

THE ABDOMINAL DISTENSION OF TYPHOID FEVER: ITS DANGERS AND TREATMENT.

Among the many complications which tend to increase the dangers and anxieties inseparable from a severe attack of typhoid fever, none are more formidable than those which are the direct outcome of the bowel lesion. Among the dangers thus induced, none causes more anxiety, or more gravely affects our prognosis, than the extreme abdominal distension with which in severe cases we every now and then have to deal. A moderate amount of tympanites is a common symptom, and does not call for special treatment, but in severe cases it may become immoderate; the abdominal distension may be so great as to not only cause considerable distress, but, by its upward pressure on the diaphragm, to materially increase the danger of an already sufficiently grave illness. What adds to the gravity of this complication is the fact that it comes on late in the case, when the patient is already pulled down by two, three, or more weeks of fever. The condition essentially consists in great distension of the large bowel. Sloughs and sloughy discharges from the lesion in the small bowel have been slipping through the ileo-colic valve into the cæcum. As a rule, the diarrhoea which accompanies the process leads to their early discharge by stool; but they may be detained in the cæcum or colon, or if very abundant may not be got rid of with sufficient rapidity to prevent the colon from getting distended by the gas formed during their rapid decomposition. The evil is constantly being added to by the descent of sloughs and putrid discharges from the ileum, and by-and-by the bowel gets paralyzed from over-distension. The condition is not unlike that which has frequently to be dealt with in the case of the bladder; and, as in these cases of bladder distension in the typhoid state, a certain amount of urine may dribble away, occasionally leading the attendants to think that the bladder has been relieved, so in the cases of distended bowel a certain amount of flatus and fluid may pass away without any real relief being given. So long as the muscular coat of the bowel retains the power to contract the danger from distension of the colon is not imminent, and relief may be given by the administration of a stimulant enema—tupentine, carboic acid, etc. But the distension may be so great as to paralyze the muscular coat of the bowel. Under such circumstances no enema can make the bowel act; and from such treatment no good, and possibly harm, may result. When such a point is reached the patient is in imminent danger. The colon may become, from absence of the usual resistance of its muscular coats, very rapidly distended; such distension,

besides causing much distress, produces pressure on the diaphragm, impeding its action, and embarrassing that of the heart and lungs. Such pressure, if not relieved, is likely to cause death; for be it borne in mind, it occurs only in the advanced stages of bad cases in which the typhoid state is marked, the cardiac systole feeble, and in which the addition to the already existing troubles of any other complication readily turns the scale against the patient.

Such extreme distension of the colon, with its attending dangers, may be developed very rapidly. It calls for prompt treatment. To give enemata is useless; for the muscular coat of the bowel is so distended that it cannot act. Nay, it is worse than useless; for it is only adding to the contents of an over-distended bowel. There are only two ways of giving relief—to tap the colon by a fine trocar, or to pass a long tube into it by the rectum. The former proceeding, though attended with very little danger, cannot be said to be free from risk. The passing of a long tube up the bowel is not only void of all danger, but, as a means of relief, is much more speedy and efficacious; for not only does the flatus pass away more readily and freely through the tube than through the cannula, but there passes away with it much of those putrid and sloughy contents of the bowel, whose retention and decomposition cause the whole mischief. The following cases illustrate the beneficial effects of this method of treatment.

CASE 1.—A gentleman, aged thirty-six, of full habit and previous good health, had a severe attack of typhoid fever. Tympanites became a marked symptom early in the third week, and by the eighteenth and nineteenth days it was sufficiently great to increase the patient's restlessness and to cause some anxiety. Enemata of turpentine had been given without affording any relief. On the twentieth day there was great distension of the abdomen, the skin being quite tight; the patient was wandering and very restless; breathing was short and hurried, 42 per minute, pulse 120, feeble; temperature 103.4°. The tongue was dry in the centre; there was slight hiccough. A little dark-colored fecal discharge, with some flatus, was passed involuntarily in bed. Nourishment and brandy were taken frequently and in small quantity, and were occasionally rejected. The patient was in much distress and in imminent danger. A long tube was without difficulty passed into the bowel; there at once passed away a large quantity of flatus, and about a pint of dark-colored liquid, fecal matter, having scattered through it a number of shreddy particles, evidently the remains of sloughs. The patient seemed much relieved. Half an hour after it was noted that he was quieter and much less restless, the abdomen was less tensed, the respiration had fallen to 36, the pulse was 116, and the temperature had drop-