

Chaillé (S. E.)

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Or "YELLOW JAUNDICE"

IN

NEW ORLEANS IN 1882.

Disputed Case of Louis (or Ludwig) Deschler.

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Yellow Fever, or "Yellow Jaundice" in New Orleans in 1882. Disputed Case of Louis (or Ludwig) Deschler.

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Louisiana has only two officers whose duty it is to study and to teach pathological anatomy. These are the accomplished microscopist, Dr. H. D. Schmidt of our Charity Hospital, and myself. The official report of the former, upon the post-mortem examination of Deschler, was published in the August No. of the New Orleans MEDICAL AND SURGICAL JOURNAL, and as I also, witnessed the same post-mortem, I shall now contribute, as a pathological anatomist, the facts observed and the views entertained by me.

This contribution is prompted by the following facts: Dr. Jones, President State Board of Health, who, like Dr. Schmidt and myself witnessed only the post-mortem, assigns or suggests four causes for the death, viz: Alcoholism, Bright's disease, Jaundice and Malarial Fever.* Dr. Chas. E. Schuppert, a graduate of 1879, who examined the patient very casually on July 12th, the first day of his last sickness, and more carefully, but, as there is good reason to believe, without taking the pulse or temperature, in a dark room, and for the second and last time on the 13th, diagnosed gastro-duodenitis and jaundice.†

*See Aug. No. N. O. Medical and Surgical Journal, pp. 154-5. Wherein will also be found the decisive report of Dr. Miles, House Surgeon of the Charity Hospital.

†See N. O. Picayune of July 19th, 1882.

Farther, the proceedings of the State Board of Health, as published in the *Times-Democrat* of July 21st, reported that one member denounced the National Board of Health as follows: "The appalling spectre of *yellow jaundice*, if not of yellow fever, had to be thrown upon the Congressional camera. If that did not accomplish the object, the only hope left would be a recurrence of a Plaquemines rice fever epidemic." And, finally, the *Picayune*, abetted by the local press generally, very broadly intimated, that Drs. Jones and Schuppert, alone of the eleven physicians who examined the case alive or dead, understood their business, in as much as it was "a pronounced case of alcoholism and jaundice" and that the rumors that it was yellow fever were "unfounded."*

It is worthy the consideration of the medical profession, whether the rumors originating from the conscientious opinions of all of the eleven physicians, except Drs. Jones and Schuppert, were in truth unfounded. It should not be forgotten that among the nine, who differed from these two, there were five State officers, namely, the House Surgeon, Assistant House Surgeon, Pathological Anatomist, physician attending the Ward and the Chairman of the Board of Administrators of the Charity Hospital. With these officers the representative of the National Board of Health concurred to the extent, that the post-mortem gave "strong though not conclusive evidences of yellow fever." However, before the corpse was seen, from which this opinion was derived, four of these State officers had already diagnosed yellow fever. It should also be remembered, that out of the eleven physicians, four of them, in addition to Dr. Schuppert, saw the man alive either on the 16th or 17th, or on both of these two last days of his sickness; † that these four (one being a graduate of 1880) concurred in the diagnosis of yellow fever; and that, as is well

*See *Picayune* of July 19th, 1882.

†Louis Deschler 31 years of age, an Alsatian by birth, and a brewer by trade, was admitted into the Charity Hospital at 9 A. M., Sunday July 16th, died Monday 12:30 P. M. and the post-mortem was made about 3:15 P. M. the same day. It was during this time that all of the eleven physicians, except Dr. Schuppert, saw the case. Therefore, of the total ten physicians who saw Deschler alive or dead on the two last decisive days, all except Dr. Jones, President of the State Board, believed the death due to yellow fever.

known to all, the diagnostic evidences of this disease are far more decisive on the two last than on the two first days of its existence. All yellow fever experts are familiar with the great frequency of such occurrences as the very recent one, where Johannes Stroh, who died August 1st, of unquestionable yellow fever, as unanimously declared by eight physicians (three of them being members of the State Board), was not even suspected by his attending physician with having this disease until the very morning of the day of Stroh's death, although he had been visited by his physician July 30 and 31st, as well as on August 1st.

On the one hand, there were, as already stated, nine physicians who believed that Deschler died of yellow fever, and on the other hand, there were two who suggested five other causes, namely: alcoholism, Bright's disease, malarial fever, (of course, hæmorrhagic malarial fever), jaundice and gastro-duodenitis.

