

NOTE ON "ENTERIC" FEVER AMONG NATIVES.

BY SURGEON-MAJOR J. CLEGHORN, M.D.,

*Civil Surgeon, Allahabad.**Offg. Supt., General Hospital, Calcutta.*

IN support of the statements contained in my letter on "Enteric Fever in India," which appeared in the *Indian Medical Gazette* for November last, I would beg the favour of your publishing the following cases of fever of a remittent type, which occurred to residents of

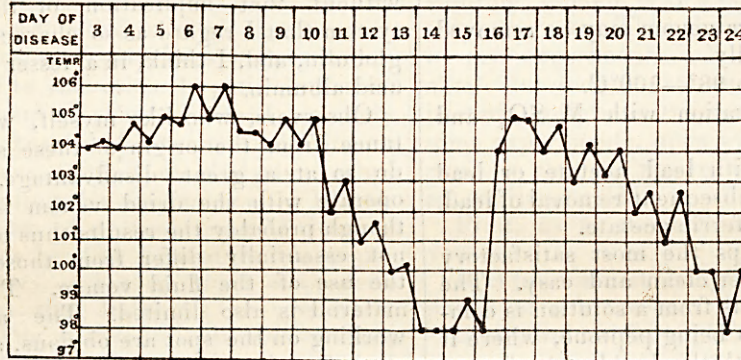
Allahabad, and which are, in my opinion, true cases of enteric fever.

These notes were kindly placed at my disposal by Dr. Rajendro Nath Bannerjee, who informs me that he attended about thirty such cases during the last year.

CASE NO. 1.—A Mahomedan, aged 28 years. He was seen on the 2nd April, or about the third day of the fever. There was diarrhœa and delirium. The case was complicated with pneumonia and parotitis. There was a relapse on the 15th April.

A chart of the temperature is attached.

April.



CASE NO. 2.—A boy, aged 5 years. He came under treatment on the 3rd April, or about the second day of the fever. He complained of pains all over the body, declined all food, and was very irritable. There was no diarrhœa and no abdominal tenderness.

On the evening of the 4th April there was severe headache.

5th, evening.—Looks dull and heavy. Had a loose motion. Sleeps badly.

7th.—Had a bad night. Was in a half comatose state at morning visit, but could be roused by talking loudly to him. Slight cough, with dry bronchial râles in chest. He had two loose motions in the night—abdomen slightly puffed. At evening visit there was marked tympanites.

8th.—He had a loose motion in the night. Dry bronchial sounds all over the chest. He is quite deaf.

9th.—Had five loose motions during the night. Is troubled with a dry hacking cough. Is in a half comatose state, and does not reply to questions.

10th.—Subsultus, picking the bed clothes, and is quite unconscious. Had one motion during the day.

12th.—Had three motions during the night. Abdomen markedly tympanitic. Violent delirium.

13th.—Had several motions in the night and five today.

14th.—Moist râles in chest. Seven motions during the day.

15th.—Consciousness returning, asked for his mother. Slept off and on the whole day. He continued to improve, and temperature became normal on the 22nd.

CASE NO. 3.—A Mahomedan girl, aged 3 years, came under treatment on 12th May, when she was said to have been ill for two days with fever, restlessness and severe diarrhœa.

14th.—She had frequent motions in the night, and had tenderness in iliac region, with gurgling.

15th.—Had three motions in the night. Was very thirsty and restless.

16th.—Did not sleep in the night. Had five motions. Tongue dry and leathery, red at the tip and edges. Tenderness over abdomen.

18th.—Had one motion in the night. She perspired freely.

20th.—Slight cough. Delirious in the night.

21st.—Muttering delirium.

22nd.—Two loose motions in the night.

23rd.—One motion in the night.

24th.—Delirium less; turned to recognize her relations. [She continued to improve after this date, and the temperature became normal on the 29th.]

CASE NO. 4.—A boy, aged 15 years, who came under treatment on or about the ninth day of the fever. He first complained of feeling ill on the 7th May, but was able to play about and take his usual meals till the evening of the 10th, when he complained of cutting

pains in the abdomen, accompanied with vomiting and purging. When seen at 9 o'clock on the morning of the 16th May, he was in bed, lying on his back, with a vacant look and in a half unconscious state, occasionally muttering to himself, and frequently calling for water. When roused, he would answer questions rationally, and then complained of thirst and abdominal pains. The head was hot, eyes suffused, face flushed, and body bathed in perspiration. The abdomen was tympanitic, and percussion over the iliac regions elicited expression of pain. There was no cough or other symptom referable to the chest. Fever was always worse at night. His temperature 104.2° F. Pulse 108. Respirations 24.

