

Prize Notes.**A TYPICAL CASE OF ENTERIC FEVER WITH COMPLICATIONS.**

BY MISS K. S. CLARK, M.R.B.N.A.

THE patient, W. T., aged 35, had been complaining for some six weeks before being taken seriously ill, and had been treated by Dr. S., the local doctor, for dyspepsia. On Thursday evening, October 15, he had gone to a ball, and next morning, though feeling far from well, got up early and hunted the whole day, coming home drenched to the skin. Saturday, the 17th, positive illness set in, with shivering, and the patient had to go to bed, his temperature being 105° . From the fact of its being so high, Dr. S. is of opinion that the fever had begun at least five days before.

He was very ill for two days, and on Tuesday, the 20th, a nurse was sent for and arrived at ten o'clock that night. She found the patient very restless, temperature 104° , cheeks flushed, tongue very red and dry, with a slight fur down the centre. He did not sleep well, and drank continually. The treatment then was skimmed milk (as he could not digest other), and salicylate of soda every three hours. He perspired very freely, but the temperature did not come down. The smell in his room was very offensive, and flatus was passed both per mouth and per rectum continually. The patient was conscious himself of the bad odour, and lay with the bed-clothes close up to his chin. He grew delirious then, and continued so for nearly three weeks off and on.

On the 21st Dr. S. advised a consultation, and Dr. T. B., an eminent town physician, was called in. After a careful examination his opinion was that the disease could not be diagnosed enteric fever, owing to the absence of diarrhoea, and the report that his last motion two days before was quite normal. There was no appearance of spots, but otherwise the patient had the typical look and smell. Dr. T. B. advised ten grains of salol every three hours, and put him on brandy $\frac{3}{ii}$, and six small glasses of champagne in twenty-four hours.

Next day, the 22nd, diarrhoea set in, the motions being slightly typical, but growing less so during the next three or four days, when they were very bilious in colour and full of undigested curds of milk. The milk then was ordered to be peptonised and diluted with one tablespoonful of lime water to one teacupful of fresh milk, and gradually the curds disappeared.

On the 23rd, and supposed eleventh day of disease, the temperature being still 104° , and six watery motions being passed in twenty-four hours, some rose spots appeared, which kept dying down and reappearing till the fourth week. The abdomen, legs, back, chest, and knees were all visited at different times by these spots, which were more abundant than is usual.

The patient was now almost always unconscious, and passed everything in bed, and great care and watchfulness were necessary to keep his skin from breaking.

On the fifteenth day, the temperature still keeping 103° rising to 104° , ten grains of antipyrin were ordered,

which brought it down after great perspiration to 100° at midnight. The patient was cold and pulse small, but after hot bottles were applied the temperature rose again gradually to 102.2° . The diarrhoea which had been going on for a week, one day there being eight motions, was controlled by a half gr. opium pill, and as the motions grew less frequent, it was very noticeable that they became more typical, being of the colour and consistency of pea soup. The obnoxious odour also grew less apparent and indeed disappeared from the sick room.

On the sixteenth day the consulting physician paid another visit, and diagnosed the case as a very typical one of enteric fever, but said the patient was going on very well. He ordered the champagne to be increased to eight glasses in twenty-four hours, and the brandy was reduced to an ounce and a half, which was given in teaspoonful doses in milk every three hours. The patient passed a very fair night though wandering continually, but about 8 a.m. his face began to twitch, principally about the mouth, and generally he showed signs of collapse, the pulse being 90, very small and flickering. The temperature ran down to normal, the face grew livid and the eyes showed glassy and staring. The doctor was sent for at once, hot bottles and extra blankets applied and brandy $\frac{3}{ss}$ given. Gradually the pulse grew stronger and more regular, consciousness seemed partly to return, and in about an hour and a half the twitching ceased also for a time. The temperature rose in an hour to 101.4° , pulse 102 and respiration 50, and when Dr. S. arrived, two hours after the attack, the patient looked better though still livid. The urine, which had been very scanty, was examined, and copious albumen was discovered as well as excessive uric acid, and later on casts in abundance. Dr. S. was of opinion that the patient was on the verge of uræmia, and a large poultice was ordered over the kidneys, also two pilules of digitalis and pilocarpine were to be given every six hours. These measures caused profuse perspiration, which was kept up for two days.

The next morning about the same time the temperature fell again to 99.4° , but on hot brandy ($\frac{5}{ss}$) being given, a further fall was averted. At twelve noon the temperature rose to 104° , but came down to 102.2° in the evening and never rose so high again. But with the continued perspiration and high temperature the patient had grown alarmingly weak, and very careful feeding had to be given every hour or oftener if he were awake. He was taking four pints of peptonised milk, brandy $\frac{3}{i}ss$, and champagne $\frac{3}{xx}$, in twenty-four hours, and as he never refused what was given he had every chance.

At midnight on the supposed twentieth day of illness the respirations suddenly grew shorter, the breathing was laboured, and there was a more feverish flush on the face. The patient's mouth had been very dry up till this time, and his lips covered with sordes. The tongue was cracked, dry, and red round the edges, whilst down the centre was a thick, dirty fur, the mouth altogether being so bad that, keeping it as well as possible, it was with difficulty his words were understood. For two hours the short stertorous breathing continued, then some very rusty sputum was coughed up. Dr. S. was sent for, and when he arrived at 5 a.m. and examined the patient, he found pneumonia had set in at the base of both lungs. A poultice was applied at once to the affected parts, and carb. anim. given as a cough mixture.

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