

## Selections.

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### Typhoid Fever as a Systemic Disease of Manifold Manifestations.

It has become so common to regard typhoid fever as a local affection the lesions of which are situated in the lower part of the small and the beginning of the large intestine, that the essentially systemic character of the disease has been more or less lost sight of. Of course, it is clearly understood that the absorption of toxins from the typhoid ulcers in the bowel gives rise to very prominent constitutional symptoms, while the occurrence of spots on the skin shows a cutaneous attempt at one stage of the disease at least to eliminate certain toxic substances, biological or chemical in nature, from the circulation.

Most of the pharmaceutic schemes of treatment planned for typhoid fever, however, are limited to the use of drugs that act upon the intestinal tract. Intestinal antiseptics has been a favorite catchword of the ambitious therapist in many diseases beside typhoid. Though each new attempt to create this condition has proved as ineffectual as the last, further therapeutic claims in this line gain a ready hearing if they but seem to be bolstered up by a pretended successful clinical experience. Of late years, however, we have come more and more to the realization that typhoid fever is as characteristically a constitutional disease as measles or scarlet fever. The main lesions in both of the latter diseases are situated in the upper air passages, but we by no means consider that the angina of scarlatina or the severe coryza in measles constitutes the essence of either disease or furnishes the only indications for treatment. Prof. Chiari's work at Prague has shown that typhoid not infrequently limits itself to the bile passages, and this notwithstanding all that we have recently learned about the bactericidal power of bile. Osler's work in this country, besides confirming Chiari's observations as to typhoid localization in the bile passages, has served to show that, exceptionally at least, the lesions of typhoid fever are limited to other localizations—the spleen, for example. Certain French clinicians claim to have observed typhoid fever of the meninges, or a febrile disease in which the only possible cause discoverable was the presence of Eberth's or Jaffky's bacillus on these membranes.

Even where the lesions of typhoid fever are limited to the digestive tract we are gradually being brought to realize that