

Student Nurses' Section

Case Study of Typhus Fever

By Nurse Manik Borde—By kind permission of Dr. F. N. A. Moos, M.D. (Lond.)

Kedarnath Behari, a Hindu, 35 years of age was admitted on 21st August, 1943 to the medical ward for the treatment of fever, which had persisted for eight days.

On examination, there was a patch of consolidation at the base of his left lung. His temperature was 101°F. Puls 132 and Respirations 50. There was a macular rash on his body, more marked on the upper extremities and trunk. The rash disappeared on pressure. The pupils were pin-point and there was marked congestion of the eyes. So a provisional diagnosis of Typhus was made. The rash became more prominent on the following two days and after that started fading till it completely disappeared on the 27th instant. On this day the congestion in the eyes also became less, though the pupils were still contracted.

On 22nd August, 1943, the temperature ranged between 102°F. to 103°F. The pulse was fair in volume and tension and his respiration 50. There was no cyanosis but his general condition was far from good. Plenty of fluids were given by mouth and the diet consisted of cold and strained milk feeds. The patient was sponged and mouth, back and pressure points were attended to regularly and as the bowels were not open a simple enema was given with a good result.

The total of W. B. C. was 9500, therefore the patient was treated with Tablet Cibazol 3 grammes per day and mist-pneumonia 31 was given. Glucose 25% 50 C.C.B.D. with citamide 2 C.C. was given intravenously. The patient was toxic and his teeth were septic; his tongue was moist but coated in the centre and he had incontinence of urine.

On 23rd August, 1943, the patient had a restless night because of pain all over his body. Mist-Triple draught was given. His maximum temperature was 101°F. Pulse 138. Respiration 48. An injection of Glucose 25 50 C.C. B.D. with citamide 2 C.C. was given intravenously. Plenty of fluids were given by mouth. The patient was still toxic and had incontinence of urine.

As the total of white blood corpuscles was 9500 on admission the patient was put on cibazol and received 3 grammes per day and a total of 27 grammes in all. After that cibazol was discontinued as the total of white blood corpuscles count fell to 7200 on the 27th.

On 25th August, 1943, the patient slept well but as he was still toxic, the same medicines and injections were given. His temperature was 100°F. Pulse 128. Respiration 38. As the bowels were not open, a simple enema was given with a good result. Since a provisional diagnosis of Typhus was made, the blood was sent to the Haffkine Institute for Weil-Felix and Widal reaction on the 25th.

The report from the Haffkine Institute on the 28th instant was as follows:—

Report on blood is given below:—

Date.	Blood Sent.	
25/8/43.	Widal	Weil-Felix.
	1/125 for "H"	1/250+ ; 1/500
		+
		— ; 1/1000+

"The titres for both Widal and Weil-Felix were positive and as both the Widal and Weil-Felix titres have risen, it is impossible to state from the agglutination reactions alone, whether Typhoid or Typhus is the principal infection. We would like to have your co-operation in the elimination of typhoid."

This could only be done by cultures of urine and faeces.

As there was elimination of Typhoid, the stool and a catheter sample of urine was sent to Haffkine Institute on 30-8-43 and the report stated that Typhoid was negative and Weil-Felix was positive.

On 28th August, 1943, the patient's maximum temperature was 100°F, pulse 120, respiration 40. Glucose 25 50 C.C. B.D. with citamide 2 C. C. was injected intravenously. His general condition was fair and milk diet was given. An injection of quinine grs. V with camphor in oil 1.c.c. was given intramuscularly. The treatment and medicines were the same, and as the bowels were not open a simple enema was given with a fair result. The rash had disappeared.

On 29th August, 1943, the patient had a slight temperature 99°F. Respiration 38. Glucose 25 50 C. C. B. D. was injected intravenously and an intramuscular injection of quinine grs. V with camphor in oil 1.c.c. was given. The milk diet was continued. The treatment and medicines were the same and the patient's condition had improved.

On 30th August, 1943, the temperature was normal, the pulse volume good and respiration easy. The temperature touched normal on the 17th day. An injection of glucose 25 50 C.C. with citamide 2 c.c. and Pulmotran 5 c.c. was given. The same medicines, treatment and diet were given. A simple enema was given with a good result and the patient's condition was much better.

On 1st September, 1943, the patient's condition was improving; temperature normal; pulse volume good and respiration easy. An injection of pulmotran 2 c.c. was given and milk diet continued. Mist-Expectorant with TR Belladonna Ms. X. T.D.S. was given otherwise the treatment was the same. The patient no longer complained of pain, passed urine normally and slept well, but his pupils were still contracted, although there was less congestion of the eyes.

On 2nd September, 1943, the patient's condition improved daily and his temperature, pulse and respiration were normal. He slept well and did not complain. An injection of pulmotran 2 c.c. was given and he sat up with a little difficulty with a back-rest. A milk diet was still given.

On 5th September, 1943, the improvement in the patient's condition continued and his temperature was normal for 7 days, but on 10-9-43 he began to get a pain in his chest, with a little rise of temperature and a few moist sounds were present in his lungs, for which he was treated; but all symptoms of typhus fever had left him.

BENGAL NURSING COUNCIL

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Will all registered nurses, midwives and health visitors kindly send the following information immediately :—

- (1) Enrolment number or numbers.
- (2) Present permanent address.
- (3) Present appointment or employment.
- (4) Whether married and if so give married name and state whether still practising or not.
- (5) Whether retired or still in practice.

Nurses, midwives and health visitors who have given no addresses and do not give the above information are liable to have their names erased from the registers.

Registrar, Bengal Nursing Council.