Was Deschler's death due to any one or to a complication of several or of all of these five causes?

He was represented by many to have been an habitual and excessive drinker, and especially, of beer, as he was a brewer, but some few of those, who knew him well, averred that he was a very moderate drinker of beer. All the evidence, I have obtained, is to the effect that he was a most excellent and desirable workman, which is inconsistent with excessive intemperance. In any case, his liver was as smooth as an egg, entirely free from granulations, hobnail tuberosities, cirrhosis and any evidence of the increased fibroid tissue so characteristic of alcoholism. He died on the sixth day of his sickness, with a temperature of 109° F. and without symptoms of delirium-tremens, the only result of alcoholism which kills so quickly. The frequency with which yellow fever attacks the intemperate is well known.

Did Deschler die of Bright's disease? I examined the kidneys macroscopically only, and found them large, as usual in yellow fever, from blood engorgement, but their structure appeared so normal that my suspicion of Bright's disease was not even aroused. There was no dropsy or even œdema, nor has any evidence been given of albuminuria and of uræ-

mia, prior to his admission, on the 16th, to the Charity Hospital.

Yellow fever is often attended, as in this case, with forty-eight hours suppression, the passage of a few ounces of highly colored urine, loaded from one-third to one-half with albumen, uræmia, high temperature and death; if Bright's disease ever thus kills I have never seen it. So far as the microscopic examination of the kidneys is concerned, Dr. Schmidt, who made it with great care, states as follows: "The kidneys at the death of the patient, were in the initial stage of degeneration, such as I have described in my treatise on Yellow Fever." "The declaration that Deschler died from Bright's disease, yet with an intensely congested brain, absence of dropsy, etc., appears to me not only unscientific but preposterous. Bright's disease is, as everybody knows, a chronic affection, in which the brain towards the close (death) is anæmic and œdematous."

Did Deschler die of hemorrhagic malarial fever? The liver as well as the spleen were free from the characteristic pigmentary deposits and the spleen was firm, normal in appearance and small in size for a man so large and robust.

In April, 1879, when fresh from the study of the epidemic of 1878, Dr. Jones, Professor of Chemistry and now President State Board, presented, in the Proceedings of the Louisiana State Medical Society, his "general conclusions as to the nature of yellow fever, which I (Dr. J.) have drawn from my original investigations during the past twenty-three years." Concerning the liver and spleen he states, p. 159, the following well known facts, confirmatory of my experience since 1851 and also of everybody's recorded evidence. "In malarial fever, both these organs are loaded with the altered blood corpuscles and with the pigment granules resulting from the alterations of the colored corpuscles, whilst neither the spleen nor the liver in yellow fever afford any evidence of alterations of the colored blood corpuscles." He describes the yellow fever spleen, "as a general rule but slightly enlarged. In many cases normal in size and appearance." On the other hand, the malarial spleen is described as "enlarged, softened" and "in many cases the spleen is so soft that it ruptures when the attempt is made to remove it from the cavity."

In addition to the significant facts stated concerning the spleen and liver, it is equally as significant, that while there were extravasations of blood from the gums and stomach, there was no blood in the urine. The hæmaturia, so frequent in hemorrhagic malarial fever and so important in the differential diagnosis, was entirely wanting.

Did Deschler die of gastro-duodenitis and jaundice resulting therefrom? Gastro-duodenitis does not destroy life in less than six days, with hemorrhagic lesions, suppression of urine, albuminuria, uræmia, and a temperature of 109° F. The jaundice, which frequently results from gastro-duodenitis, is due to biliary obstruction, which, according to my own experience and to all authorities, always produces discoloration of the liver-tissue with bile pigments. The liver-tissue was as entirely free from bile pigments as from the slate colored deposits of malarial fever. Further, in jaundice from obstruction, the gall bladder is habitually distended with bile, but, in this case the gall bladder, while not empty, was flaccid.

If the jaundice was not due, as it certainly was not, to obstruction, whether by gastro-duodenitis or by cirrhosis or by any other cause, then, to what was it due? Frerichs, Murchison and all authorities agree that, when jaundice is not caused by biliary obstruction, it is due generally to morbid changes of the blood, such as dissolution of its red corpuscles, and that these changes result from specific poisons, especially from specific fevers and more especially from yellow fever. Jaundice may occur in malarial fever, but I have yet to learn that malarial fever with jaundice ever destroys life and yet fails totally to discolor the liver, either with biliary or malarial pigment. I have never either seen or read of any such case, and Dr. Jones' "original investigations" to 1879 justify the presumption, that he never had. On the other hand, uncomplicated yellow fever does present livers free from these discolorations. It also deserves notice, that of the various diseases (other than yellow fever) which produce jaundice independent of biliary obstruction, notable hepatic lesions, not present in this case, occur, such as atrophy, softening, etc.

