

septics are administered in high doses, die suddenly, and even the sulphate of quinine is not an exception to this rule.

For this reason Mons. Jaccoud has risen with vehemence, in his lectures, against these therapeutic temerities. "I regard it, writes this eminent Professor," as a duty to be fulfilled; and to condemn these with all my strength I must point out to you the therapeutic excesses which for many years have been committed in the treatment of typhoid fever. In the commencement, the excess set out with the false idea that the fever is the unique element of the disease. The evil was aggravated when they desired, without any solid reason, to apply to typhoid fever the bacterian theories, and this anti-parasitic phase was the signal for a true therapeutic unchaining; they were not content with raising beyond the usual limits the doses of the antiseptics, which are at the same time parasitocides, but they also accumulated them all in potent association; if they would, with more certainty, reach the supreme end, they must first of all kill the microbio.

Well then, gentlemen, suppose that you have in hand a disease which *per se*, directly threatens the heart, the brain, and the kidneys, would you add to these dangers those of an association of quinine salicylic acid and carbolic acid, in which each of these agents figures in high doses? Those vagaries which are the fruit of the spirit of system, are no novelty. What have we seen in our own era, in the time of Rasori? They then sought to liberate the diathesis from stimulus, and they killed the pneumonics; in the time of Broussais they abstracted the irritation, and along with it the patient.

The cry of alarm is neither excessive nor premature, for so far as we can see, in every part of Europe patients attacked with typhoid fever have suffered from theory one or other of the medicinal aggressions which I have mentioned. I entreat you to abstain from similar audacities, and to leave every question on its true basis; repel all premature applications which are the offspring of pathology (?) or of animal experimentation; whatever may be the role the future may assign to the microbio, never, in the diseases of man, lose sight of your *patient*, who is its carrier; do not forget that you cannot reach this enemy unless through the intervention of the patient, and the tolerance of

the latter is the unique and true measure for therapeutic interference. But granting, for the moment, the reality of the hypothesis, that the cure of typhoid fever depends on the death of the microbioes, does the treatment required for their destruction exceed the resistance of the patient? See here, gentlemen, the principles you should ever keep clearly in view; they will be your safe guide in your practice; with them you will be able profitably to resist the exclusive tendencies, exaggeration and danger I have pointed out."

### URÆMIC POISONING FOLLOWING SUPPRESSION OF URINE IN A FEMALE AFTER LABOR.

BY R. M'CREA, M.D., LAKEVILLE, N.B.

I send you the following notes of a case in the hope that some of your numerous readers will give a diagnosis with the causation of disease.

On the evening of the 17th of October, I was called to attend Mrs. T. in her third confinement. I had attended her in the two previous confinements, the first being a living child, the second still-born at the eighth month. The following are the bedside notes of the case. The present confinement also occurred at the eighth month; foetus still-born; placenta and foetus slightly decomposed; after delivery she complained of pain in the lumbar region, for which I ordered a Dover's powder and left.

18th.—Called again; the patient was still suffering marked sharp and constant pain in the lumbar region. Pulse natural; temp. 99°. Ordered half a drachm of tr. opium in starch enema. In about half an hour the pain ceased. She has not passed any urine since confinement. Ordered tincture of digitalis and spts. eth. nit. every two hours.

19th.—Has not passed any urine; pain has not returned; vomiting; passed catheter, no urine in bladder; pulse 86; temp. 100. Ordered thirty grains of compound jalap powder.

20th.—Patient restless; pupils contracted; no pain. Gave alkalies, diuretics and diaphoretics.

21st.—Patient same in all respects; temp. 101; pulse 120; resp. normal; met another practitioner in consultation. He recommended a discontinuance of the alkalies, and suggested tr. ferri mur.

22nd.—Pulse 101; temp. 102; slight clonic