

mous terms, it will be allowed, I think, that few more important questions arise to the practitioner than that so decidedly answered by Dr. Latham. After watching through the long and anxious course of the disease, when we see our patient emaciated, weak, and exhausted—when we hear him begging for food, and we long to pour in the supplies for his renovation,—it would indeed be a comfort, instead of cautiously and anxiously weighing symptoms and indications not to be invariably even collectively trusted, to have a definite rule for our guidance, and to settle the question by the infallible degrees on a scale. I shall endeavour, therefore, in reply to Dr. Latham's request, to show how my case reported, and my experience generally, affect his rule.

First, with regard to the case reported, it was singularly free from any characteristic features of typhoid both in history and progress. The patient ascribed his illness to a chill from having been exposed whilst very wet; then he had a severe cold, but continued at his work for eight days. On his admission he appeared to be suffering rather from a febrile condition than from specific disease. There was no diarrhoea throughout, no spots, no abdominal tenderness, no great prostration, nor delirium; pulse and temperature up to the day before his death very moderate—the former not exceeding 100, the latter 100.7°. On the fourth day after admission his evening temperature was 99.6°, on the fifth 99.2°, on the sixth 99°; at the same time he was asking for food and begging to be allowed to leave his bed, feeling so well that, as he said, there was nothing the matter with him; yet three days afterwards, on his admission, he was seized with pain and collapse, and died with peritonitis from perforating ulcers. In this case, though it might, I think, be a question whether a temperature so close to 99° for three evenings is not as fair an indication as one of 99° for two evenings, still, in strict precision, Dr. Latham's rule, it may be argued, held good, and the boy's temperature may be said to have been .2° over the 99° because the ulcers were yet unhealed.

As to my experience on this question generally, I have quoted from a number of records a few which bear immediately upon it, taking of course only such as would appear to negative the rule; and my sense of the importance of the question must be my apology if I do so somewhat fully.

Case 1.—T. C.—, a boy aged fourteen, admitted on the 18th of April with well-marked typhoid fever. On the 19th his evening temperature was 105°; so also on the 28th. On May 2nd it fell to 100°, and remained between 100° and 98° to the 13th. Then, on the 14th, 15th, 16th, and 17th, it ranged between 97° and 98°. On the 17th he was allowed a little fowl. On the 18th his temperature had risen to 99°, on the 20th to 100°, and the fowl was at once discontinued; but the rise went on to the 22nd, when it reached 103.6°. From this point it gradually went down to 99° on the 31st, and remained between 98° and 99° on the 1st, 2nd, and 3rd of June. It then rapidly rose again to 101° on the 4th, owing, as I afterwards

found, to his eating something surreptitiously introduced by the friends who visited him. On the 7th it dropped again to 98°, and he steadily improved. It will be thus seen that on two occasions his temperature rose, and with the rise all the symptoms were aggravated, in consequence of taking solid food, though the temperature night and morning had been in the first instance for five and in the second for three days below 99°.

Case 2.—S. P.—, a girl eighteen years of age, had marked typhoid, with an unusual quantity and succession of spots. Her temperature rose from 100° when first seen, to 105°. On the eighteenth day it fell to 99.6°, rising at night to 100°. On the nineteenth, twentieth, and twenty-first days it remained between 98° and 99°, and she seemed convalescing rapidly. On the twenty-second day, however, in the evening it rose to 104°, and remained between that point and 102° for five days, when it again fell to the normal degree.

Case 3.—W. H.—, a boy aged thirteen, had marked typhoid, with a temperature ranging for seven days up to 104°. On the twenty-eighth day it fell to 98°. On the thirtieth and thirty-first days it was 98° in the morning and 99° in the evening. On the thirty-second day it was 98° morning and evening. On the thirty-third day it was 97.4° in the morning and 98° in the evening. He had some fowl, and on the thirty-fourth day his temperature rose, and he had melæna.

Case 4.—J. H.—, On the seventh day the temperature reached 105.6°. On the tenth day it was 106°. On the nineteenth day it had fallen to 100°. On the thirty-fifth day it was 99°. On the thirty-sixth day, morning and evening, it was 98°; and on the thirty-seventh day it fell to 97.6°. An attack of melæna now occurred, and it rose at once to 103°. In five days it again fell to 97.4°, and for five days ranged between 97.4° and 98.4°. Then melæna set in again for four days, with sudden rise to over 100°.

Case 5.—E. S.—, a girl of nineteen, had marked typhoid with spots. On the twentieth day the temperature had risen to 105°. On the twenty-second day she passed blood in her motions, which throughout were very frequent. On the twenty-seventh day the temperature had fallen to 99° in the morning and 100° in the evening. For the next six days it remained below 99°; in fact, for the last three days it never exceeded 98°. It then rose again, ranging between 99° and 103° for nine days, when for two successive evenings it stood at 98.6°; yet two days afterwards she died.

I could easily supplement these cases, but, unless they be taken as "the exceptions that prove the rule," they must be quite sufficient. In any case they show that an evening temperature of below 99° for two, or even three, or even five consecutive evenings is no trustworthy indication that real convalescence has taken place, or that the ulcers are so far healed that there is no danger of recurrent melæna, or that we may in confidence and with safety give solid food.

It would indeed be a great boon to us if such

a rule could be established, though to be of any use as a guide it must be infallible, or it would be obviously pernicious in the extreme. But I can hardly see how we can hope in these cases to be able ever to lay down a fixed rule when all we are dealing with is so variable—the phases of the disease itself, the different idiosyncrasies of patients, and the consequent varieties of ways in which they are secondarily affected by the morbid poison.

It may be true, and would, I believe, be an excellent caution if it were made a rule, that solid food should never be given until the patient's temperature has been normal for two days; though for myself, regarding the immense importance of the point, I would rather let him starve on for three or four more than run the least risk of the grave consequences I have seen follow too great haste in the matter. But to the converse—the rule laid down by Dr. Latham—I far prefer as my guide the experienced judgment which takes in all points, the state of tongue, of skin, of pulse, of bowels, and, perhaps more than either, the general aspect of the patient, as well as the temperature, remembering that two or three days' delay can do no great harm, while a few hours' precipitation may prolong the disease for days, or cost the patient his life.

## SHORT NOTES.

### NEW MEANS OF DILATATION IN STRICTURE OF THE URETHRA.

It simply consists in the employment of a column of liquid about twenty metres high, established by means of a siphon, and containing a pound and a half of water (boiled at 25° or 27° C.), and suspended above the patient's bed. An india-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glass, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local antiphlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies.—*Mouvements Medicals*.

### CARBOLIC ACID AS A PREVENTIVE OF HYDROPHOBIA.

Dr. Lallier, of St. Louis Hospital, Paris, recommends the internal use of carbolic acid as a specific remedy in all virulent affections. He thinks that, administered in doses of from seven to fifteen grains, it destroys the virulent principle. Milk of almonds and an oily laxative mixture should be administered in case of toxic effects from an overdose.