went at my advice to St. Luke's Home. No gain was made, so she was admitted to the gynecological ward at the Carney Hospital, and carefully examined for pelvic trouble, with negative result, a diagnosis of inflammation of the appendix being made. While there she had some slight attacks, but being

anxious to work, she returned to her former place in Cambridge. Shortly afterwards, while reaching upwards, she felt a sharp stinging pain in the abdomen; and this was followed, in a few hours, by one of the old attacks, and then for the next two months by repeated sharp, short attacks, together with a constant dull aching and tenderness over the cæcum, always made worse by fatigue or jolting.

In the summer of 1890 I proposed excision to her, or absolute rest for four months. She chose the latter and went into the country; but, even with the most careful diet and rest, she had one acute attack that kept her in bed for a week.

I did not see her again until January, 1891, when she reported that she had been trying to do light work, but that the cramps were induced at the slightest provocation. She looked badly: was thin, discouraged, and showed in her face that she had suffered a great deal. She asked that some operation be done; and a few days later Dr. R. W. Lovett kindly saw her in consultation. No satisfactory examination could be made on account of the extreme sensitiveness over the lower right abdomen.

On February 20th, at St. Margaret's Infirmary, with the kind assistance of Drs. Mixter, Lovett and Paul Thorndike the abdomen was opened in the right linea semilunaris. The uterine appendages on the right, as examined by my finger, were apparently normal. On the cæcum were a few strands of fresh lymph. The appendix appeared to be normal, though perhaps slightly rigid and thickened. It seemed best, however, to remove it, and after ligating its mesentery, it was amputated about one-third of an inch from the cæcum, the peritoneum being invaginated and secured over the stump with silk. The abdominal wound, including the peritoneum, was closed with silk and dressed with iodoform gauze and a swathe.

During the day she had some pain, controlled by morphia; and that night the temperature rose to 101°, but rapidly fell to normal and remained so throughout.

Convalescence progressed steadily, twice during the first week pain from gas in the intestine being immediately relieved by a turpentine enema; and on the fifth day the bowels were thoroughly moved by a Scidlitz powder. At the first dressing on the sixth day there was primary union, and by the thirteenth day all the stitches were out. She sat up on the seventeenth day, and as soon as able was moved to St. Luke's Home, wearing an abdominal supporter.

At no time since the operation — over a year now — has she had any return of the original attacks.

The portion of the appendix removed was kindly examined by Dr. H. F. Sears, at the Pathological Laboratory of the Harvard Medical School, and pronounced normal so far as could be determined microscopically.

M. BROUARDEL, M. Ogier, and M. Du Mesnil have reported to the Academy of Medicine concerning the sanitation of cemeteries. Their investigation has demonstrated that the speedy or slow destruction of the corpse is in direct proportion to the quantity of air which reaches it; in chalky soil, dead bodies become transformed into a fatty substance, which lasts five or ten years; but if air freely circulates they are completely destroyed at the end of a year.