

SYMPTOMS AND COURSE.

After describing the initial symptoms of the disease, Dr. Maitland writes:—

On the fourth or fifth day there appear for the first time some rose spots, widely separated and located variously over the abdomen, the lower part of the chest, and on the anterior surface of the shoulder. The patient is now beginning to look seriously ill. He is lethargic, his movements are sluggish, and he is almost comatose. From this time onwards his mouth is the greatest source of trouble. Sordes appear, and unless the mouth is carefully washed its foul condition is the beginning of various sequelæ—parotitis, laryngitis, and otitis media. At the very best there is always a certain hoarseness and a certain amount of deafness. It is common at this stage also to find the urine suppressed for two or three days, and then afterwards to find the urine displaying albumin and casts. For seven to ten days this condition goes on practically without change. The patient remains lethargic, seems dull and stupid, and almost comatose. He becomes markedly constipated, frequently wets his bed, and his mouth throughout the whole of this time requires constant attention. After this the patient begins slowly to recover, and at the end of the fourteenth day frequently shows a crisis which turns out to be a remission, the fever running up again for two or three days to decline afterwards in lysis. From this point onwards again the patient slowly recovers, and may, at the end of another week, begin to show a healthy and voracious appetite, a clear mind, and a considerable contentment. He is, however, distressingly weak; all his muscles are flaccid and his heart is readily upset.

SEVERE TYPES.

The two morbid types which we found to defeat all treatment were, first, those we called fulminating, and secondly, those exhibiting circulatory stasis.

Fulminating Cases.

Beginning in the normal way, the great difference between these and the normal cases took place about the second or third day after a rise of temperature had set in. It is from the observation of these cases that one is well advised to take the deposition of all patients before they lose consciousness, since these fulminating cases never recover consciousness. The patient passes into a deep coma. He displays very marked and exaggerated twitchings—*subsultus tendinum*. He mutters, picks at the bedclothes, his face is markedly congested,

and his eyes are frequently nystagmic with a squint. He has no control whatever over his sphincters, and usually within three days or so he dies.

Cases exhibiting Circulatory Stasis.

The next class of cases, in which the mortality is, perhaps, as great, is infinitely more disappointing. Patients in this class seem to pass through the whole fever without incident, so that one is justified in presuming that everything is well, when there begins, about the twentieth day or so, typical circulatory stasis. The feet frequently become blue, the pulse small and thready; sometimes gangrene sets in, and the patient dies as if from asthenia. . . . The tongue, for instance, which in health is constantly undergoing movement, lies in the mouth as if dead. It is no wonder that in such a septic cavity as the mouth, when the secretions are suppressed, there is such extensive vegetable formation to account for the sordes which is always present.

CONCURRENT DISTURBANCES.

Now, as regards the variety of coincident troubles that may develop in the course of this fever. In early days, when we were unable to provide individual treatment, we found that a large number—probably between 20 and 40 per cent.—displayed either parotitis, otitis, conjunctivitis, or laryngitis.

The Exanthem.

One may say with regard to the concurrent disturbances associated with typhus that these may be removed to a great extent by careful nursing. One of the points which we insisted on was that the mouth should be most rigorously attended to. The mouth was washed out with some solution, such as permanganate—the only disinfectant we had in any quantity in the earlier days; later, when we had supplies, hydrogen peroxide was substituted, and, as a result, parotitis, otitis, and other naso-pharyngeal disturbances disappeared. Constantly swabbing the back of the throat considerably ameliorated the condition of deafness. Patients who were able were taught to gargle periodically throughout the day, and as a result the laryngeal trouble was improved.

Circulatory Disturbances.

Another condition which caused us much anxiety, and which occurred frequently in asthenic cases, was the circulatory trouble. For a considerable time we were unable to account for this. All that we noticed to begin

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