death of the child is due to carbonic acid, poisoning, it in itst urn, caused by the interference in the respiration of the mother, rather than to uræmic poisoning.

Progress of Medical Science.

ON THE TREATMENT OF ENTERIC FEVER.

Although we know but little of the real nature of the poison that causes enteric fever, there can be no doubt that an organized particle is introduced into the system either by the air we breathe, or by the water we drink, perhaps in most cases water is the carrier. The infecting matter passes through the intestinal glands, and enters the blood. The poison differs from ordinary poison in the fact that it can multiply itself indefinitely. Some of the investigators in this interesting field have gone as far as to claim that they have found the germ or ferment that is the exciting cause, not only of enteric fever, but also of diphtheria, cholera and other contagious diseases. In a number of examinations microcosms were found in various organs, particularly in the intestinal glands and liver. These microscopic bodies were seen in the form of rods which are easily distinguished from the bacilli found in decomposition. The rods were not found in the organs of patients dying from other diseases. It is the opinion of recent observers that micro-organisms are the cause of enteric fever. As, however, nothing is yet certain, we must content ourselves to investigate the cause of this fever by what we can see of its effects, although our knowledge is thus limited, when we bear in mind the amazing strides that have been made by organic chemistry within the last 40 years. It would, perhaps, be within the bounds of reason to say that before the close of the 19th century the germs will be discovered causing not only enteric fever but also other infectious diseases. If the exact nature of the poison is doubtful, many of the laws governing its action outside the body are well established. We know that it does not originate spontaneously. The germ of enteric fever arises from another germ of like kind. Decomposing animal and vegetable matter in the ash-pit or water-closet may, and indeed very often does, become a nursery for it, but filth does not originate it. Epidemics of fever do not always arise in the overcrowded parts of a city; in fact, experience teaches that very often the reverse is true. When once introduced into a thickly-settled town, it generally becomes endemic in the poorer districts where poverty and dirt are inseparable. In the two epidemics where I first studied the fever it was introduced by visitors to the cleanest part of the city. Of the specific nature of the germ there can be but little doubt. That the poison is a specific matter is well demonstrated by the introduction of the fever into our district two years ago. Two Chinamen were admitted into the hospital suffering from mild typhoid; 18 days after I saw a case in a town 25 miles north of us. As the men came from a camp near this township I concluded that they had used some of the closets, thereby depositing the seed of the disease. As a number of cases followed, the camp was visited; it was found that a number of the men had been confined to their tents, sick with symptoms of fever. Most of them suffered from diarrhœa; a few passing blood. Those who were able to leave their beds walked a few yards from the tent and made a water-closet of the ground. This was in Mt. Arden Creek, which is dry in summer, but runs after heavy rain. Not far from the camp is a well which supplies the town of Quorn with water. A short time before we received the first cases there was running water in this creek, and of course all the filthy surface was washed into the well. The whole matter was reported to the proper authorities, who ordered the well to be closed and cleaned. Only five cases occurred afterwards in the town. We also know that the poison is eliminated with the fæcal discharges. This is shown by the above outbreak, for the camp was other wise clean; besides, as some of the Chinamen were sick in the steamer coming to Port Augusta, it is more than probable that the disease came from Adelaide. The poison is communicated by the fæcal discharges only. When the germ is deposited in decomposing animal matter it may multiply itself. It does not originate, however, in offensive odors. There is reason to believe that the intestinal discharges are not infectious until the process of fermentation has begun.

In sketching out our line of treatment for any disease, we should never forget that the patient is to be treated as well as the malady. A great deal may be done towards conducting the case safely through the different stages of the complaint by carefully watching the symptoms, anticipating accidents, and bringing the sufferer over critical periods. There are a number of important matters to be attended to before drug treatment is thought of, the administration of a sufficient quantity of easily digested food at regular intervals, a record of which should be kept by the nurse, economizing as much as possible the strength of the stomach and the heart. The patient should retire at once to bed and keep as quiet as possible. Failure of the pulse is to be guarded against by the timely use of stimulants. The patient is to be placed in a position favorable to recovery. The attendant should appear cheerful before the patient. I am sure that the success of the physician often depends upon the services of an intelligent nurse. We have to treat not only the symptoms seen at the usual daily visit, but often those observed by the nurse in our absence. Good nursing is attention to trifles, keeping the room clean and well ventilated, allowing the sunlight to enter, renewing soiled linen, the disinfecting and destruction of fœcal discharges by burial in the ground regularly, and order should be