"Typhoid Fever

in Private Practice and its

Treatment during Convalescence." "

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The Cases we diagnose, designate & treat as Typhoid Fever in general practice, are so different from those shown in either a general hospital or fever hospital or described in the text-books that it is difficult to think of them as one & the same disease.

The physical signs & symptoms of Typhoid Fever are so vague & so varied that the Physician has to be very careful in weighing all the facts of the case before giving a definite diagnosis; day after day will often pass without any definite signs appearing & the patient or the friends turning anxious & impatient at no improvement will often free the doctor to do something which perhaps would have been better left undone & then Typhoid Fever

does not get studied, treated & isolated as it should be & for these reasons mild cases of Typhoid Fever, diagnosed as a severe cold, are allowed to go about & spread the disease all around. On the other hand if too hasty to diagnose the complaint as Typhoid Fever & in a few days all the symptoms subside & the patient appears quite well, then the Physician has made a wrong diagnosis & his professional reputation suffers.

I have had a great number of Typhoid Fever Cases in my practice within the last three years and after careful attention to them I have hardly found two cases to agree in symptoms & often two cases seem quite different from one another although both are Typhoid; that any special

points are worthy of consideration.
All authorities who have studied Typhoid Fever agree that it is due to a specific micro-organism called by Eberth the "Bacillus Typhosus" which is capable of reproduction both within & without the body under suitable conditions. The Bacilli have been found by Eberth, Klebs, Koch, Meyer & Gaffky in the Spleen, Lymphatic Glands & Peyer Patches of Typhoid Fever patients & these pathologists have found that the "Typhoid Bacilli" are quite different from any other kind, for they grow together in masses, each bacillus representing a little rod having its ends rounded off & in many cases spores are present.

Photograph taken in Laboratory Owens College Manchester by Dr Jas Richmond

Sims Woodhead after careful researches found that with Grams Method of Aniline Dyeing, the Typhoid Bacilli are very readily decolorised while other bacilli take up the coloring matter very slowly.

Gaffky was the first to cultivate them very successfully on nutrient jelly but they are found to grow easily in blood serum, fluid meat infusions, nutrient substrata & in milk. These cultivations all show the Bacillus to be a thin short rod which cultivated spores when a temperature of 30° to 42° C. is reached.

Pfeiffer was the first to find these bacilli outside the body in the dejecta of Typhoid patients.

(Micro-organisms)

New Sydenham Society

1890 page 248

In the intestinal canal of a healthy individual there are great numbers of Bacilli which resemble the Typhoid Bacilli but the latter can always be distinguished by their peculiar growth on potatoes.
The spores of the Typhoid Bacilli if placed in a proper nutrient substance & with a suitable temperature will shortly become real bacilli.
How the bacillus gets into the intestinal canal & how it causes such a disturbance is a very disputed point, many authorities such as Cayley hold to the 'De Novo' theory as discussed by him in Murchison treatise of continued fevers 3rd Edition but Eberth & Moore proved pretty conclusively that there is a specific organism for the fever which either enters the intestinal canal when in an unhealthy state owing to fermentation

of its products & the exudation of gas & moisture making a very suitable condition for reproduction of the bacillus or on the other hand the bacillus might be lying quiescent in the intestinal canal but is roused into activity by a temporary derangement of the canal.

These few superficial facts regarding the micro-organism of typhoid fever brings me to the wide field of "keeping these bacilli from entering the body" if this is attained then the disease will soon get stamped out & instead of diagnosing, treating & curing the disease a greater triumph will be attained by keeping it away entirely.

The Prophylaxis of Disease is a greater science than Therapeutic Action

The Agents which carry their Typhoid Bacilli to the human body are numerous:-

I — Water especially drinking water is a great source of infection & many Epidemics of the Fever are traced to impure water which on not being used, the fever subsided. as an example of this:- In July 1895 — I had four cases of Typhoid Fever in three different houses with two to three fields separating each, the public put this down to infection one from the other as they were all good friends but having doubts regarding aerial infection I found that although each had a special water supply of their own, yet they were accustomed along with many neighbours all around to procure their drinking

water from a certain spring noted for its pureness.
On getting this water analysed at Owens College, Laboratory, Manchester "Typical Bacilli were present, proved both microscopically & by Gelatine Cultivations." (Richmond)
On further personal examination I found that during a heavy flood of rain ~~carried~~ impure water got washed into this spring from a little heap of manure placed on a field for agricultural purposes, on getting to the root of the matter I found that at the farm where this manure came from (only one mile away) a servant in the house had been laid up for over one month with "a fever" so called.
On closing this well no fresh

cases arose.

Another example where the infection came thro the water was in a small hamlet whose only source of water was from a natural lake on the summit of the hill, twenty per cent of the inhabitants became afflicted with Typhoid fever, the water was analysed & numbers of Typhoid bacilli were found present, how these got there is a mystery as there was no drainage anywhere near the water supply. The theory held was that perhaps a mild case of Typhoid, so mild as to be unrecognised, was walking there & attending to the rule of nature caused the water to become impure. This water supply being cut off the Typhoid fever subsided.