17th.—5 P.M. Patient in much the same state. He slept for a couple of hours in the night. Was constantly asking for sweetmeats during the day. Temperature 104°.

18th.—9 A.M. Appears slightly better, looks brighter, and talks less. Passed a solid motion in the night, followed by a very loose one. Temperature 103.2°. 5 P.M.—Had three loose motions during the day. Perspiring less. Temperature 104.8°.

19th.—10 A.M. Two loose yellowish motions in the early morning. Symptoms improving, and patient says he is hungry. Temperature 102°. 8 P.M.—Patient free from delirium and sleeping quietly. Temperature 103° F.

20th.—8 A.M.—Patient passed a good night. Abdomen still tympanitic and gurgling in right iliac fossa. Temperature 102° F. 5 P.M.—Temperature 102.6°.

21st.—8 A.M. Temperature 101°. One light-coloured motion in the night.

23rd.—9 A.M. Temperature 100.8°.

24th.—Temperature 100.2°.

25th.—Temperature 100.4°.

26th.—Temperature 100.8°. The temperature became normal in the following day, and remained so till the 1st June, when it rose in the morning to 102.2° F, and in the evening to 104° F, after which it became normal.

CASE No. 5.—An Eurasian boy, aged 9 years, who resided in the city. He came under treatment on the 16th July. He complained of headache, nausea with constant retching. The face was flushed—skin burning hot, tongue coated, bowels constipated.

17th.—Had several offensive motions after a dose of castor oil and glycerine.

18th.—Had a loose motion in the night. Abdomen tympanitic, iliac gurgling and tenderness. Complained of great thirst.

19th.—One motion.

20th.—Had two motions during the night, and one during the day.

21st.—Had six motions during the day.

22nd.—Three motions in the night.

Temperature became normal on 3rd August.

CASE No. 6.—A Bengalee boy, aged 8 years. He was seen on the 16th August, when fever became marked. His skin was very hot, face flushed, tongue dry and glazed, and bowels constipated. He complained of great thirst.

19th.—Constipation continuing, a soap enema was administered, which brought away hard fæces. He had a loose motion in the evening.

20th.—He was delirious during the night, and had two loose motions of a peasoupy colour. There was tenderness over abdomen, with gurgling in iliac fossa. He vomited bilious looking matter.

21st.—Tympanites very troublesome. Had one motion, which relieved somewhat the tympanites.

22nd.—Delirium increasing. Tympanites more marked. Has a slight cough.

23rd.—Had a very bad night. Violent delirium with subsultus. Small loose motions, which relieved the tympanites.

25th.—Had five motions in the night of 24th. Delirium continues.

27th.—Two motions in the night; muttering delirium; is quite unconscious.

28th.—Had three motions during the day, and one in the night.

29th.—Tympanites troublesome.

He continued slowly to improve from this date, and temperature became normal on 15th September. He was deaf for some time during convalescence.

CASE No. 7.—A Bengalee boy, aged 5 years. He came under the treatment on the 27th August, the third day after the fever had become apparent. For some days previously he was restless and dull, with no appetite. The tongue was coated in the centre, tip and edges red. The bowels were constipated. He complained of pains all over the body.

28th.—Abdomen tympanitic. As the constipation continued, an enema was given, which produced two motions.

29th.—He was delirious all night, tympanites increased, passed urine involuntarily.

30th.—Delirious and restless. Vomited twice, and had a peasoupy motion. In the evening he had slight cough.

31st.—In a state of active delirium with subsultus, and picking the bed clothes; slight cough. Appreciable dulness over base of both lungs posteriorly.

1st September.—Crepitation in base of both lungs, and bronchitic sounds over whole of chest. Hacking, dry cough. Tympanites continues. An enema was given, which brought away a large quantity of fæculent matter.

2nd.—Cough very troublesome. Refuses all nourishment. Had four motions during the day.