Although no one of the five causes suggested suffices alone to account for the death, yet it deserves consideration, whether a combination of these causes might not suffice. The evidence on this view will be adequately completed, it is believed, in now considering whether Deschler died of yellow fever.

The integument struck me as of an intenser and brighter yellow than usual in yellow fever. However, La Roche correctly teaches that the shade of yellow, in different persons and in different epidemics, varies greatly. Dr. Jones reports, in this case, that the "exterior, [was] *golden* colored." On p. 151 of his "original investigations" he states, as to the exterior, that the "skin of face and upper portions of trunk [are] of a *golden yellow* color." Many authors use, in their descriptions, the same words. Dr. Jones also reports, that there was "no marked mottling of the dependent portions" of Deschler's body; in truth, the mottling was well marked to others, but not as excessive as usual, which was not surprising, since the body was examined with unusual promptness, that is, within three hours after death, on a cool pleasant day, when the maximum temperature was 28° and the minimum 76 5°.

The eyes of the corpse were jaundiced, and failed as usual to present the marked capillary injection testified to as existing in life. The tongue had a raw, glazed look at its tip and edges, confirming the evidence that it had presented, in life, the appearance usual in yellow fever.

The gums after death were not red and spongy in Deschler's case, nor in the two undisputed cases, thus far in 1882, of either Forbes or Stroh,* nor usually after death, but there was evidence of hemorrhage from the gums, which in life were said to have been swollen, red and bleeding.

The mucous membrane of the stomach and the omentum were much injected from blood-engorgement. The few ounces of neutral fluid in the stomach had a dark purplish color, the latter hue being undoubtedly due to blood. It also contained some bile, inappreciable to the eye, but giving a green reaction with nitric acid. La Roche calls attention to such discolored

* Forbes, an imported and the first case, died June 26th, Deschler July, 17th and Stroh August 1st, 1882.

fluids, as having been frequently observed as precursors of veritable black vomit, which this fluid certainly was not. Bile, but usually in abundance, characterizes the vomit of hemorrhagic malarial fever; on the other hand, Dr. Jones is not alone in stating that bile is not always but "*almost* always absent from the black vomit of yellow fever" (p. 156, Op. cit.).

The heart, kidneys, bladder and brain presented ecchymotic spots or patches. These ecchymoses, with the extravasations of blood from the gums and stomach, and with the high temperature, which exceeded in the liver 107° three hours after death, stamp the disease as, beyond all question, a hemorrhagic fever.

There was a very little urine in the dead bladder. Nitric acid and heat coagulated fully one-half of it. As is not infrequent in yellow fever, and as is more frequent in bilious malarial fever, it contained some bile. Dr. Layton and myself both observed several broken granular casts, but neither in the casts, nor in the fluid, were there any blood corpuscles. However, on p. 142 of the publication already cited, Dr. Jones, differentiating hemorrhagic malarial from yellow fever, taught, that, "as a general rule, albumen is absent from the urine in malarial fever, and when present, as in malarial hæmaturia, it is accompanied with blood corpuscles and with casts of the tubuli uriniferi containing blood corpuscles." (See also p. 161.)

While the spleen did contra-indicate malarial fever, it did not contra-indicate yellow fever. While the liver contra-indicated malarial fever, alcoholism and jaundice by obstruction, it did not contra-indicate yellow fever. It was large, from blood engorgement, and of normal color, except that there were a few small yellowish patches by the side of the broad ligament. Had the entire liver been of the color of these patches, it would have been describable as the characteristic *café au lait* liver of Louis. Under the microscope the liver cells, in the sections of the small portion of the liver examined by me, were well dotted with minute fatty granules, but did not present the appearance, frequent in yellow fever, of gross fatty infil-

tration.† I have preserved specimens of the liver, of the urine and of the stomach-fluid for the examination of experts.

The very important fact remains to be stated, that Deschler's three most intimate friends, Georger, Stefan and Betzer,† fellow-countrymen who knew him, the first in Alsace and the three since his arrival in New Orleans, all testify positively that he was not acclimated and did not have yellow fever in 1878. His special friend Georger, a native and resident of the same village, came to New Orleans in the same steamship with Deschler, in October, 1872.