II **Milk** I believe is the chief carrying agent of Typhoid Bacillii & all agree that it is one of the main causes for many reasons:-

(1) Milk is one of the main source of nourishment. especially in invalids & if people feel out of sorts milk is always prescribed & then if the bacilli are present in the milk & are taken by the human system when in ill-health the bacilli have a suitable soil to cultivate upon.

(2) Milk as I have proved is a very suitable agent for the cultivation of the bacilli or development of the spores especially if the milk is at a suitable temperature.

(3) Many Epidemics of Typhoid have been traced to Milk.

As an example in January & February 1894 I had care after care of Typhoid

fever for which no reason could be given, after some difficulty their milk supply was traced to one dairy but on inspecting that dairy everything was found to be pure & clean & no person in or about the house had been ill for many years; no action was taken until last November 1895 when case after case still appearing & all having their milk supply from the same source, the dairy was revisited & after careful questioning I found out that occasionally in hot weather when their own water supply for washing the jugs & pails in, ran low, they were carried to a brook about 600 yards across a field; continuing my search I found a sewage pipe from a row of houses running parallel to the brook which leaked a little. No Typhoid Bacilli were found in

the water but abundance in the milk.
To prove the result of all my investigation when once the milk supply was stopped no new cases reappeared.

III Cayley states that the infection can be carried thro. eating the meat of an animal who has had the fever.

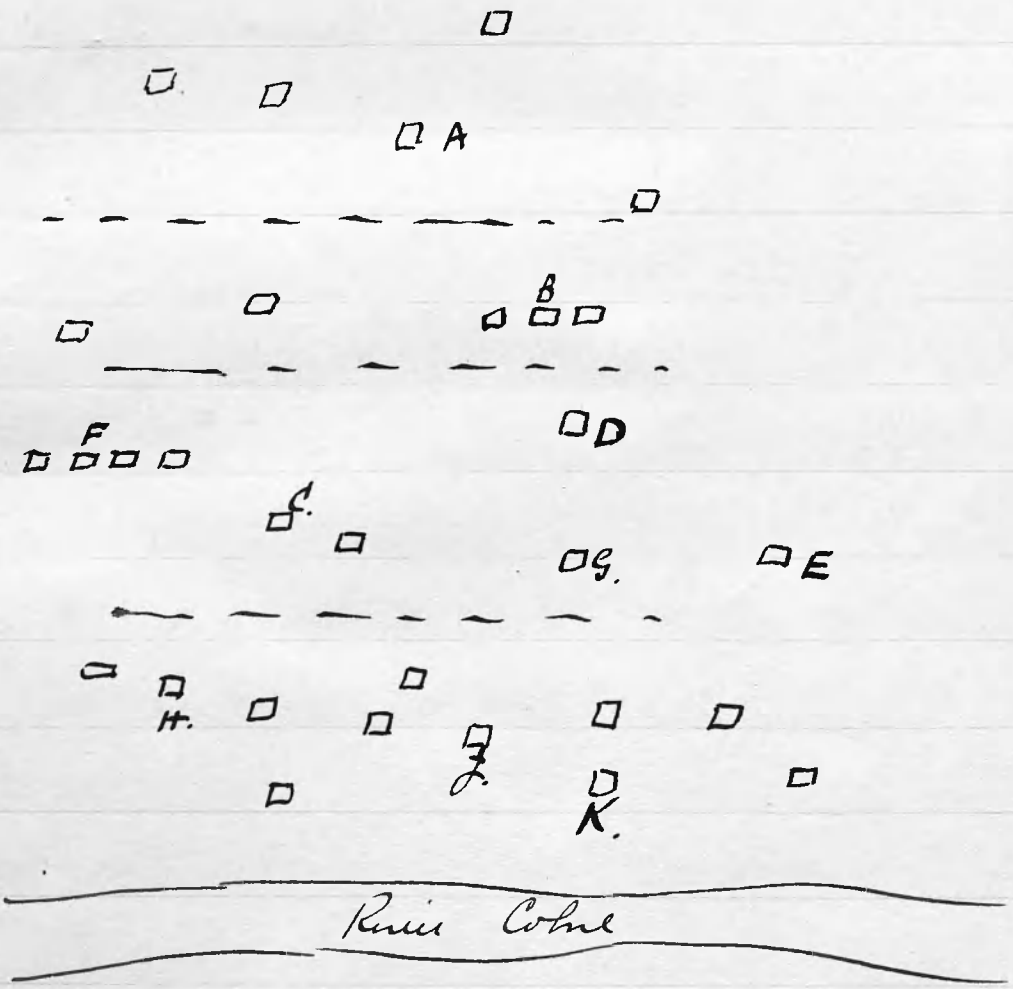
IV Air is a medium for the transmission of the Bacilli but many authorities deny this & state that Typhoid Fever was only directly contagious & that the fallacy arose because it had not been distinguished from Typhus Fever (Liebermeister)

Murchison believed it could be carried from place to place, (given a suitable soil for reproduction) for example:-
I had a patient laid up with Typhoid fever, his sister came from her home fully 10 miles away to nurse him, before he was absolutely

mild she returned home & in about 3 weeks after returning a niece of hers sickened with the fever; on examining the house I found the drain & sewage out of order & then my theory that the germ being carried by the mere fully 10 miles to a suitable soil in this unhealthy house, soon reproduced itself & caused the niece illness.

