I. Pneumonia simulating localized peritonitis. II. Typhoid fever observed during the incubation period / by H.F.L. Ziegel.

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I. PNEUMONIA SIMULATING LOCALIZED PERITONITIS.

II. TYPHOID FEVER OBSERVED DURING THE INCUBATION PERIOD.

BY

H. F. L. ZIEGEL, B.S., M.D.,

NEW YORK.

Adjunct Attending Physician to the Beth Israel Hospital.

REPRINTED FROM

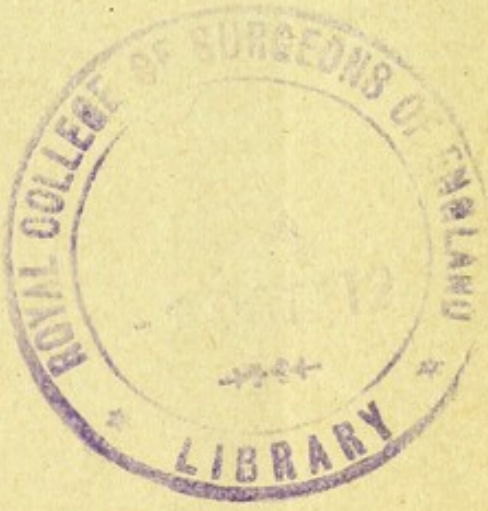
THE

MEDICAL RECORD

May 18, 1912

WILLIAM WOOD & COMPANY

NEW YORK



I. PNEUMONIA SIMULATING LOCALIZED PERITONITIS.

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ADJUNCT ATTENDING PHYSICIAN TO THE BETH ISRAEL HOSPITAL.

I.

Partly because of the proximity and intimate nervous relations of the diaphragmatic pleura and peritoneum, inflammations of the viscera contiguous to the diaphragm are sometimes difficult of recognition and differentiation. Thus pneumonia with abdominal signs is apt to be mistaken for abdominal surgical conditions.

The case to be described is that of a male 22 years of age who six days before admission to the surgical service of Dr. A. E. Isaacs at Beth Israel Hospital had been taken ill with malaise, chilliness and general pains. On admission the patient complained chiefly of sharp sticking pain in the right hypochondrium, which pain had appeared the day before admission and had steadily increased in severity; the rectal temperature was 103°, the respirations were 34; at the base of the right lung posteriorly breathing was diminished and fine râles were heard; the gall-bladder region was rigid and tender. At this time there was no cough; there was no vomiting, no jaundice. During three days' ob-

Two cases reported to the Section on Medicine, N. Y. Academy of Medicine, March 19, 1912.

servation in the surgical ward the temperature ranged between 102° and 103°, the pulse averaged 106 in frequency, there was moderate dyspnea, and the pain, tenderness and rigidity in the right hypochondrium continued. A radiographic plate of the chest showed no abnormality in the position of the diaphragm. Cough and mucopurulent expectoration now developed as new symptoms.

In the meantime the surgeons had concluded that the case was not without medical aspects and when asked to see the patient I found:—Temperature of 104°, respirations from 30 to 38, moderate dyspnea and slight cyanosis, cough and mucopurulent expectoration; over the right lung posteriorly dulness began at the level of the scapular spine extending downwards to merge into flatness at the angle of the scapula, the flatness extending to the base; over the dull area the respiratory murmur was not changed in quality but was diminished in intensity with occasional moist râles, and over the flat area breathing and fremitus were absent, voice was diminished. In the right hypochondrium rigidity was marked and tenderness exquisite. No Head zone was present. A deep inspiration caused abdominal pain and cough.

The history and signs were interpreted as those of a deep-seated consolidation in the right lung involving the diaphragmatic pleura. The patient was transferred to the medical side. For the next five days the pain, fever, cough and prostration with the above-mentioned physical signs continued, except that the tenderness and rigidity in the gall bladder region disappeared in three days. The temperature, as shown by the chart, ranged between 102° and 104°; the leucocyte counts averaged 18,000; the urine was negative. Recovery was without incident, though the temperature did not become and remain normal till the eighteenth day of the illness.

This case belongs to that group of atypical pneu-

monitides' which we have been in the habit of calling "influenza pneumonias." For the reason that penumonia with abdominal signs is far from rare, it is well to remind ourselves of its existence so that in instances like the one reported surgical intervention may be avoided.

II.

Because fortuitous circumstances afforded an opportunity of observing the patient during the incubation period, this case of typhoid fever is reported. A young lady 25 years of age was being observed for and was recovering from chlorotic anemia; the hemoglobin had in the course of two months' increased from 58 per cent. to 75 per cent.; the red blood cells always numbered more than 4,500,000; and the white blood cells from 9,000 to 11,000. When the patient complained of inconstant frontal headache, vertigo, tinnitus aurium, orbital pain, and of feeling very tired, she was sent to an ophthalmologist who reported that there was no refractive error sufficient to account for the symptoms or to require correction. Headache and fatigue had been present previously and failure to find any other cause for the additional symptoms resulted in their being attributed for the time being to the anemia. A this time there was neither anorexia, abdominal pain, constipation, diarrhea, nor sleepnessness. Noteworthy is the fact that though there was no epistaxis, yet menstruation—previously absolutely regular, four-weekly, and of three days' duration—now came on while the above-mentioned premonitory symptoms were being complained of, the period being four days ahead of time, very profuse, and of six days' duration.

On the day before the invasion with a chill, herpes appeared on the chin, and there were chilly sensations and a rectal temperature of 99.6°. On the following evening the temperature rose to 101° after a

severe chill; the patient was put to bed and this was called the first day of the disease. On the second day the morning temperature was 100.8°, the evening temperature 102.8°; the white blood cells now numbered 4,800—this leucopenia being regarded as significant for the reason that on several previous occasions when a complete blood count was made the leucocytes always numbered more than 9,000. Uranalysis on the second day showed a negative diazo reaction, but the Russo test was positive. The diagnosis of typhoid fever, now tentatively made, was confirmed two days later by a positive Widal reaction.

