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CAN CARBOLIC ACID CUT SHORT
ENTERIC FEVER?

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(A paper read at the regular meeting of the Ottawa Medico-Chirurgical Society, Dec. 14, 1888.)

THE pathological lesion and clinical manifestations of enteric fever all point to the fact now generally accepted, that the poison on which this special fever is dependent is a specific one brought about by certain putrefactive changes, and that it enters the body from without, usually through the ingesta. What the precise nature of this poison is we are not at the present moment fully aware; we cannot separate it and so establish it from among its congeners; but of this much we are reasonably certain, that when once it enters the body and takes hold, it sets up by multiplication, and by special affinities, well-marked tissue changes and pyrexia, running a fairly definite course of, say, thirty days.

So far as my experience has led me, I am not aware that the length of the disease in any given case can be shortened. Various means have been tried time and again, but if in a very early stage we succeed in arresting a fever, the question naturally arises: Were we treating a typhoid case at all? Time, the element necessary to prove our case, is wanting, and we are left in the dark. Is it, therefore, that we do not see our cases at a sufficiently early stage,

that our hands are so tied? Is it because as yet we have not the correct antidote; or, having it, do not know how to use it? I don't know. Perhaps many elements combine to tie our hands, and I am of opinion that any fact in this connection is worth recording. It is on this ground that I take the liberty of presenting you with a simple case that recently has come under my observation, and which I would not dare to read to this enlightened Association on any other pretext. I have long felt that if any remedy was calculated to cut enteric fever short, or be a powerful weapon in our hands against its inroads, that remedy was carbolic acid—the great anti-putrescent. If we could bring it into contact with this poison, eminently the result of putrefaction, analogy teaches us that we might annihilate it, and so nip it in the bud.

I have used it time and time again in enteric fever, especially of late years, but my anticipations have proverbially been disappointed. I have used it in all classes of cases—mild, severe, in young and old, in males and females—and I cannot honestly say I have cut enteric fever short with it by even a single day. At times it has seemed to modify the case, and mollify the symptoms, and I have rested satisfied. On other occasions I have had to discontinue it from a variety of causes, chiefly on account of its nauseating taste, which is so difficult to mask. At other times it has seemed to increase the headache so prominent in the first week. Again, it appeared to depress the heart. I found, however, that the rule was, younger persons were more amenable to its use than older.