Another proof of actual infection from sewage gas is illustrated in the following:- In January & February 1874 when several Epidemics of the fever were traced, one whole hamlet on the hillside seemed to be a regular black spot. The first case amg. a young girl, was laid up in a house pretty far up the hill called A. 3 weeks afterwards the disease broke out at B. a house a little lower down & a month later

time came occurred still lower down
my. C. D. E. & 6 months or so
later the fever broke out in the
same bed at F. & G. & still
lower down at H. J. K.



I investigated their water & milk supply & found that nearly every case had a separate supply & no bacilli were found in either but all their drains were connected & were in a filthy & insanitary condition emitting a very unhealthy smell; ~~which~~ & I believe the Typhoid Bacilli were carried in this unhealthy gas from house to house.

V Oysters living in impure water &

VI Vegetables washed in impure water are often agents for carrying the Typhoid Bacilli.

VII Fruit also is a general agent, for insects often secrete Typhoid Bacilli & other products on it from contaminated sewage.

Dr. Dreschfeld & Richmond of Manchester from numerous experiments in Owens College, Manchester state that no Typhoid Bacilli are found in the

urine & faeces of typhoid fever patients ten days after the fever has subsided thus demonstrating that convalescent patients cannot carry the infection, after investigating these facts with Dr Richmond, I considered he was confused with the ordinary Coli Communis Bacilli which inhabit the intestinal tract in such quantities practically speaking most medical practitioners can show cases which occurred weeks after the original case had recovered. I remember one case occurring & after being convalescent three full weeks he went to the seaside & lived with some friends in a house where every sanitary arrangement seemed to be perfect & where typhoid fever was never known to be present but hardly 3 weeks had gone when one of the household was laid up with it.

There are very many facts regarding the Aetiology & Prophylaxis of Typhoid Fever which are most interesting but I can only mention a few:—

Dr Chester in Lancet Aug 1895 answers very briefly the important question:- Why is it that older medical practitioners & old medical works never discuss, diagnose or treat typhoid? Dr Chester states that formerly before any attention was paid to sanitation & pure water that the majority of children all around us contract a kind of fever which caused them to have an immunity from Typhoid, & thus it was a rare disease in adolescent life. Dr Lowe in Brit. Med. Journal, March 1894 also proves this, taking as his example the Trent Valley, the natives there being proof against the fever, while incomers & visitors often contracted it.

Also in the city of London, many children are afflicted with an ill-defined fever & many die of it those remaining seem to escape Typhoid, while strangers & soldiers coming into & residing in the city are struck down in crowds. Also in India Col. Lieut. Cline proves the same facts in the Lancet May 1896 that Hindoos have an immunity from the disease because such large ~~grant~~ number of children in India are affected with it; but while writing about India there is another fact which I must not overlook, that is the predisposition of certain races who eat different food to become liable to Typhoid fever for instance our troops while residing in India are slaughtered with Typhoid fever while the native troops hardly loose a single

man. In an article called
"The Scourge of India" the reason for
this is explained by stating that
beef eating Europeans are afflicted most,
high caste Mahommedans, who eat flesh
occasionally, come next & the rice
eating Hindoos are rarely afflicted.

From all these facts it is perfectly
clear that when once Typhoid Fever
has got entrance it is most
difficult to get rid of the
Typhoid Bacillus & it might be
lying quiescent until some cause
arose to set it into activity, to
remove this cause & to clear out
& kill the germ Medical Officers &
Sanitary Inspectors cannot be too
strict regarding cleanliness & drainage;
good food & milk; pure water & air.

The Prevention of this Fever is a far more important fact than any particular Curative Measure & it is what all should help one another in doing, to prevent this Typhoid Bacillus from entering our homes & if it so happens that it is then to take all precautions that it will not develop into Typhoid or spread to any other individuals.

(1) To keep this enemy called the Typhoid Bacillus away, Houses must be kept clean, drains properly flushed & set in good solid pipes with no leakage & in a concrete bottom; food of all kinds attended to as regards where it came from & its cleanliness & quality; milk should thoroughly investigated & found to be clean & pure.

(2) If the Typhoid Bacilli are thought to be present in or near the house although quiescent, more rigid precautions must be taken regarding no offensive drain or filth to act as suitable soil for its reproduction.

(3) If the Typhoid Bacilli are present in an active form, precautions must be taken that no other members of the household contract the fever, thus all excreta must be disinfected & buried outside the house, all liquids in the house must be boiled & all solids cooked so as to kill the germ if present & plenty of fresh air must be admitted.

The Incubation Period is usually fixed at 14 days but as it is very difficult to fix the exact day the fever commenced, the incubation period cannot definitely be fixed

The Symptoms of Typhoid vary so considerably that many times the disease is mistaken. The usual signs are:—

(1) Temperature raised to about 103° higher at night.