As to the cause of death, the following pregnant facts seem certain: Deschler was unacclimated; he did not cease work until he was found sick on Wednesday morning, July 12th., and he died a little after mid-day on the following Monday, July 17th; he had evidences of jaundice on the second day of his sickness as testified by Drs. Schuppert and Fisher (the latter saw him only for a moment accidentally) and Mr. Maus, foreman of the brewery;‡ he suffered with great epigastric tenderness; he had a hemorrhagic fever of some kind; his eyes were injected; his tongue was red at its tip and edges; his gums were injected, swollen and hemorrhagic; his omentum and stomach were gorged with blood, and the latter contained after death a bloody fluid; ecchymoses were found upon or within his heart, kidneys, bladder and brain; there was suppression of urine for forty-eight hours, and the little urine finally secreted was highly albuminous; he died with symptoms of uræmic poisoning, and with a sudden rise of temperature from 105° at 9:30, A.M., to 109° at 12:30, P.M., when he died.

The usual significance of these symptoms and lesions is well known. It is also well known, that such high temperatures occur in few diseases; that a sudden rise of temperature before

*Dr. Schmidt, whose authority in microscopy I defer to, and who examined the liver more thoroughly than I did, states: "While the organ still showed, in some places, the traces of portal congestion, it presented, in others, the characteristic appearance of commencing fatty infiltration."

†The first now at Weckerling's and the last two at Auer's Brewery.

‡Out of 385 cases recorded by Blair, eight were jaundice on the first day, sixteen on the second, etc. See La Roche on Yellow Fever, p. 231, vol. I.

death, always remarkable, occurs in still fewer diseases, but not in any of the five suggested diseases; and that both peculiarities have been long recognized, the former as a frequent, and the latter as an occasional characteristic of fatal yellow fever. Dr. Jones, on pp. 139, 140, 145, etc., of his "original investigations" calls special attention to this symptom as one of those differentiating malarial from yellow fever. He records one case, where, as in this case, the temperature, before death, suddenly ascended to "109° on 6th day." He teaches, that in malarial fever, the temperature does not exceed 107.5° and that this occurs only during the paroxysm. Wunderlich's high authority is that in malarial diseases the thermometer is "only exceptionally a *little* higher than 106.7°," and in his work of 1868 he called attention to the sudden rise in fatal cases of yellow fever.

These facts can leave little doubt, in the mind of any unprejudiced physician, that Deschler died of yellow fever. Neither jaundice, nor gastro-duodenitis nor alcoholism, nor albuminuria, nor malarial fever present the symptoms and lesions seen in his case, and there is little reason to believe that any combination of these diseases could produce the symptoms and lesions observed on July 16th and 17th. However, there is no incompatibility between yellow fever and any of these diseases, so that, even if it could be proved that jaundice, or any one or more of the five causes had existed prior even to August 12th, it could not be denied that yellow fever might, none the less, have been, and most probably was, the immediate cause of death.

Whatever some doctors, the newspapers, the public and politicians might report, I have had perfect confidence that the vast majority of the medical profession would, when all the facts were known, unhesitatingly decide, that the representative of the National Board was thoroughly justifiable in declaring that the post-mortem gave strong evidence of yellow fever, confirmatory of the diagnosis made by all four of the physicians who last saw Deschler alive.

The only fear felt has been, that many physicians might be surprised that the post-mortem evidence was not considered

“conclusive.” The reasons were as follows: All the facts now stated were not known on the night of July 17th, when this opinion was formed. The pathological anatomy of yellow fever still lacks pathognomonic lesions, and the cases are certainly very few where, when the disease is not prevailing, the pathological anatomist, without recourse to the clinical history, could pronounce the lesions conclusive. In this case, two of the most important lesions, the gastric and hepatic, though compatible with yellow fever, were none the less, not decisively characteristic. While these facts justified a guarded opinion, they were insufficient to prevent the case from being considered a very suspicious one, as it *officially* became, and from necessitating all sanitary precautions, justified in undoubted yellow fever.

