

TYPHUS FEVER AT BAR HARBOR.

The following is the report of the Secretary to the Board on a visit to Bar Harbor. The rarity of outbreaks of typhus fever in this country, particularly away from the chief immigration ports, and the failure to get any clue to the origin of the contagion, justified hesitation in calling the disease typhus fever.

On the morning of December 25, 1895, I arrived at Bar Harbor in answer to a telegram received from the local board of health the day before. I was met at the landing by the secretary of the local board of health and by Dr. Douglas, resident physician of the village.

I was then told that since September there had been an outbreak of a disease which, at first, was supposed to be typhoid fever but which, later, the attending physician had been suspicious that it might be typhus fever. The statements of Dr. Douglas, physician who has attended the cases, were to the following effect:

John Young, thirty-two or thirty-three years old, had been on Duck Island, four or five miles out to sea from Bar Harbor, all summer, lobstering, leaving the island at short intervals only, to dispose of his catch. He came home, September 8, sick. He was sick about five weeks with what was supposed to be typhoid fever. The attending physician ceased his visits October 26. No eruption was noticed by the physician during his attendance upon Mr. Young. For the full history of this case see "General Clinical History of the Cases."

Mr. Young lived at the village of Otter Creek, in the town of Eden, about five and a half miles from Bar Harbor.

SECOND CASE.

Josie Young, a little girl of six years, became sick November 6, about one week after her father's recovery. She died at the end of the eighth day. Upon the sacrum and ilia eighteen or twenty superficial sloughs, about an inch in diameter, (?) occurred on the third or fourth day. Some of these coalesced. The discharges from the sloughs were very offensive and the disagreeable-smell of the room was increased by the offensive breath of the patient. A few of these superficial sloughs of smaller size appeared upon the mammary region.

At the first visit, which was about twenty-four hours after the beginning of her sickness, she was found to have been delirious all night; the tongue was then swollen, and the patient was in

a stupor; took medicine mechanically. Two days after the first visit the tongue was black and dried; countenance expressionless, dusky red.

THIRD CASE.

Albert Young, thirteen years of age. Temperature 104 degrees for four or five days; then it declined to 101 for six days or so, and the attending physician believed him to be convalescent. Then one morning he was found delirious, picking at the bedclothes; recognized nobody. This case had the circumscribed sloughs upon the sacrum as in the second case. Death occurred on the fourteenth day.

FOURTH CASE.

Mrs. John Young, about thirty-two years of age. November 28 she complained of "sore in the ear" and earache. A mastitis was also present but, under treatment, no suppuration occurred. She was nursing an infant about one year old, but upon the advent of the sickness the child was weaned. The next day stupor; recognized no one from then until her death on the eleventh day. Near the last of the disease, two small ecchymotic spots appeared on the inside of the calves, about twice the size of the head of a pin. No other eruption noticed; might have been other spots but did not look for them.

FIFTH CASE.

The remaining four children, during the illness of Albert and the mother, and while the disease was supposed to be typhoid fever, were brought to the village and put under the care of a Mrs. Higgins.

Upon his departure, Frankie Young, ten years of age, kissed his brother Albert who was then sick and in a semi-coma. Eight days after kissing his brother and leaving him, he was attacked. The onset was sudden, flushed face, etc. The next day he was better; the next day after that, worse, with a temperature of 104. He was attacked December 12. December 22, in the evening, he was again better with a declining temperature, and at the time of my visit on the 25th, appeared to be in a fair way to recover. This was the only case sick at the time of my visit.

General Clinical History of the Cases.—In all of the cases the onset of the disease was sudden.

In all of the cases constipation instead of diarrhea.

In all of the cases abdomen flat; no tympanites; no tenderness or gurgling in the ilium.

In all of the cases discharges very dark brown or black; not yellowish in any of the cases.

In all of the cases rapidly supervening stupor and delirium. Face flushed, dusky red, although the complexion of all of the patients was very light in health and with face very freckled.

Countenance expressionless, like a lump of clay.

Tongue swollen and rapidly becoming dark; dry.

Temperature rising rapidly (second day) to 104 and in some of the cases to 105 in the axilla. The morning temperature in some of the cases was higher than the evening temperature. A higher evening temperature has not been characteristic of the cases.

Autopsy.—In the third case, about twelve hours after death the autopsy was held. The following conditions were noted:

Hypostatic congestion of the lungs; very dark.

The blood fluid, very dark.

Heart soft and flabby, yet would not tear.

Spleen moderately enlarged, dark in color.

Small intestines red; injected, but apparently no inflammation.

Large intestines pale.

In the lower part of the small intestines nothing characteristic; no ulceration, no inflammation, no swollen Peyer's patches or other glands.

In the pericardium one-half to one ounce of yellow, or straw-colored, thick, sticky liquid. No examination of brain or spinal cord was made.

The statements of Dr. Douglas in regard to the clinical history were corroborated by Dr. Morrison.

Dr. Averill of Bar Harbor assisted at the autopsy and upon submitting my notice of Dr. Douglas' statements to him, he said that they were correct with the exception that he thought that the time which had elapsed, after the death before the autopsy was made, was not so long as stated by Dr. Douglas, and he was not sure in regard to the quantity of fluid found in the pericardium; thought it might not have been an ounce or even one-half of an ounce, but he corroborated the statements as to its color and consistency.

Before the fifth case occurred, suspicions had been aroused as to whether the cases had been typhoid fever or not, and Frankie, upon the first indication of illness, was promptly removed to the isolation hospital, or pest-house, in "Witches' Hole." The house of Mr. Young, as it was of very little value, was burned to the ground for the purpose of disinfecting the premises, and furthermore, the local board of health appeared to be doing everything possible to save the public from danger.