(2) Furred Tongue. (3) Diarrhoea. (4) Hot Skin. (5) Frequent Soft pulse (6) Pain over the abdomen spec. in the Right Iliac Fossa. (7) Gurgling on pressure. (8) Red Rose Spots. (9) Area of Splenic dulness increased (10) Loss of appetite & general weakness. These symptoms all increase to the 12th or 14th day & then decrease by Lysis gradually & Convalescence is reached from 21th to 24th day.

I enumerate all these signs but wish only to discuss a few of them which I have found in my cases to be different.

(1) The Temperature has been my chief guide 101 to 102° in the morning & rising to 103° in the evening, & it has been my chief guide as regards relapses, severity, complications & treatment In case III a relapse has occurred shown in the chart by a rise of temperature & in case VII & case VIII the chart shows an abnormal rise of temperature & also the effect of treatment on the temperature.

(2) The Tongue is generally coated with a brown fur which becomes lake red, glazed, dry & fissured & when convalescence is reached becomes moist & more natural, but in case X the tongue was only slightly coated & in case V & case VI the tongue was moist & clean all through. Twenty out of seventy cases lately under my care I have found a

clean & moist tongue.

(3) Diarrhoea which is said to be a typical symptom of typhoid fever is in my opinion not so, for out of 20 cases, forty at least have had severe constipation. Many medical men state to me that their experience is the same.

In case III & case IV. the Diarrhoea was very severe, thin watery typical pea-soup stools but in case I & case III slight constipation was present, castor oil being frequently administered.

In case V. & VII constipation was also present & in cases VI - VIII - IX - X there was very obstinate constipation.

These facts are worthy of notice showing how different in one symptom alone typhoid cases may be, for my experience proves that constipation is

more generally present than Diarrhoea.

(4) The Skin is usually hot & dry in the morning & turns moist towards evening but in case V the patient continued sweating from first to last.

(5) The Pulse varies much, rises & falls as the temperature goes up & down.

(6) Tympanitis, pain over the Abdomen & especially in the Right Iliac fossa is present in one case & not in another.

(7) Gurgling on pressure also varies

(8) The Red Rose Spots are described as very typical of Typhoid but in my cases they seemed to vary so much that I could never be certain about their appearance for instance in cases II - III & VIII no spots were ever detected, in case V very few & in case VI the whole abdomen was covered with them

appearing from 10th to 18th day in successive crops.

Splenic Tubers, loss of appetite, Emaciation, genral debility, nervous symptoms, severe pains depend very much on the severity of the fever.

Angel Money in Lancet 1885. (Nov) describes an exaggerated knee jerk as a typical symptom but my experience does not show it thus. The Eye is usually clear with pupils dilated, Buzzing noises are heard in the ears & later on deafness is genral.

Before discussing the treatment of typhoid fever generally which is my principle point, a few of the main complications should be touched upon to show the dangers of the Fever, & the need of careful nursing & proper attention

to very little detail.

(1) Chief ones are Relapses of the Fever true ones being a second attack of the fever but as a rule relapses are very short as shown in case III where the temperature has reached the normal for 3 days & then rose again & they must not be confused with a long fever as shown in case VII varying up & down for six weeks. The cause of a relapse is often difficult to define, some believe it is another dose of the poison but I think that it is due to some indiscretion on the part of the patient or nurse regarding treatment & diet which has caused the ulceration in the bowels to break forth into activity before it was fairly healed. This is an important point to notice as it becomes very prominent in my line of treatment.

(2) Profuse Haemorrage is a severe complication
sometimes very severe ulceration & leads to
(3) still worse complication viz Perforation
of the Bowel diagnosed by a drop
in temperature, collapse & generally death.
(4) Bronchitis prolongs the fever shown in
case VII
(5) Pneumonia chiefly from the long person
patients lie in bed.
(6) Phlebitis if at all hereditary is very liable
to get bold during a Typhoid Fever attack.
(7) Meningitis - Uraemia etc. may be classed togethe
(8) The last worthy to be noticed here
is Peritonitis which is also very common
& arises from an extension of the
inflammatory mucous membrane through
to the peritoneal coat of the bowel
& is known by the severe pain &
tenderness over the abdomen, distension, then
collapse often ensues.
Peritonitis is an important complication

for it must be considered at every turn when putting a patient under the treatment I am going to discuss.

Prognosis in Typhoid Fever is a very difficult question but as a rule depends upon the age & stability of the patient. This position in life regarding every attention, good surroundings, judicious nursing & careful treatment all tend to his recovery.
Death usually occurs from some of these complications enumerated; especially from an intestinal ulceration causing perforation & haemorage or perforation.
The state of the patient in the great majority of cases depends on the healing of these Typhoid ulcers & the Temperature shows us when these are healed.

Treatment

This is a subject so much discussed because so very many medical men differ regarding the form of treatment, all agree with Murchison that there is no specific & that Typhoid Fever can only be guided & nursed but as there are many ways of doing this I will mention the main principles & then fully detail what I consider the latest treatment of this fever.

Many authorities state & many physicians believe that if a case of typhoid fever is recognised early enough a good dose of Calomel say 5 grains will clear it from the system & if it does not succeed they assume that the fever had too firm a hold of the patient.

