

tributor in the above article, having for a number of years used these pills with great satisfaction, especially with delicate and fastidious patients.—*Ed. (Southern Med. Record.)*

TYPHOID FEVER, WITH HYPERPYREXIA TREATED WITH SALICYLATE OF SODA.

UNDER THE CARE OF DR. RANSOM.

For the following notes we are indebted to Mr. W. J. Cant.

CASE 1.—J. P—, warehouseman, age thirty-six, had complained for two or three weeks of slight weariness until Friday, November 2nd, 1877, when he was taken suddenly ill. He immediately went to bed, but soon became worse. On the 5th he was slightly delirious, and on the 7th more so. He was admitted into the hospital on the afternoon of Nov. 7th, being the 6th day of the fever (counting from the time he took to bed), suffering as above said. The aspect was that of a person with fever, and there was a widely-diffused rash on the trunk and extremities, consisting of rose-coloured spots, slightly elevated, disappearing on firm pressure. There was in addition, a streaked, dusky-reddish mottling of the skin between the spots. The delirium was pronounced and of a restless character. The tongue was covered with a thick, white fur. The pupils were natural. There was retention of urine, relieved by a catheter, the urine which was drawn off being dark-red in colour, and slightly albuminous. Bowels moved once in the evening, the stools being of a dark-brown colour and firm in consistence (had not had a motion since previous Saturday, Nov. 3rd.) At 2 p.m., soon after admission, the temperature was 104.2°. Salicylate of soda was ordered, but could not be administered just then. At 9 a.m. the medicine was commenced, twenty grains being given at first every hour per rectum. At that time the temperature was 105.4°, and the delirium was violent.

Nov. 8th.—At 9 a.m. he had had 180 grains of the salicylate, and his temperature had fallen to 98.0°, the delirium being considerably reduced, but still sufficiently evident. At 9 p.m. he had taken sixty grains more, and the temperature was 98.6°, delirium moderate, yet constant. The catheter had to be used night and morning.

7th.—At 9 a.m., the temperature was 99.2°; very little delirium, milk taken freely. At 6 p.m., violently delirious; temperature 101.0°. Urine still had to be drawn off. The medicine to be taken again, fifteen grains every three hours.

10th.—At 9 a.m. temperature 100.0°; had taken only thirty grains of salicylate in the night, delirium violent; bowels moved by aid of a water enema; abdomen flaccid; some fresh spots observed.

11th.—At 9 a.m., temperature 102.6°. Had taken ninety grains of salicylate of soda in twelve hours. Delirium violent. At 9 p.m. temperature 103.4°. Had taken ninety grains of salicylate in the twelve hours. Bowels open without aid. Food taken badly. In the evening a draught of thirty grains of bromide of potassium and fifteen grains of chloral hydrate was ordered.

12th.—At 9 a.m. temperature 103.4°. Had taken ninety grains of salicylate in twelve hours. Delirium constant and violent. Refused food. Greatly weakened in muscular power. Urine passed involuntarily, and bowels moved without evidence of consciousness; stools loose. At 6 p.m., temperature 105.0°. Had taken eighty grains of salicylate in eight hours. Thus he had taken two hundred and forty grains between 9 p.m. on Nov. 7th, and 9 p.m. on Nov. 8th, and in that time (twenty-four hours) the temperature had fallen from 105.0° to 98.6°. After the gradual rise of temperature, and the second exhibition of the drug, he took, between 9 p.m. of Nov. 9th and 5 p.m. of Nov. 12th, (i.e., sixty-eight hours) four hundred and seventy grains of salicylate of soda without apparent benefit. The treatment was then modified, the salicylate being continued in fifteen grain doses every three hours; he was sponged in bed with water at 65°, gradually reduced to the ordinary temperature of the supply (50°), for forty minutes, and then, his temperature having fallen to 101.6°, he was lightly covered with the sheet only and allowed to dry. At 8 p.m., the temperature having risen to 106.4°, the cold sponging was again resorted to for fifty minutes, and the temperature fell to 103.2°; he was again covered lightly. Several attacks of convulsions followed. At 10.30 p.m., his temperature was 107.0°, the patient being in a state of extreme exhaustion. Cold sponging was again resorted to, but did not affect the temperature. At 12 o'clock, the temperature was 106.4°, and at 12.45 the patient had a severe convulsion, in which he died. At the autopsy were found the characteristic lesions in the intestines of typhoid fever.

CASE 2.—C. S—, aged ten, was admitted on Sept. 10th, 1877, with acute tonsillitis, having much the aspect of diphtheria, and treated as such at the time. The temperature on admission, (3 o'clock) was 101°; the urine was high coloured, and contained albumen. On the eighth day after admission, she was only passing six ounces of urine in twenty-four hours, but it gradually increased to its normal amount. Her general condition slowly improved, and on Nov. 11th, the albumen having totally disappeared, she was made an out-patient. On Nov. 30th she was again admitted, with feverish symptoms and mild delirium. The urine was loaded with albumen, and deposited granular casts and blood-cells; it gradually diminished in quantity to eighteen ounces per diem.