3rd.—Had three motions in the night, and two during the day. Abdomen still tympanitic; pneumonic symptoms continue.

6th.—Cough less, chest symptoms improving. Had three motions in the night.

9th.—Improvement in all the symptoms. Takes nourishment. He slept quietly for two hours.

10th.—Continues to improve, and consciousness is returning.

11th.—Much worse again, with return of delirium.

12th.—Had six motions in the night. Temperature fell in the evening, and became normal on the 24th.

CASE NO. 8.—A Bengalee, aged 40 years, who came under treatment on the 21st October. He was supposed to have had fever for two days previously. He complained of thirst, and burning sensation in the stomach, nausea and headache.

22nd.—Had three loose motions in the night, and five during the day. There was abdominal tenderness, tympanites, and gurgling in right iliac fossa.

23rd.—Had five motions in the night, and one during the day.

25th.—Passed two motions in the night, the last one was discoloured with blood, and contained several clots of blood.

The tympanites was less during the day. More blood was passed.

26th.—Passed blood in clots, and complained of pain in the abdomen.

28th.—Had a motion, free from blood. He continued to improve from this date, and the temperature became normal on 3rd November.

CASE NO. 9.—A boy, aged 6 years. He was first seen on the 22nd October, when he was said to have had fever during the two previous days.

He complained of thirst and pains in the body. The head was hot and face flushed. Bowels constipated.

23rd.—He had a very restless night, and had no sleep. At evening visit he was delirious with tremor of the limbs. He had three motions during the day.

24th.—Was troubled during the night with a dry cough, dry bronchial sounds over the chest. Abdomen tympanitic and painful to the touch. Tongue covered with a white thick fur, tip and edges red. He was in a state of muttering delirium.

25th.—Cough continues. Four large motions in the night. Abdomen tympanitic and tender to the touch. At evening visit the cough was very troublesome. He had eight motions during the day.

26th.—Symptoms much the same. He had three motions in the night. At evening visit gurgling in right iliac fossa was marked. Delirium continues, and he appeared to be quite deaf.

27th.—Had six motions in the night. On the 1st November the left parotid became swollen and inflamed, and on the 2nd, the right also became affected in the same way.

On the 14th November the left parotid was opened, when a large quantity of pus escaped. Diarrhœa continued throughout the illness. The temperature became normal on the 15th November.

TREATMENT OF DYSENTERY BY ISAPGHOL AND OTHER MUCILAGINOUS SEEDS VERSUS IPECACUANHA.

BY ASST.-SURGEON CHETUN SHAH, R.B.,
Civil Medical Officer, Jhang.

ON commencing the practice of my profession I firmly believed that ipecacuanha was the most superior remedy for the cure of dysentery. This belief was not simply the result of lectures received from the worthy Professors of Medicine in the Medical College, nor simply of reading English medical books, but it was the result of careful and actual observations of the effects of the American drug on patients treated in the Lahore College Hospital. Here I found that, though the gastric sufferings of a majority of patients after taking ipecacuanha were often great in spite of all precautions taken to prevent them, they were more than amply compensated by the speedy change of dysentery into simple diarrhœa.

For some time I remained an admirer and adherent of the ipecacuanha treatment.

While in charge of the Peshawar Hospital, I came to substitute madar-root bark for ipecacuanha on financial grounds, and yet never found reason to regret the change from therapeutic considerations. However, nausea, vomiting, and, above all, a feeling of heat and oppression were as bad after taking madar as after taking ipecacuanha. No adjuncts and correctives could well overcome this difficulty.

While well satisfied with the ipecacuanha and madar treatment as regards its ultimate effects, I always felt for the patients when they were troubled with feelings of heat and oppression. Yet I could find no satisfactory remedy for the evil. Mustard plaster; opium before, with, or after, ipecacuanha; ginger, peppermint, lying on back, and avoiding fluids for sometime before and after the medicine, were undoubtedly but of little avail. They could in many cases prevent or check nausea and vomiting, but the sensation of heat and oppression was never absent.

On entering into private practice amongst the nobility and gentry of Peshawar, where I had to compete with the so-called Yúnání hakíms, I found that, though many families had left their hakíms and had made me their family physician, I could not long keep with me rich and delicate patients suffering from dysentery. These, after a short trial of my remedies, would prefer to call