I have no objection to Calomel in

the early stage as it may clear out a great amount of effete material from the bowel which lying there would still further cause the bacilli to develop. but I hold that Typhoid fever cannot be recognised until one or two symptoms are present & allies. then calomel is given at the very earliest sign yet the poison has been developing in the system days even weeks before a symptom appears & has then got such a hold that no calomel will kill the poison. (unless it was a specific which is denied by its supporters)
Hygienic conditions including fresh air, large sleeping apartment, cleanliness, comfort, fresh linen are most beneficial & allies. these conditions are generally seen to when the doctor & nurse assert themselves yet in

general private practice I find the disease has often got a firm hold under the most unfavourable conditions before medical aid is called for.

Nursing is most important in this disease, to see to their hygienic rules, to attend to the diet, to counteract the tendency to complications, to be on the watch for unfavourable symptoms, to soothe & attend the patient without noise or fuss.

There is nothing better than a good, kind but strict & attentive nurse.

Stimulants are not needed unless in a case past middle life where there is a danger of Cardiac failure. Brandy in small & dilluted doses is the best but as a general rule stimulants give patients a false stimulation which is better done without.

Medicinal treatment is not appreciated

except for special symptoms or for complications that have risen up. Calomel was held to be a specific but I cannot agree with that although believe what Liebermeister says in (Vol 1. page 200. Acute Infectious Diseases) that if not specific it may be abortive that is lessening the severity of the fever by relieving the congestion of the liver & clearing out the fermenting material round the typhoid ulcers in the bowels. I have tried Calomel as soon as the fever was recognised with no marked effect, its advocates may say that it was not given soon enough, perhaps so, but if given before the fever was really recognised & no fever resulted no one could draw the conclusion that the Calomel "aborted" the fever as the symptoms complained of might have no

tendency to develop into Typhoid. Generally I have tried the Beta-naphtol & Bismuth Salicylic treatment in full & repeated doses also the Chlorine Water, Turpentine, Lumene & Carbolic Acid treatments with no marked effects & comparing cases afterwards I have found just as good results with doing nothing but watching events & seeing carefully to the general nursing of the patient & treating the complications as they arise.

In private practice the waiting treatment is not in favour with patients & their friends & it is with the greatest difficult their confidence can be secured throughout many weeks illness & a long protracted convalescence, I therefore considered if this long illness was

shortened by some method or other, our patients would be more reconciled to the real scientific treatment of doing nothing if it was only for two or three weeks. January 1895 At the Local Medical Society, in Huddersfield Dr Barr made some remarks regarding the treatment of Typhoid Fever patients during convalescence. His remarks set me to try this new treatment & as a result I can show the most beneficial results especially in cutting short this protracted form of illness & thus reducing Typhoid Fever from a dark spot in a patients life to one of merely a few weeks illness.

The Scientific & waiting treatment so difficult to follow in private practice is to attend strictly to the diet before all things. No solid food of any

food is to be allowed to enter the stomach or intestinal canal until it is in a fit state to digest them, for the theory is that solid or undigested food entering the intestinal canal before these Typhoid ulcers are healed are very likely to irritate the ulcers & cause more inflammation or even peritonitis or perforation. The diet mostly given consists of milk often diluted, thin soup & vegetable juices, these being continued throughout the whole fever & for ten to fourteen days after it has subsided just to insure safety against any irritation of these ulcers but in guarding so jealously against any hurt to these ulcers, this treatment brings our patients down to a very low state & it is only with extreme care & after a protracted convalescence health is regained.

The question is why should we act against Nature, why should we bring our patients to such a low state of health when nature was rebelling against our interfering. I have seen patients many a time lying famished & hungry crying for food which doctors & nurses conscientiously acting for their best deny them. I have noticed patients so famished resorting to all kinds of stratagems to procure it. Nature therefore is calling for food & nature in a judicious way should be gratified, therefore the main point in this treatment is to act with nature not against.

Nature during the fever will want only liquids to quench the thirst & cool the heat & these in giving milk, thin beef tea, thin soups etc. these Typhoid ulcers cannot be harmed

Nature will even help us by rebelling against richer foods such as cream or strong soups; then later on nature will crave for somewhat more nourishing food & will be gratified by having more nourishing liquids supplied as stronger soups, rich milk, sago & milk etc. the strength of these liquids may be increased as the fever decreases & as nature calls for them then — when the fever has subsided & such signs as a clean tongue, no tympanites of the abdomen, no diarrhoea or constipation are present which show that the stomach & intestinal canal are in a healthy state; then sago & milk, custards, rice & even thin bread can be given at once & in a couple of days more if these signs are still present — fish & fowl may be added, by the 5th 6th or 7th day mutton can be given

& a few days later any ordinary meal may be given. With this treatment our typhoid fever cases are practically well about 10 days after the fever has subsided, when formerly under the routine treatment of keeping them on slops for at least 10 days before any solid food was ventured & that only very carefully & gradually our patients were not very strong for at least three or four weeks after an ordinary attack of this fever.

The following cases which are merely selected as an example prove that food can be administered without causing a relapse of the fever.

