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Selections: Medicine.

ACUTE EXACERBATION OF CIRRHOTIC KIDNEY, WITH PERITONITIS AND PLEURISY, SIMULATING TYPHOID FEVER.

BY J. M. DACOSTA, M.D.

This is a case in which there is an element of doubt as to whether it belongs in the series; but let us consider it further. The boy was admitted in a state of collapse. He was taken sick in the ship six weeks ago, and he has been on shore for four weeks. He had diarrhœa, which continued until a few days before admission, lasting, therefore, at least six weeks. It was persistent, and has since returned. Scybala and mucus, but no blood, were noticed in the discharges. Three weeks ago he had epistaxis; he never had delirium, but he had fever, and was confined to bed ever since leaving his ship. Therefore, for weeks, even prior to his admission to the hospital, he was confined to bed. He had headache almost all the time. Three weeks before admission great prostration began, with swelling of the abdomen, and the parts were tender. When he entered the ward the pulse was 120, respiration 128, and temperature 100. He was so collapsed after being brought here that an accurate physical examination was impossible. But we recognized peritonitis; also right-sided pleuritic effusion, with partial consolidation of the lung. We tested the urine, and found it contained albumen to a moderate amount (about one-twelfth). But under the microscope it showed a large number of granular casts; some of them were fatty.

This, then, is the record prior to your seeing him this morning. But you find him here in very much better condition than when I first saw him. He is now quite over his collapse. This was accomplished by steady stimulation and a moderate use of opium. Although the temperature was as high as 106°, it has now declined to 101° this morning. He has still the fever-pulse, but it is of much better volume. His abdomen is still somewhat tender and large, but nothing like what it was, nor so distended; the peritonitis is clearly passing away. The heart sounds are feeble, or, to speak more correctly, the first sound is short and sharp, like the second sound, but no murmur exists. Examining the back of the right lung, which I told you had been so congested, we find it is somewhat dull on percussion, but the respiratory murmur is heard tolerably low down; it is evident that the lung is still somewhat congested, but the effusion has largely disappeared.

What is the matter with this patient? Two things might be supposed; two perfectly tenable views might be advanced. And in the absence of a distinct history, which it was impossible to get here, we must choose between these two; either the patient has had typhoid fever, with peritonitis, and the lung complication of typhoid fever, and the kidney complication of typhoid fever, or he has not had anything of this kind, but has had a kidney disease of long standing, with pleuritic and abdominal effusion as a consequence. Between these it is difficult to decide. And I will discuss them, premising that the difficulty is so great that we may chance to be wrong in our conclusion. This doubt will arise in any case,