

# Dominion Medical Monthly

And Ontario Medical Journal

Vol. XXXVIII.

TORONTO, FEBRUARY, 1912.

No. 2

## Original Articles

### \*TREATMENT OF TYPHOID FEVER.

By GRAHAM CHAMBERS, B.A., M.B.

Associate Professor of Clinical Medicine, University of Toronto; Physician Toronto General Hospital.

The treatment of typhoid fever which is in general use at the present time might be designated an expectant and symptomatic method. We allow, in a way, the disease to "run" its course, but, by treating the patient and protecting the various organs and tissues of the body, hope to mitigate the effect produced by the disease process, and to prevent accidents and complications. In carrying this out one should keep in mind the nature of the disease, the manner in which the bacillus of Eberth produces the various manifestations, and, also, the pathogenesis of the complications.

Typhoid fever begins as a general infection—bacillemia. Indeed, the general infection has been known to exist before the incidence of fever. However, most of the manifestations of the disease are not caused directly by the specific bacilli, but by endotoxins liberated by their solution. Thus we have two causative agents of symptoms, namely, a bacillemia and an endotoxemia. In addition one might add a third or rather a group of agents, composed of the various bacteria, such as pneumococcus, streptococcus, etc., which cause secondary infections. One might illustrate these relationships by means of the following table:

Bacillemia—Roseala, meningitis, cholecystitis, osteomyelitis, broncho pneumonia and lobar pneumonia.

Endotoxemia—Fever, headache, dry tongue, disturbance of digestion, diarrhea, meteorism, engorgement and necrosis of Peyer's patches and solitary follicles, ulceration of intes-

\* Read at the meeting of the Ontario Medical Association, June, 1911.