I have treated Thirty Six patients thus & in twenty nine I considered it very beneficial, no bad effects arising to complicate matters, in five out of the remaining seven

the Temperature rose again but in all I could find other causes for this slight relapse such as constipation in one case, excitement in another, slight Bronchitis in another & so on. In Two cases out of Thirty Six there was a distinct rise in Temperature as soon as solid food was administered which gradually subsided on returning to the liquid diet specially noticed in one of these cases where bread was administered three times with a rise of temperature each time.

page 55.

First examine Chart No I & the Temperature dropped about the 20th day to normal, the tongue was moist & clean, abdomen normal, bowels regular thruout according to this system of feeding, Rice & Milk, Sago & Milk & Soups were given at once.

By the 21st or 22nd day boiled milk & bread was given, no rise of temperature taking place, fish was given next day & the day following mutton; at this rate the patient recovered strength & was soon discharged from medical attendance.

Second, (page 5 b) Chart II & the temperature dropped slowly towards normal about the 19th or 20th day. Slight Bronchitis hindered the temperature from becoming normal & altho. still at 101°. I considered since the tongue was moist & clean, bowels normal & abdomen normal that this was not due to anything wrong in these Typhoid ulcers, that the rise of temperature was due to the Bronchitis & then about the 25th day began with Egg & milk; at 29th day fish & food & instead of the fever rising, the

Temperature fell to normal & continued so altho. at 29th day a mutton chop was given & at 31st day ordinary diet. A long convalescence was certainly cut short by feeding the patient. This case is characterised by a very long continued high Temperature which was kept in check by frequent doses of antifebrin.

Third Examine Chart III. (page 5-6) & More nourishing foods have not been administered until nearly seven days after the Temperature dropped, but as soon as once begun, they were rapidly increased. The reason for delaying them was first because after the fever had subsided at the 20th day a distinct Relapse occurred lasting eight days for which no cause can be given & secondly — because the tongue was slightly coated & the

bowels all through in this case were constipated. The temperature several times in the course of the fever ran as high as 104°. Cold water Sponging & antifebrin being administered to keep the fever within limits.

Fourth Examine Chart IV (page 58) & Milk nourishing food has been given as soon as the temperature has reached the normal. No bad effects followed altho. the bowels were very constipated & needed Enemata to open them. This case shows one of the dangers of Antifebrin in bringing the temperature down too quickly without any lasting effect & thus having a tendency to cause a slowness of the Heart's action & collapse with bad results.

Fifth. Examine Chart V. (page 59) Here is a typical case of typhoid fever & nourishing food was begun as soon as the

Temperature dropped to normal with no bad effects so that by the 28th day since the commencement of the fever the patient was eating ordinary food, every symptom in this case was favourable except perhaps the bowels being somewhat costive & needing frequent doses of Castor Oil.

Sixth Examination Chart VI (Page 60) :- More nourishing food was administered about the 24th day, although the temperature in the morning was somewhat high, yet considering all the symptoms that were favourable the diet was given; but when mutton was given at the 28th day there was a slight rise which soon subsided & was caused by the patient having too much (taking more than nature cried out for & therefore nature rebelled) In this case Constipation was present all through, Calomel at the beginning

then Castor Oil & Enemata being given every day.
Seventh. Gamma Chart VII (page 61) which is a very
interesting case, the nourishment was administered
in this case as soon as possible
about 44th day & was rapidly pushed
as to cut-down, which would have been
a very long convalescence, after so
long & protracted a fever. This case
is not typical for my new method
of treatment - but the chart points out
many interesting points.
The fever in this case ran a very long
time & would have reached a very
dangerous height if entirely methods for
bringing it down had not been used.
The chart shows how effective the
Cold Sponge was, how the temperature
was brought down two & even three
degrees by it & at the 20th day
how a Tepid Bath brought the
Temperature to normal.

In this case also Constipation was very marked, the bowels being moved only with an aperient as Castor Oil etc.

The cause of this peculiar chart rising & falling for over a month was I presume due to the extreme weakness of the patient complicated with a Phthisical tendency & Bronchitis.

Eighthly Examine Chart VIII (page 62) which shows a very severe case ending in Extreme Fever (Hyperpyrexia) & death at the 15th day. After twelve days had passed with no marked unfavourable sign, the fever began to rise & the abdomen to swell & become tender. Sponging was at once resorted to with no marked effect. On the 14th day an acute rise took place & the temperature jumped to 105°, a cold Bath brought it down to 101.5° but the next day it gradually went up to over 106°

& although Cold Bath & enema antipyretic was given no change took place.

Constipation was also present in this case.

Ninth Examine Chart IX. (page 63) The fever subsided at the 24th day, but nutrient foods were not begun until 29th day & then pushed ~~on~~. The reason for this delay was because the tongue was slightly dry & coated & because at the 18th day the Temperature fell below normal causing a slight collapse & recovering rose again to 100.

Constipation also present in this case.

Tenth Examine Chart X (page 64) Here nourishing food was not given in this case until about 30th day because altho. the Temperature was normal practically; yet at different times of the day it was either raised or subnormal showing a tendency to ~~fa~~ easily relapse again.

Constipation was also present in this case.

