

A CASE OF PSITTACOSIS.

BY

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ON first observation the case reported below suggested a typhoid group infection of about the third week. The period of fever lasted twenty-three days, and coma about three weeks. Treatment was symptomatic.

The fact that the patient was in close contact with his pet parrots for about a fortnight in a cabin 7 ft. by 6 ft. by 7 ft. suggests that he was infected by them. The birds were not caged, but were chained to a perch which consisted of a floor board, a vertical pole 12 in. long, and a horizontal perch of 9 in. This contrivance rested on the patient's tool chest, and when he had occasion to open the latter, the perch was placed on the floor. The patient cleansed the floor board, etc., every morning himself.

A. C., aged 53, ship's carpenter, ex s.s. *B*—, from Buenos Aires and Rosario, was admitted on December 9th, 1929, to the Port of London Hospital, Denton, Gravesend, as a suspected case of typhoid fever. The vessel had left Buenos Aires on November 9th after a visit to Rosario. The patient became ill on or about November 20th; he felt weak, and had to remain off duty for the remainder of the voyage. Subsequently he complained of shivering, sweating, diarrhoea, and some cough. His temperature ranged about 102° F., and when he was admitted to hospital he was still suffering from diarrhoea.

On admission he was almost comatose; he could be roused to answer questions, but would soon relapse into an apathetic state. He had a dry tongue and a foul mouth; there was fullness in the right iliac region, but very little general distension; the spleen was not palpable; there were no rose spots on his skin, and his body had no characteristic odour. His temperature was 100.4° F., his pulse was dicrotic, its rate being 108, and his respiration rate was 32. Some bronchitic sounds were heard over the bases of the lungs. Till he had been some days in hospital he could remember nothing of what had happened to him, and even then he had no memory of any events that had occurred after the first week of his illness.

For the first three days in hospital (December 9th to 11th) his evening temperature was 103° F., his morning temperature 100.4° to 101° F. On the fourth day his temperature began to fall by lysis, reaching normal on the seventh day (December 15th), and remaining normal thereafter. Enemata every other day produced light, semi-formed stools, and the distension disappeared. The tongue cleaned and the apathetic condition which had lasted throughout this period gradually passed off. There was general pleurisy affecting the left lung from December 13th to 16th. On December 14th the skin was clammy and there was general perspiration. The patient's mental condition was improving, but there was still some confusion in the evening. He had tremors of the hands and tongue.

His subsequent progress was satisfactory. On December 24th the heart muscle showed lack of tone; exercise tolerance 108-144, and after 2 minutes' rest, 108. There was slight oedema of feet, but no albuminuria. The patient said he felt perfectly well, but he still had tremors of the hands. He was discharged from hospital on January 1st, 1930.

Previous History.—The patient stated that he bought two small parrots at Buenos Aires and kept them on board in his cabin on a perch while the vessel proceeded to Rosario, and subsequently returned to Buenos Aires, before sailing for London. These birds were in his cabin for about a fortnight; he occupied the room alone. Parrot No. 1 became sick one to two days after the ship had left Buenos Aires for London; it was drowsy and off its feed, and the patient knocked it on the head and threw it overboard. Parrot No. 2 had diarrhoea a few days later; it was seen to fall off its perch, and was picked up dead and thrown over the side by the patient. The patient's illness began four to five days after the death of parrot No. 2.

Agglutination Reactions.—A specimen of blood sent to the bacteriological laboratory of the Seamen's Hospital, Greenwich, was reported to be negative to *B. typhosus*, paratyphoid A, paratyphoid B, *B. psittacosis*, and *B. Acettrycke*, in dilutions 1/10 to 1/640. These findings were confirmed by the Bacteriological Department of the Ministry of Health.

Remarks.

The diagnosis is somewhat obscure. Clinically the case suggested typhoid fever, but the symptoms were by no means typical, and the agglutination reactions were all negative. A specimen of faeces showed an excess of *B. pyocyaneus*, but no typhoid bacilli. Pneumococci were not discovered in the sputum.

On the other hand, it is known that at the time the s.s. *B*— was in Buenos Aires there were several outbreaks of psittacosis in the Argentine. The fact that there were no other cases of illness on board, and that the patient alone had any association with the sick parrots, strongly suggests that he derived his infection from them, though the diagnosis of psittacosis was not confirmed bacteriologically.

I am indebted to Dr. C. F. White, medical officer of health for the Port of London, for drawing my attention to the prevalence of psittacosis in the Argentine and to the close association of this patient with sick parrots.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN OBSCURE CASE OF INTERNAL
HAEMORRHAGE.

THE following case is interesting because it shows how much damage may result to a patient from an apparently trifling cause.

A patient of between 50 and 60 years of age came to me recently complaining of indigestion, a trouble from which she had suffered before, but never so persistently. There were no physical signs or other indications of organic trouble. She had not suffered from sickness or had increased discomfort after food. She looked an extremely healthy and well-nourished woman, and had no other ailments.

In the course of conversation it came to light that, about six weeks previously, she had been eating chicken curry, when she thought a piece of bone stuck in her throat. As this did not seem to move, her family advised her to see a doctor, but she refused, saying that she "hadn't troubled doctors in her life, and was not going to start now." After about three weeks she told her daughter that she thought the bone had gone and that she felt nothing of it.

The next event was the starting of indigestion some days before she came to see me. The patient did not associate her indigestion with the bone. In fact, it was more or less by a chance question that this part of the history was elicited. It was therefore by no means certain that the bone was at the root of the trouble, and I dismissed the patient with some general advice.

Later the same evening events took a serious turn, and what follows of the history is as it was told to me by the daughter. "At about 9 o'clock mother did not feel so well, and vomited about a teacupful of bright blood. We put her to bed, but she would not have a doctor. She had some sleep during the night and felt better next morning, deciding, however, that she would not get up till after lunch as she felt rather weak. I was with her till 10.30, and she was reading quite happily. At a quarter to 11 I returned, and was horrified to find mother sitting in bed with blood pouring from her mouth. I thought she was dead." When I arrived shortly afterwards she was dead.

At the post-mortem examination my partner and I found the colon and rectum full of dark-coloured blood. The small gut was empty, except for the last few inches of the ileum, which also contained blood. All the abdominal organs were bloodless. The stomach was very large, and also full of blood, but of a fresher nature than that found in the colon. In the anterior wall of the stomach, and protruding at each surface, was a small but exceedingly sharp piece of copper turning, barely a quarter of an inch in length, and bent on itself. In its passage through the stomach wall it had transixed a large vessel, and there is, I think, no doubt that this had caused the initial bleeding. In the oesophagus were three small ulcers at the level of the bifurcation of the trachea. One of them was found to communicate with the aorta. The sudden perforation of this ulcer, the largest of the three, and measuring half an inch across, had no doubt been the cause of almost instantaneous death. One imagines that the small ulcers were caused by the copper turning when it—and not, as the patient had thought, a bone—became embedded in the oesophagus, and the ulceration started in this situation continued after the copper had passed further down.

It seemed extraordinary that a piece of metal so small could do so much damage, and after doing its worst in the oesophagus should descend and pierce an important vessel in the stomach, when, considering the amount of stomach wall free from large vessels, the chances against its doing damage must have been very great indeed.

The next question is, What was the nature of the offending metal? It struck us at once that it was a fragment from one of those sponge-like saucepan cleaners which are made from brass or copper turnings, woven into a ball.