

A HUNDRED AND FIFTY YEARS AGO

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A CASE OF ENTERIC FEVER WITH CONVULSIONS

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DURING MY RECENT PERIOD OF DUTY at Sir Patrick Dun's Hospital twenty-one cases of continued fever (exclusive of measles, scarlatina, and acute rheumatism) came under my care. Of these twenty-one cases five were typhus, of which one proved fatal; the remaining sixteen were enteric.

The following case exemplifies a complication which by all authorities on fever is admitted to be the most alarming – viz., the presence of convulsions.

An eighteen-year-old compositor

Peter O'C, aged 18, a compositor in the office of the *Evening Post*, was admitted into Sir P. Dun's Hospital on the morning of the 14th December in 1870 with all the symptoms of well-marked enteric fever. He had the rose-coloured spots, caecal gurgling, with tympany and diarrhoea; when comparatively late in the fever, convulsions and other cerebrospinal symptoms manifested themselves. As far as we could learn he was about eleven days in fever.

He had been a healthy young man, with no tendency to epilepsy or nervous disease of any kind. On admission his pupils were dilated, the eyes were clear, he was tender on pressure over the ileo-caecal region, slightly tympanitic, and had diarrhoea; numerous rose spots were visible over the abdomen and chest, and his temperature was 103.6; pulse 116, respiration 20. He was rather inclined to sleep, and for several days seemed to be getting on favourably, and the diarrhoea ceased, receiving eight ounces of wine.

On Saturday the 18th the bowels were twice moved, but he presented no other symptoms calculated to cause any special anxiety. On Saturday night, about half-past ten o'clock, the patient was noticed to be lying on his back, low down in the bed, with his arms folded over his chest; his breathing was rapid and irregular, a circumstance noted during the afternoon, without any chest complication to account for it. When spoken to he made no reply, nor did he stir, but when turned on his side he spoke a few words and swallowed some whiskey in milk. A blister was applied to the nape of the neck.

About three o'clock on Sunday morning he was unable to swallow, and his respiration was still more hurried, and there was great restlessness and subsultus, with nasal stertor, injected eyes, and somewhat contracted pupils. He moved his eyes with great rapidity, and would swallow nothing, and lay with his head retracted. The head was now shaved, and a blister was applied over the vertex; to all such appliances he seemed insensible. His feet and hands were hot. He remained in this unconscious state till 10 A.M. on Sunday, when he opened his eyes and took some drink. He now regained his consciousness so far as to speak to the nurse and a friend; still he passed everything involuntarily; it was impossible to obtain a sample of urine for examination.

The blister over the vertex was dressed with mercurial

ointment. Wine increased to twelve ounces, with four ounces of whiskey. At 6 P.M. on Sunday he suddenly relapsed into the same unconscious state, with well marked opisthotonos. He now had twenty grains of bromide of ammonium, which was got down with great difficulty, and he passed a better night.

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On Wednesday the fits returned, and at 11 A.M. and at 4 P.M. he had twenty grains of the bromide of ammonium, and that night got some sleep.

On Thursday he again relapsed, and could not answer any questions, but was able to swallow. Twenty grains of the bromide of ammonium was now given three times a day.

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On Friday the same treatment was continued; he made an effort to answer questions, but still passed his urine under him. A small quantity of urine was with difficulty obtained; its specific gravity was 1.021, and it contained no albumen.

The patient slept the greater part of Friday night, and on Saturday he could answer any questions he was asked; took greedily what was given to him, and ceased to pass under him. On Sunday the cerebrospinal symptoms disappeared, the bromide was discontinued, and he had a favourable and comparatively speedy convalescence.

The maximum temperature in this case was 103.7; pulse 120; respiration 48.



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