Eleventh Examine Chart VI. (page 66) which is very interesting showing one of my non-successful cases, about 27th day when bread & butter was given the Temperature took a sudden rise to 102° & after a slight relapse subsided entirely about 34th day. On 36th day bread & milk was given & again a rise to 100° subsiding next day. Bread was not given again until 42nd day & Temperature rose to nearly 101° subsiding about 46th day. No more bread was given for at least eight days. & then so very carefully & slowly that the patient was weakly & in a convalescent state for at least 4 weeks afterwards.

Diarrhoea was present in this case at intervals.

by other cases pursue much the same conditions & from my experience I consider that if food is administered soon after the fever has subsided in a proper manner & under medical supervision the profound state of weakness & debility experienced after three weeks of Typhoid fever will be to a large extent diminished & our patients will both recover more quickly & afterwards enjoy better health.

The Treatment of Typhoid fever cannot be left on one side without taking into account the numerous complications which arise & have to be treated on their own merits especially when these occur in Private practice.

First The Temperature in many cases runs to a high pitch & needs

to be kept within bounds especially in adults when day after day the Temperature runs from 103° to 104°. with Children it does not matter so very much.

Drugs called Antipyretics are used in this case & are very often successful such as Quinine, Salicine, Antifebrin, Antipyrin but the chief treatment is the Water Treatment either Sponging or by the Bath. I make it a rule to sponge with tepid water whenever the Temperature runs above 102° & if Temperature reaches 104° or 105° the Cold Bath Treatment. The Tepid or Cold Sponging can be so easily applied in private practice that it is found beneficial in keeping the skin moist & cool, the tongue clean, intellect clear, & soothing to the patient; the Bath Treatment is the last last

most difficult to carry out in private practice; if cold sponging will not lower the temperature & the patient is becoming prostrate & weak the bath must be resorted to.

A bath large enough to hold the patient is carried to the edge of the bed & filled with water at 90°F. then cover the patient with a blanket & lower him into the bath, cool the water with ice until the Thermometer in the patients' mouth regulates 100°, dry him & place him in bed this has often to be done again & again & must be done carefully so as not to cause Collapse.

Second Diarrhoea is a symptom of the disease, but if very profuse is a complication & tends to weaken the patient & cause collapse. In treating this complication one needs to be

careful not to stop it too suddenly as the Diarrhoea has a function to perform in bringing away the offensive discharges & their millions of Bacteria & so carrying away the poison.

The Diet must first be attended to & if that fails different remedies are resorted to. Dr Charteris of Glasgow University first advised Carbolic Acid made into pills with one grain each of the acid. I have administered this drug in several cases & found it very beneficial both in controlling the Diarrhoea without causing constipation & having an antiseptic action on the bowels.

An Enema of Starch is very efficient & still more so if M. Opii is added.

Thirdly Constipation is usually described as a mild complication but in my

of course it is more a symptom than Diarrhoea, the constipation in nearly all my cases was treated successfully with either Castor Oil or a Glycerine Suppository. In treating this constipation one needs to be very careful so as not to give anything to irritate the typhoid Ulcers or to cause Diarrhoea. Calomel is often given at the very start but must never be given unless at the commencement.

Should Tympanites or Swelling of the Belly with great pain is a common complication if not attended to may perhaps cause Peritonitis etc. The treatment is Turpentine internally 3-5 m doses of the oil. Cloths soaked in Turpentine & Hot water applied to the belly, generally soothe it down in a few days.

A great many other complications could be discussed but these four are so associated with the symptoms of the fever and in private practice are met with so often as to form a part of the fever.

Typhoid Fever is so very difficult to treat in Private Practice because the patiences of both the nurse & the patient get tried to such an extent by its long duration that if any plan such as discussed here for cutting short this prolonged illness is at all practical & successful, the Medical Profession should welcome, test & report upon it.

The following Eleven cases are selected as examples from the Thirty-Six I have treated by administering food as soon as the fever subsided. I have selected these eleven not all typical & not all favourable to the treatment I recommend but as fair examples of cases every practitioner finds in private practice.

Two or three are good examples of how the long period of Convalescence can be shortened by judicious feeding.

Two or Three especially Case XI show failures of this treatment. The others are examples of cases we often meet with made interesting by running peculiar & abnormal courses.

except No VIII

In all the Eleven, my method of treatment was adopted which I believe shortened their periods of Convalescence by many weeks.

Case I.

