

THE Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS
OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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TORONTO, SEPTEMBER 16, 1892.

DIET IN TYPHOID FEVER.

It is admitted now on all hands that medicinal treatment plays a secondary *role* in the management of enteric fever, and that the nursing, with its two main functions of feeding and bathing, plays the primary part in saving the patient. The feeding of a fever patient, of course, is now, since the days of the famous Irishman Graves, accepted as necessary but in no one of the duties of the physician is more careful discrimination necessary than in the proper selection of diet, both as to kind and as to quantity. Dujardin Beaumetz says: "The best treatment of typhoid fever is a good physician." There are certain general principles bearing on the case that seem to need only bare statement to secure general acceptance, and they apply mainly to the management of the acute stage of a continued fever, the stage of convalescence demanding management so different that in the case of typhoid some one has said that convalescence from typhoid fever is a second and different disease. These general principles may be applied with the acute stage of typhoid fever in mind. First, the great increase in the excretion of urea shows great wasting of the albuminous tissues, and either albuminous or albumen-saving material must be supplied. Secondly, the pyrexia seriously diminishes the capacity of the cells for assimilation of the albumen-bearing fluids in which they are bathed, even were these fluids present in the normal way, which they are not, owing to the constant disturbance of the digestive and absorptive powers of the intestinal tract. So that while the old practitioner who

starved his fever patient fell into Scylla's clutches and made no attempt to repair tissue waste, the modern one, if not careful, falls into Charybdis' and stuffs his patient, preferably with milk, overloading the digestive canal, whose functions are seriously impaired, and often greatly aggravating the restlessness, fever, diarrhoea, and vomiting of a patient whose condition may be in a single hour greatly improved by a large enema of gruel to remove the sour, offensive curds from the large intestine, or by the vomiting which relieves the overloaded stomach.

It may safely be said that one had better be forbidden the use of milk at all in typhoid than abuse it. And to lay down a routine rule, and say that all typhoid patients must take somehow at least two quarts of milk per diem is bad practice. Idiosyncrasy exists among the well, and is heightened, or perhaps first called into existence, in the sick, and rather than make a rule such as the above the physician should instruct the nurse to keep for his inspection, well covered and untreated with antiseptics, one defecation every day, that he may judge by inspection as to the digestion of the milk he is giving. Another common error is the idea that none but absolutely fluid food may be given. It is forgotten that "digestion is always a process of liquefaction," and that milk turns solid—at least the solid parts of it are aggregated into lumps by the action of the lab-ferment. Yet another point to be borne in mind is the increased need of water. In addition to milk and other fluid foods, water should be regularly given, either pure or mixed with the milk. Eighty ounces is the minimum amount of water necessary in one form or another per diem. And in the matter of both food and drink the patient's wish cannot be taken as a guide, since appetite fails early, and even thirst ceases to be felt when the need is greatest. Not more than two hours should elapse between times of feeding, and water is a food most nutritious to one dying for lack of fluid in the tissues. Making milk the main stay during the acute stage, and giving not more than one quart on an average daily of unskimmed milk, the deficit in albumin is to be made up by meat juices in various forms. If skimmed, more milk may be given. It may be in any case diluted with lime-water (a half ounce to four ounces of milk), with a