

**NOTES OF
HOSPITAL
PRACTICE; PART I-II**

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Notes of Hospital Practice; Part I-II by Samuel M. Miller

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SAMUEL M. MILLER

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NOTES *1881.*

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—OF—

HOSPITAL PRACTICE

PART I.

PHILADELPHIA HOSPITALS.

SELECTED AND ARRANGED BY

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PHILADELPHIA, PA.

SAMUEL M. MILLER, M. D., Publisher.

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PREFACE.

The following diagnostic and therapeutical notes have, many of them, been condensed and collated by me from my reports of clinical lectures and notes of hospital practice, which have appeared originally in the *New York Medical Record*, *New York Hospital Gazette*, *Boston Medical and Surgical Journal*, *Philadelphia Medical Times*, *Philadelphia Medical and Surgical Reporter*, *Cincinnati Clinic* and *Scientific American*; while others are now published for the first time. Every effort has been made to secure accuracy, and it is hoped that the "Notes" will prove of service to the busy practitioner, for whom they are mainly intended.

THE PUBLISHER.

38095

GENERAL DISEASES.

SOME INTERESTING POINTS IN THE DIAGNOSIS AND PROGNOSIS OF TYPHOID FEVER.

The case was that of a sailor, admitted to the hospital on the 27th of January, who had been in good health until four days before his admission, when he complained of chilliness, of fever, and of nausea, but of no headache. His nose bled profusely, and his bowels became very loose. Upon his admission *his face was singularly flushed*, and he had a severe pain in his back. His temperature was $104\frac{1}{2}^{\circ}$ F., his pulse 92, and his respirations 24 to the minute. Nothing could be detected in the condition of the lungs to account for the heavy flush on his face. Upon examining the urine it was found to contain granular hyaline casts and bladder epithelium. It was re-examined, with the same result.

The man remained in the same condition, with morning remissions and evening exacerbations, and with a few bronchial râles in his lungs, until the afternoon of the day after his admission, when profuse epistaxis supervened, and the characteristic rose-colored spots appeared on his abdomen, which grew swollen and tympanic. *Still there was no headache.* On the evening of January 31st the man's temperature was 103° F. Between January 27th and February 1st there was *never a difference of more than one degree between morning and evening temperatures.* On the morning of February 1st the pulse was only 84, and the respirations 20 to the minute. The tongue was of the characteristic appearance—dry, cracked, reddish at spots, devoid of coating, varnished-looking. The typical spots on the chest and abdomen were slightly raised, and disappeared upon pressure. There was some gurgling in the right iliac fossa, and a moderate amount of abdominal distention. The

bowels, after admission, were easily controlled by a single opium suppository daily.

On February 1st the face was still flushed. The breathing was rather harsh, and there were a few dry râles in the lungs. Still no headache, and intellect clear.

Dr. DaCosta, in his examination of the case on February 1st, and remarks upon it, developed some points of much novelty and interest.

The first sound of the heart he found to be very feeble, and there was most marked throbbing of the vessels at the root of the neck. He considered the case to be different from the great majority of cases.

He wished to lay great stress upon the presence of albumen in the urine upon the eighth day of the disease. The case would have to be very closely watched. The presence of the albumen might be explained in either one of two ways—(1) there might have been pre-existing disease of the kidneys as a complication of the fever, or (2) the typhoid fever had produced the disease of the kidneys. If the latter alternative were the true one—and it so seemed to him—the case was a very grave one, for the albumen was noticed as early as the fifth day of the disease. *Early albuminuria, as a symptom, never occurs in the course of typhoid fever unless the case is to be a very grave one.* Albumen is quite commonly found in the urine of typhoid fever patients in the third week of the disease. *The slight difference between morning and evening temperatures so early in the attack was another bad sign.*

Furthermore, the first sound of the heart was thus early altered. Alteration in the first sound of the heart does not usually occur until late in the course of the disease. *When the heart is affected early, it becomes a warning.*

In closing, Dr. DaCosta wished to call attention to the existence of flushed face, *without any disease of the lungs.* It always was enough to raise suspicions as to the nature of the disease, especially when accompanied by great throbbing of the vessels at the root of the neck. This fact had struck him many

years ago, and, upon entering a sick room and finding these coincident symptoms, he used to make a rough diagnosis of typhoid fever at once, without any further examination.

All these symptoms being as they were, it was determined to shape the treatment accordingly. Up to February 1st, the man had been taking $f\text{ } \frac{3}{4}$ ij of whiskey daily. This quantity was at once increased to $f\text{ } \frac{3}{4}$ v. Together with this, gtt. x of muriatic acid was given every four hours. The daily distributed dose of quinia was gr. x. The man's diet was very carefully regulated, consisting principally of beef-tea and milk. Diarrhœa was checked by opium suppositories. The patient was sponged morning and evening with tepid water.

Feb. 20th.—The man is now convalescent, having been carried through the attack by careful treatment. The albuminuria has disappeared.

SOME INTERESTING CASES OF TYPHOID FEVER, AND THEIR TREATMENT.

The following cases occurred among the sailors of the Russian steamers which were built and repaired during the summer and fall of 1878, on the Delaware river at Philadelphia:

Out of 550 sailors, 30 were attacked with different grades of typhoid fever. During the months of September, October, November and December, these cases were brought to the German Hospital. They were all seen by the attending physicians, Drs. Turnbull, Woodbury and Cohen.

With the assistance of Dr. Hermann and of the Russian physicians, it was determined to ascertain the cause of the outbreak. The majority of sick sailors came from one steamer, and as their drinking water was different from that of the officers, the first clue as to the cause of the disease was thus found. Examining into this, right in the immediate vicinity of this steamer a privy was found, a large part of the excrement from which found its way into the water from which the sailors drank. On the other steamers this state of things