It deserves the consideration of those who believe, as I do, that yellow fever is communicable, that Deschler's case could not be traced to any such source and that no evil results have apparently followed, within the three weeks which have now elapsed since his death.* To this objection to the diagnosis of yellow fever, the only answer is, that the sporadic, untraceable and fruitless cases of yellow fever have, at all times and in all places, proved, heretofore, more numerous even than those which could be traced to a communicable source. Hence, many wise and experienced physicians still insist that yellow fever is not communicable. However, trichinosis, helminthiasis of all kinds, diphtheria, typhoid fever and cholera are all communicable diseases, as, in intenser degree, are gonorrhœa, measles, scarlet fever and small pox, yet, no one now doubts the communicability of any of these, because he may find it impossible to trace to their source many cases of even the four last named diseases, which all admit are communicable in far higher degree than yellow fever is believed to be. In any case, no true lover of science will permit the full and faithful record of facts to be prejudiced by any theory whatever.

*Duchler lived and apparently contracted his diseases some three miles distant from the first imported case, (Forbes) and also from the first undisputed local case (Stroh).

In concluding this report of Deschler's case, I fully concur in the conclusion of the Hospital Pathologist, Dr. Schmidt, and testify, as a Prof. of Pathological Anatomy, that, while I cannot declare it *impossible* that Deschler may not have died from a combination of causes exclusive of yellow fever, I have, none the less, often seen such lesions in this disease, but never in any other disease or combination of diseases.

It is worth nothing, that this case has secured a record in the U. S. House of Representatives. Our newspapers of August 5th reported that on the 4th the Hon. S. S. Cox, of New York, "referred to an article in a New Orleans paper, to show that the National Board of Health had attempted to get up a yellow fever excitement over a case, which afterwards turned out to be a *case of jaundice*, and said that it was by such means that the Board sought to perpetuate its salaries and its inutility." How much more monstrous the misrepresentation might have been, if the representative of the National Board had not had the evidence and the concurring opinion of five State officers and of three other physicians, can be readily imagined. It is plain, that whoever would testify to an unwelcome truth must risk the insult of having even the honesty of his intention questioned.

ADDENDA.

The following additional facts deserve record. The very first information given the representative of the National Board was received a little before 3, P. M., Monday, July 17th, in the following letter:

"CHARITY HOSPITAL, July 17th, 1882.

Dr. S. E. CHAILLÉ, Supvg. Insp. N. B. H.:

Dear Dr.—A case of *yellow fever* died in Ward 24 this evening at one o'clock. [This was subsequently corrected to half past 12 o'clock.] We will give you the history of the case. The body lies exposed for your examination at any time this evening.

Very respectfully,

A. B. MILES, M. D., House Surgeon.

Not only is this official notification from a State officer silent about "jaundice," but, the certificate of death, the registers of the Charity Hospital and of the Board of Health, all controlled

exclusively by State Officers, fail to say a word about "yellow jaundice," since they all unite in the same decisive official record that the case was "*yellow fever*." It is thus manifest that, if a case of "yellow jaundice" was manufactured into a case of "yellow fever," this great scientific feat was effected earlier and more decisively by the State officers of the Charity Hospital, than by the representative of the National Board. If this feat was reversed, it has been made sufficiently clear who did it.

In addition, the Chairman of the Board of Administrators of the Charity Hospital, a distinguished graduate (D. M. P.) of Paris, and a native resident of this city, highly esteemed by all in and out of his profession, has written, in vindication of the truth, as follows:

"NEW ORLEANS, August 8th, 1882.

I witnessed Deschler's post mortem and Prof. Chaillé's microscopic and chemical examinations of the liver, urine and gastric fluid; and, I fully concur in his statements of the evidences thereof and of the conclusions therefrom, as presented in his paper, read August 5th, before the New Orleans Medical and Surgical Association.

THOMAS LAYTON, M. D."

Children are taught to "tell the truth and shame the devil," but experience brings at last the conviction, that one may do the former, as I have done, without accomplishing the latter. Hence, an experienced medical professor may be pardoned for warning his medical students at least, that truth has ceased, with the adults of this country, to prove a specific for bringing to shame the devils of ignorance, prejudice, self-interest and dishonesty.

Since correcting proof of the above, Dr. Chas. E. Schuppert has made the following statements. Several of Dechler's acquaintances say, that, before July 12th, he had been "treated for disease of the kidneys," that his "skin and eyes looked jaundiced" and that he had a spree on the 11th. Dr. Schuppert says, that he "noticed a pale yellow cast of his skin and conjunctival" on 12th, that on 13th he observed "some œdema" on his legs and "signs of an old ulcer" also "some febrile action," and that he saw him a third and last time on the 14th, "when there was no material change in his condition."

