

## MEDICINE.

IN CHARGE OF

**N. A. POWELL, M.D.,**

Professor of Medical Jurisprudence, Trinity Medical College ;  
Surgeon Out-door Department Toronto General Hospital ; Professor of Principles and  
Practice of Surgery, Ontario Medical College for Women. 167 College St.

**WM. BRITTON, M.D., 17 Isabella Street.**

### REMARKS ON THE EARLY FEEDING OF TYPHOID PATIENTS.

BY SAMUEL WEST, M.D., F.R.C.P.

The management of the diet in typhoid fever is of the greatest practical importance, and it is well that from time to time the subject should be considered. Certain points have been raised by Dr. Barrs in his recent article upon the early feeding of typhoid patients with solid food, and it is because I think there is a great deal to be said against both his reasons and his conclusions that his article calls for criticism.

The usual practice of the present day is to place a typhoid patient, as soon as the disease is recognised, upon a fluid diet, and not to change it until all trace of fever has been absent for a week or more, and then to make the change to ordinary diet gradually and with great caution.

As to the best kind of fluid diet during the early stage of the fever, and the best method of changing the diet when the time has come, as well as the time at which the diet could be most advantageously changed, there may be considerable differences of opinion. The two first questions need not be raised in the present communication. It is the third question which is raised—namely, as to when the change in diet may be safely made.

The reason that the diet is not changed until the eighth or tenth day after the fever is that there is a general belief that to do so sooner introduces a risk, and many think a considerable risk, of relapse. Dr. Barrs, on the contrary, advocates an early change from liquid to solid food; first, because he does not share this belief; secondly, because he cannot understand the reasons for it; thirdly, because his own experience is against it; lastly, because the patients are underfed and require more food.

In respect to the last objection it may be asserted that no one intentionally starves a fever patient nowadays. On the contrary, as much food, of a suitable kind, is given as the patient can digest. Nor is milk, if taken in sufficient quantity, a starvation diet. Other patients may live for months upon a milk diet only, and be capable of a considerable amount of active exertion and mental work, and why should typhoid patients starve on it? The wasting and anæmia and debility of a typhoid patient is not the result of his diet, but of the fever, and is similar to