

## CHILLS IN TYPHOID FEVER.

BY

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The attention of clinicians has been particularly called within recent years to the occurrence of extreme rigors associated with typhoid fever, either in the regular course of the disease or in some of its more serious complications. In Southern latitudes, especially, where the presence of chills in various fevers is apt to be ascribed to the growth in the blood of the malarial parasites, the exhibition of rigors in typhoid fever is usually considered to be due to a combination of intermittent and enteric fever, and the suspicion always exists that the sudden rise and fall in temperature is not due to the typhoid lesions but to the plasmodium malariae.

A number of cases of the combination of malaria and typhoid have been reported in the Medical and Surgical History of the War of the Rebellion, where the soldiers stationed in southern camps under unhygienic conditions contracted both diseases. For a number of years the occurrence of these two diseases in combination was a subject for great dispute, and the question was only finally settled after the outbreak of the Spanish-American war, when soldiers returning from the Philippines were found to have large numbers of malarial parasites in the circulating blood, and to have as well the clinical symptoms of typhoid fever, including a positive Widal reaction, which persisted after the disappearance of the parasites from the blood after the administration of quinine.

The following case which occurred in the Medical Wards of the Johns Hopkins Hospital in the service of Dr. Osler, which by his permission is here reported, represents a combination of symptoms which for the period of the entire stay of the patient in the hospital was looked upon with suspicion as being a combination of typhoid and malaria, but which during life to all apparent observations was absolutely negative for malaria and which at autopsy showed positive evidence of the lesions of typhoid fever.

CASE: Daniel Ryan, æt. 40, white, painter by occupation, admitted to the Johns Hopkins Hospital, March 5th, 1899, complaining of stomach trouble and rheumatism. Family history negative for constitutional diseases.

PERSONAL HISTORY: Smallpox at 10 during the Chicago epidemic, no history of malaria at any time; rheumatism at 22, beginning in the