

watched, and the strength carefully husbanded. At the risk of incurring repetition and prolixity, I recapitulate the essentials of treatment: Physical rest of body, thereby preventing friction and injury of the inflamed and exquisitely tender surfaces. Quiet and rest of peristaltic action of the bowels, which can only be brought about and induced by opium or its derivatives. Some one has well named opium the "splint of the bowels," and such benificent action is, I apprehend, the chief indication it fulfils when given in sufficient doses in peritonitis—subversing the same purpose as a splint applied to a fractured bone.

In addition, by allaying the general irritability of the system and easing the suffering (for intense pain is a terrible depressant and sometimes kills), the patient is put in the best possible condition to allow nature to remove the results of the inflammation and to promote recovery. "Repair is but the repetition of growth. The same elements, the same kindred conditions, are necessary to the same results. Rest is the necessary antecedent to the healthy accomplishment of both repair and growth. This surely is the natural suggestion of a means towards an end which should never be lost sight of by the physician and surgeon."*

By following the line of treatment laid down, I have had good results in treating acute idiopathic peritonitis, and it has not been nearly so fatal as is generally the case when treated by other methods, but it is a *sine qua non* that the opium be pushed with an heroic hand that almost partakes of fearlessness, until a state of narcotism is produced that keeps the patient dozing and free from suffering. This is the critical point at which, in my experience, some physicians falter and fail, their prudence being more conspicuous than their courage. What is wanted is happy combination of both qualities, which will measure it not by the quantity given, but the effect produced, remembering that hesitation may mean death to the sufferer, and that "obstinacy in a bad cause is but constancy in a good one." †

In cases of *bronchitis in children*, tending to spread downward and become capillary, Prof. Da Costa recommends the administration of iodide of potassium.

* Hilton, "Rest and Pain." † Religio Medici.

THE ABORTIVE FORMS OF TYPHOID FEVER.*

BY A. M'PHEDRAN, M.D.,

Lecturer on Clinical Medicine, University of Toronto, etc.

To some it may seem superfluous to occupy the time of the Association with the discussion of a subject such as this, on which their opinions are quite decided; yet with many there is grave doubt that typhoid fever does abort, and not a few who are of sanguine disposition not only wrongly believe that typhoid often runs an abortive course, but that they can, with proper medication, abort cases that would, if left to themselves, run an ordinary course. Such being the diversity of opinion in the profession, it scarcely needs an apology for introducing the discussion of this phase of a disease with which we are all so familiar, and which annually destroys so many valuable lives.

Cases of slight feverishness, with headache, malaise, and anorexia, lasting a few days, but without distinctive symptoms, the *febricula* of some authors, are met with in all seasons and in all conditions of life. They have no constant cause or pathology, but are as various as the febrile diseases to which we are subject. Some are due to non-specific, others to specific causes. Of the non-specific causes are such simple catarrh of pharynx, bronchi, stomach, intestines, etc.; while of the specific are the numerous cases of febricula we meet with during the prevalence of the essential fevers, and are doubtless abortive cases of these fevers. We often meet with cases of whooping cough, for example, which are so mild that we would have no suspicion of their specific character but for their occurrence in association with well-developed cases of that disease. Similarly, in diphtheria, some cases are passed unnoticed, while others are detected only by their association with typical cases, or by the unfortunate circumstances of their proving the source of infection to others in whom the disease may prove of the most virulent character. No one hesitates to attribute the feverishness and sore throat of those nursing cases of scarlet fever to the poison of that disease; they are simply abortive attacks of scarlet fever. Similarly, in regard to all the

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