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SOME ATYPICAL PHENOMENA IN
TYPHOID FEVER.*

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We occupy our minds so much with the regular and striking features of typhoid fever that we are in danger of overlooking the unusual phenomena that often arise in this disease. Our books continually emphasize the important symptoms, to the exclusion of the rarer ones, that it seems but natural that we should often overlook the latter, especially if we have opportunity of seeing but few cases each season. In so common and important a disease it cannot be amiss, therefore, to direct attention to the more uncommon symptoms, and also to the deviations of some of the important symptoms from the course they are usually supposed to pursue.

I. *The Temperature.*—The description of the temperature of typhoid fever has become almost stereotyped, one text after the other repeats the description with almost exact similarity, whereas considerable variation occurs in different cases.

(1) So few cases come under observation in the initial stage that there cannot be a certainty as to the exact manner in which the temperature rises in the majority. All the authorities say it is by a gradual step-ladder-like process, without giving due prominence to the, at least, not infrequent exceptions to this rule.

Occasionally cases are met with in which the outbreak is marked by decided chill, followed by a rapid rise of temperature; in others—more numerous in my experience—the symptoms begin with vomiting and purging, like those of a choleraic diarrhoea, and the temperature is found high, or rises rapidly to its maximum. In both these cases these acute symptoms usually disappear in a day or two, and the ordinary course of typhoid fever follows. There is a possibility that such cases may have been developing for some days before, without producing sufficient discomfort to cause suspicion of the true character of the case.

In some, again, the rise of temperature is by an irregular zig-zag, reaching the maximum in five or six days; in others the rise is rapid, without unusual symptoms, the maximum being reached in two or three days; in these latter the duration of the fever is short and usually terminates by a pseudo-crisis. These atypical features are met with more frequently, and in a more marked degree, in children, whose temperature equilibrium is so easily disturbed.

(2) In regard to the daily range of temperature, it is generally considered that two observations, one taken during the forenoon and the other any time during the afternoon, are sufficient to give a reliable guide as to the range of the temperature for the day; that the morning observation gives the lowest record and the evening the highest. That this is a mistake we can readily convince ourselves by making frequent observations, as, e.g., hourly, or every two hours. We know that

*A lecture delivered at the Post-Graduate course of the University of Toronto, December 19th, 1890.