さくじょう かんちょう ためもうせ THE CANADA MEDICAL RECORD.

should always be borne in mind.

In this connection the question naturally arises, can we not counteract or neutralize the effects of the fever poison after it has gained admission into the system, and thus prevent the development of typhoid fever? To accomplish this, at one time blood-letting was resorted to; but at the present day few practitioners would venture to suggest such a plan of treatment, and few patients could be found willing to submit to it. Emetics were given on the supposition, that the fever poison acted primarily upon the mucous membrane of the stomach, and that the offending agent might be removed by their early administration, and thus its absorption into the system prevented. As it has been proved that the typhoid poison can be introduced into the system through other channels than the stomach, and as experience has shown that emetics have not the power to prevent the development of typhoid fever, their use has been abandoned. Diaphoretics have also been employed; but there is not the slightest proof that typhoid or any fever poison was ever removed from the system by sweating. A patient with some of the premonitory symptoms of fever may sweat, be relieved, and at once recover, but such a patient has not received the typhoid poison into his system, and was not, as is sometimes said, "threatened with typhoid fever."

Notwithstanding the bold affirmation of the author of the cold affusion plan of treatment, that if it were resorted to before the third day of the disease, it would invariably arrest its development, it has failed to stand the test of practical experience.

More recently, sulphate of quinine administered in large doses, has been thought to have the power of arresting the development of typhoid fever in the same way that it arrests malarial fever, by its anti-periodic power; but there is no evidence that it has any such power, and as a prophylactic remedy it has been abandoned.

1 might go on almost indefinitely enumerating measures which have been resorted to for preventing the development of this fever; but after the poison has once gained entrance into the system, no means have as yet been discovered by which it can be counteracted or neutralized so as to prevent the development of this The duty of the physician, so far as disease. he may be able, is to guide the disease to a favorable issue, and prevent injury to organs essential to life, keeping in mind that a certain definite period must elapse before this result can be accomplished.

Before entering into a detailed account of the sician can shorten its duration by a single day,

the sick to the healthy, the evacuations are the | treatment to be pursued in the management of chief, if not the only means of contamination; a case of typhoid fever, I will say a few words consequently, the importance of thoroughly dis- in reference to the arrangement of the sick-room infecting the excrements of typhoid patients of fever patients. Though often overlooked, this is a matter of no inconsiderable importance, not only as regards the comfort of the patient, but it has much to do with the successful issue of the case.

It is of the greatest importance that a properly qualified nurse be selected; one who has had experience in the care of fever patients is to be preferred. In the next place, the patient should be placed in a large and well-ventilated All furniture should be removed apartment. from the sick-room, except those articles which are necessary for the comfort of the patient and the convenience of the attendants. Remove the carpets from the floor, place your patient in a bed of moderate size in the centre of the room, and let there be free ventilation during both day and night.

The temperature of the apartment (if possible) should be kept below 60° F.

The bed and body linen of the patient should be changed daily, and at once be removed from the sick room and placed in a weak solution of chloride of sodium; especially is this important if the patient is having frequent discharges from the bowels. The apartment should be kept perfectly quiet, the light subdued, and only the attendants should be allowed in the room.

These preliminary arrangements having been made we will suppose we have in charge a patient with a mild type of typhoid fever. All medicinal interference in such a case is unnecessary. The treatment resolves itself into the arrangement of the sick-room and proper diet; milk is preferable, fruits are not to be allowed in any case. In the mildest case the care in diet is important, and the patient should be kept in bed until convalescence is fully established. This should be insisted upon, even in the mildest cases.

As I have already stated, the temperature in a mild type of this fever rarely rises above 103° F.; therefore there is no necessity for resorting to antipyretic measures; frequent sponging of the surface with cold or tepid water, as is most agreeable to the patient, will be found of service.

By far the larger number of cases of this fever are of a more severe type, and, though in your treatment you must be guided by the circumstance of each individual case, usually you will be obliged to resort to more decided measures.

Remember that there are no specifics for this disease; all of those which have been proposed and employed have either fallen into disuse, or are resorted to only as aids in general treatment.

Typhoid fever is a disease that has certain stages to pass through, limited only by days and There is great doubt whether the phyweeks.