

There can be no question that interference with the large malignant tumors, which we see in children under 14 and 15 years of age, is simply nonsense. Even if the little sufferers recover from the terrible operation which is performed in such a case, the disease will recur, and no good will have been done. But in all other tumors of the kidney, if the patient is sufficiently ill to justify interference, the disease may be attacked with a perfect certainty of procuring relief in every case and complete cure in probably 90 per cent. I do not think it matters much whether the organ be attacked by what is called the abdominal method, or the lumbar, as far as the immediate success of the operation is concerned. But I have a strong preference in my own practice for the abdominal method, if there is any likelihood of its being decided to remove the kidney, for in this way the condition of the other organ may be ascertained before the diseased one is removed. If, however, it has been determined to perform nephrotomy, and the removal of the diseased organ is a question which has been dismissed, then I think the lumbar incision may be the preferable of the two. In such a case the operation of nephrotomy is an extremely easy one, and even the removal of the kidney is not a proceeding accompanied by much danger or difficulty, unless it has been too long delayed.

#### THE TREATMENT OF TYPHOID FEVER.

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As many of the questions concerning the treatment of typhoid fever still remain undecided, some investigators continuing to look for a specific, whilst recognized authors differ upon essential points, a brief account of the treatment carried out in one hundred cases, with a mortality of only two per cent., may be of interest. This series of cases include all those under the care of my partner (Dr. Holmes) and myself, during the past four years. The series include no cases in which there could be any doubt as to their diagnosis; all forms of malarial fever, which might be mistaken for typhoid, having been eliminated,—such as remitting fevers of tertian or quotidian type, or those severe forms of malarial fever in which quinine not having been administered heroically at the onset, have assumed consequently a low “typhoid

state”; these fevers being also common to this district.

The form of treatment pursued might be termed expectant and anti-pyretic; the most assiduous attention being given to hygienic details, to the use of means to combat unfavorable symptoms as they arose, and to the adoption of measures to keep the temperature near the normal. The carrying out faithfully of these rules, with strict adherence from beginning to end, to the golden maxim laid down by Sir William Jenner, in his classical address on the treatment of typhoid fever, delivered before the Midland Medical Society at Birmingham, in 1879, viz., “give unceasing attention to little things,” have been the guides of our treatment. When a case is presented for treatment and reveals symptoms which would lead us to suspect that typhoid fever is developing, immediate confinement to bed is advised, in a capacious well-ventilated room. If the suspicions prove correct and typical symptoms unfold themselves, absolute rest in bed is ordered in the horizontal position, with occasional shiftings from side to side, to avoid fatigue, hypostatic congestion of lungs and kidneys, and any tendency to bed sores. This necessitates the constant use when required, of the bed-pan and urinal. A rigid adherence to these simple directions is strictly enforced in all cases, mild as well as severe, from the commencement of the treatment until convalescence is thoroughly established. The surroundings of the patient are carefully examined into, and endeavors made to exclude fresh accessions of poison, by the removal of any possible source of contagium.

If the sanitary conditions and arrangements of the place are very bad and facilities for transferring the patient are more easily carried out than the removal of the filth, the former procedure has been resorted to. Thorough ventilation is maintained constantly, day and night; in most cases it is advisable, perhaps, not to allow direct drafts, but where there is any tendency to hyperpyrexia, drafts, if the temperature of the patient is carefully watched, need not be dreaded; placing the patient without covering, even in winter weather, between two open windows has had decided beneficial effects in lowering the fever, and thus allaying distressing symptoms, the result of a high temperature. Positive quiet is maintained. No visitors are allowed admittance into the sick room,