The illness ran a moderately severe course with no complications except an acute degeneration of the kidneys due to toxemia and a hypostasis of the right lung, both of which cleared up at the time of defervescence. The temperature curve, as shown by the chart, is of classical text-book type, showing the step-like rises during the first week; during the second week it was continuously high; during the third week there were successively greater morning remissions with successively lesser afternoon rises.

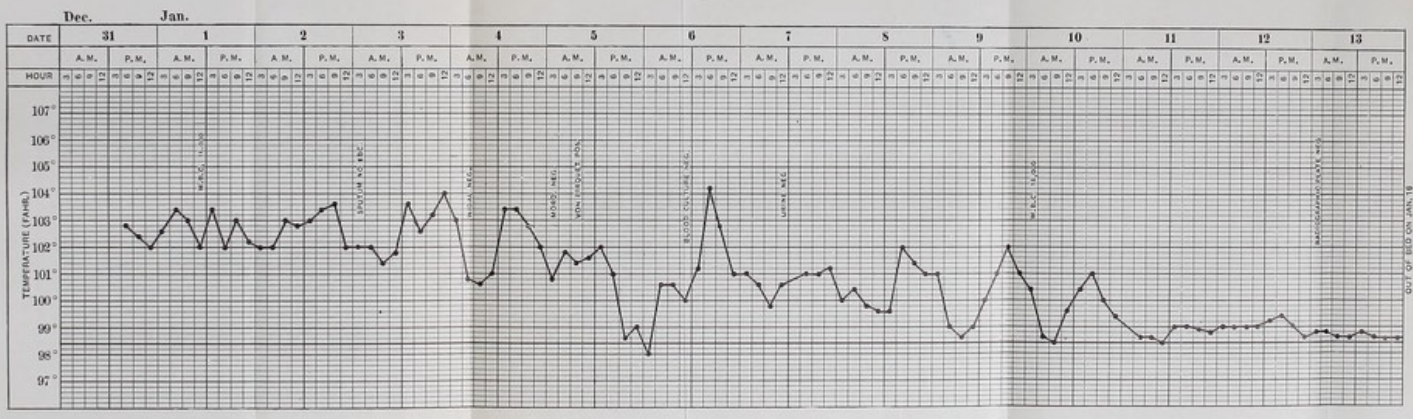
The following are the main points of interest in this case:

1. Menstruation, which had previously occurred every 28 days, came on during the incubation period four days earlier than usual, and was profuse and prolonged.

2. A leucocyte count of 4,800 on the day following the invasion was significant for the reason that in the course of the patient's previous observation for chlorotic anemia the leucocytes had on two occasions numbered more than 9,000.

3. The positive Russo test obtained on the second day of the disease confirms the view that occasionally this reaction is of practical value as an aid to early diagnosis in typhoid fever.

8 West Eighty-sixth Street.


Dec.
Jan.
DATE
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7
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9
10
11
12
13
A.M.
P.M.
HOUR
TEMPERATURE (FAHR.)
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105°
104°
103°
102°
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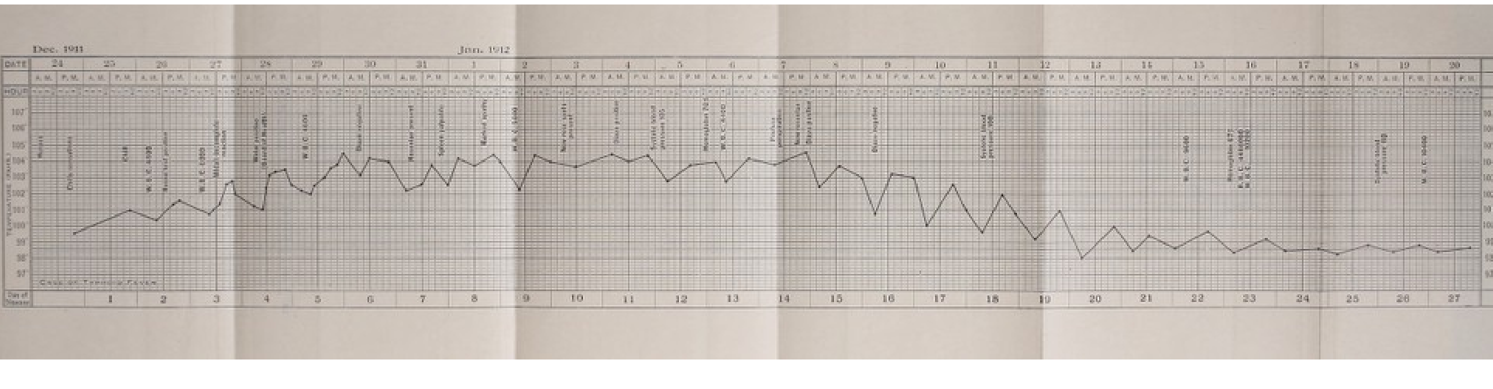
97°
W.B.C. 11,000
URINE NEG.
BLOOD CULTURE NEG.
MOUTH NEG.
THROAT NEG.
MOUTH NEG.
NON-HEMOLYTIC STREP.
BLOOD CULTURE NEG.
URINE NEG.
W.B.C. 11,000
RADIOGRAPH CHEST NEG.
OUT OF BED ON JAN. 16


Dec. 1911
Jan. 1912
DATE
HOUR
Day of Disease
Case of Typhoid Fever

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day the morning temperature was 100.8°, the
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