

TREATMENT.

The objects sought in the treatment of typhoid fever are (1) the abortion of the disease in the first few days of its existence. This is claimed by some and denied by others. It must, however, be conceded that the *vis medicatrix naturæ* does occasionally accomplish this result, and it is only fair to admit that well directed assistance to the efforts of nature may abort it in a still larger proportion of cases. (2) The minimizing of the effects of the poison or poisons on the system. This includes the treatment and so far as possible the prevention of pyrexia. (3) The elimination of waste and poisonous products by the emunctories. (4) The prevention of absorption of poisonous substances from the intestinal canal. (5) The judicious feeding and management of the patient. (6) The keeping up of the powers of the patient to the highest point possible and thus lessening the amount of degeneration and morbid change in the various organs of the body and favoring the early repair of damage already sustained.

In reviewing the treatment of typhoid fever, I will not weary you by going further back than the works of Louis in 1836, where we find him treating typhoid by free bleeding during the first twenty days of the disease. After the twentieth day, however, he did not advocate the practice, as it prolonged convalescence. He bled early and according to the severity of the fever.

Blisters were applied to the calves of the legs as derivatives while ice caps were applied to the head and in some cases cold sponging to the body. When the patient was very delirious and wanting to get out of bed he was tied down and put in a straight jacket.

It is not possible at this early date, however much we might wish it, to give statistics, as the distinction between typhus and typhoid was not well enough marked to make them reliable.

It is interesting to note that cold applications were used to lower the temperature.

This treatment was introduced by Dr. Jas. Currie, of Liverpool, in 1797. He used both cold baths and cold affusions. He had few followers and the treatment was soon dropped, to be revived again by Ernst Brand, of Stittin, in 1868. Since this time it has been used systematically and its use has become pretty general, especially in hospital practice.

Quinine was early given as an antipyretic and tonic.

Huss, Chambers, Richardson and Murchison gave the mineral acids; some giving one acid and some another. Murchison gave the hydrochloric and nitric acids mixed and this treatment had many advocates for several years.