

AMBULANT TYPHOID; REMARKS ON THE SPECIFIC TREATMENT OF TYPHOID FEVER.

CLINIC OF PROF. ROBERTS BARTHOLOW.

Gentlemen, I have to-day an extremely interesting series of cases. I begin by exhibiting an ambulant case of typhoid fever—walking typhoid, as it is called. It is extremely rare that you will meet a case of walking typhoid; although, as they are sometimes seen, it is very important that they should be recognized early. This patient, although in his second week, and presenting all the typical phenomena of typhoid fever at this stage of the disease, was up to yesterday morning still on his feet, and he walked to the Hospital. Finding him so ill, he was at once admitted into the ward and placed in bed.

I have said that he was in his second week. What are the phenomena of this stage of the disease, which confirm the history he has given? In the first place, there is a peculiar hebetude of mind, with some confusion and mental wandering. He has not had any delirium, but simply stupor. It is not every case of typhoid that is characterized by the ordinary low, muttering delirium; many only have stupor; and indeed the name typhoid was derived from this low condition. Besides some fulness of the abdomen (tympanites) and diarrhoea, we have, in the second week particularly, the peculiar well-marked eruption of typhoid fever. It is present here, though not so well marked as yesterday; here and there on the surface of the abdomen and lower part of the chest are minute red points, lenticular spots, quickly disappearing on pressure, and as quickly returning when the pressure is removed. There is gurgling upon deep pressure in the right iliac region, due to ulceration and the accumulation of gas or wind at this point; and there is more or less tenderness at this place. There is also an increase in the size of the spleen, *i. e.* increased dulness in the splenic region; and there are some pulmonary symptoms. Upon examination of the chest we find diminished sonority over the upper part of the left lung, due to catarrhal swelling of mucous membrane. There is always some bronchial catarrh in typhoid. Very

often, as in this case, it occurs that hypostatic congestion is found at the lower part of the lungs. The temperature and pulse correspond with those of a simple case of fever at this stage. He tells us that he had bleeding at the nose, and that he had five or six stools a day; they have been examined, and are the ordinary characteristic stool. One of his complaints was, that as soon as he took his meals he had a movement of the bowels.

Such are the simple and striking phenomena of the case of ambulant typhoid, differing in nothing from the usual form of the disease, except that the patient continues walking about, dejected, miserable, and consumed by fever, instead of taking to his bed. He has been put upon what is called the specific treatment of typhoid—five drops of compound tincture of iodine, to be given well diluted with water. By this specific treatment I mean a kind of treatment adopted in Germany for this malady with special reference to the destruction of the poison which caused the disease. The other form of specific treatment includes three or four doses of calomel, five or ten grains at a time, given during the first week. I prefer the systematic administration of iodine during the three weeks. Under this treatment, with proper diet and nursing, the mortality is very much diminished.

When the temperature gets too high, we will have to modify the treatment. If the thermometer placed in the axilla reaches 105° we will have to institute measures to depress the temperature, because a long-continued high temperature brings about changes in the muscular structure of the heart and in the brain, and thus becomes a source of depression. A fatal result may be due simply to a high temperature. By the use of baths a certain amount of heat can be carried away from the body; and by the administration of antipyretics, such as quinine and salicylic acid, its production is lessened. Of all the remedies that reduce temperature, upon the whole I prefer quinine. Liebermeister, a high German authority on this subject, has stated that if he had to make a choice of all the leading antipyretics he would choose quinine. The temperature now, in this case, is only 102°, and therefore not sufficient