Typical Case

Convalescence Charted

DISEASE *Enteric Fever*

Complications

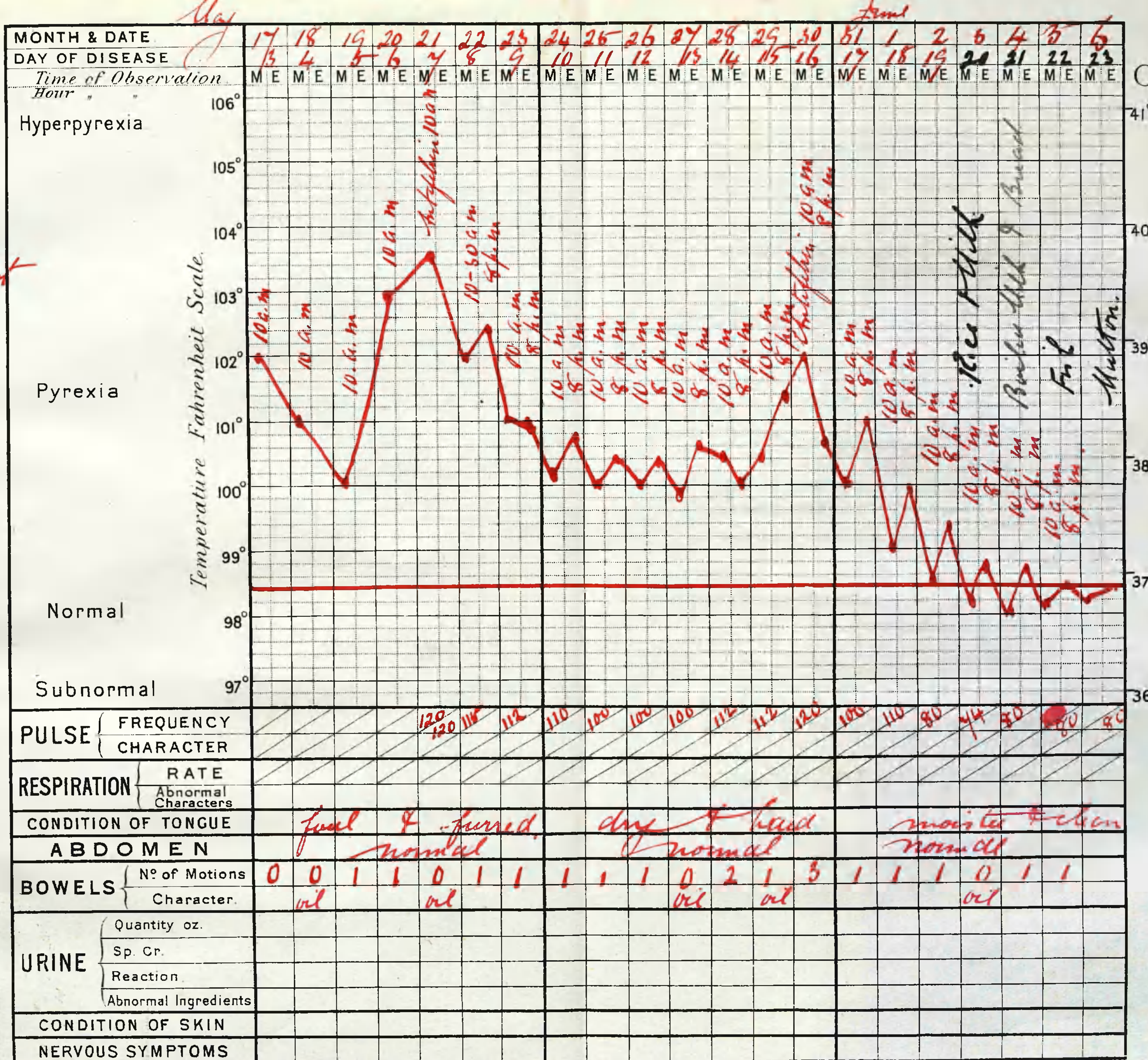
NAME *Elmer Broadbent*

AGE *28*

DIET

NOTES

(1.)



Case Book Nº

Date of Admission

Chart No 3.

Result

Chart

I.

Case II

Convalescence Shortened

Food administered before Temperature normal

as symptoms so favourable

SEASE 1898

Priestly

26 years.

(2)

Book No.

of Admission

Chart 2.

MONTH & DATE Nov. — Dec.

Hyperpyrexia · Pyrexia · Normal · Subnormal — Temperature Fahrenheit Scale (97°–106°) · C (36°–41°)

Month & Date	Day of Disease	Pulse Frequency	Bowels: No. of Motions
Nov. 12	1	120	5
13	2	110	4
14	3	110	4
15	4	110	3
16	5	120	2
17	6	120	0
18	7	120	1
19	8	120	4
20	9	110	5
21	10	130	3
22	11	130	0
23	12	120	0
24	13	110	3
25	14	120	2
26	15	120	1
27	16	130	0
28	17	130	1
29	18	110	2
30	19	100	1
Dec. 1	20	100	1
2	21	100	1
3	22	120	1
4	23	110	1
5	24	100	1
6	25	80	0
7	26	80	1
8	27	110	1
9	28	80	1
10	29	80	1
11	30		1
12	31		1
13	32		1
14	33		1
15	34		1
16	35		1

Time of Observation: M E (morning, evening)

	Nov. 12 – Dec. 2	Dec. 3 – 9	Dec. 10 – 16
PULSE — Character			
RESPIRATION — Rate / Abnormal Characters	normal.	normal	
CONDITION OF TONGUE	furred & dry; furred cracked & dry; moister	clean & moister	clean & moist
ABDOMEN	Slight Distension	normal	normal
BOWELS — Character	pale thin frothy	normal	normal.
URINE — Quantity oz. / Sp. Gr. / Reaction / Abnormal Ingredients	normal.	normal	
CONDITION OF SKIN	dry & harsh.	normal	
NERVOUS SYMPTOMS	at times delirious.	normal	

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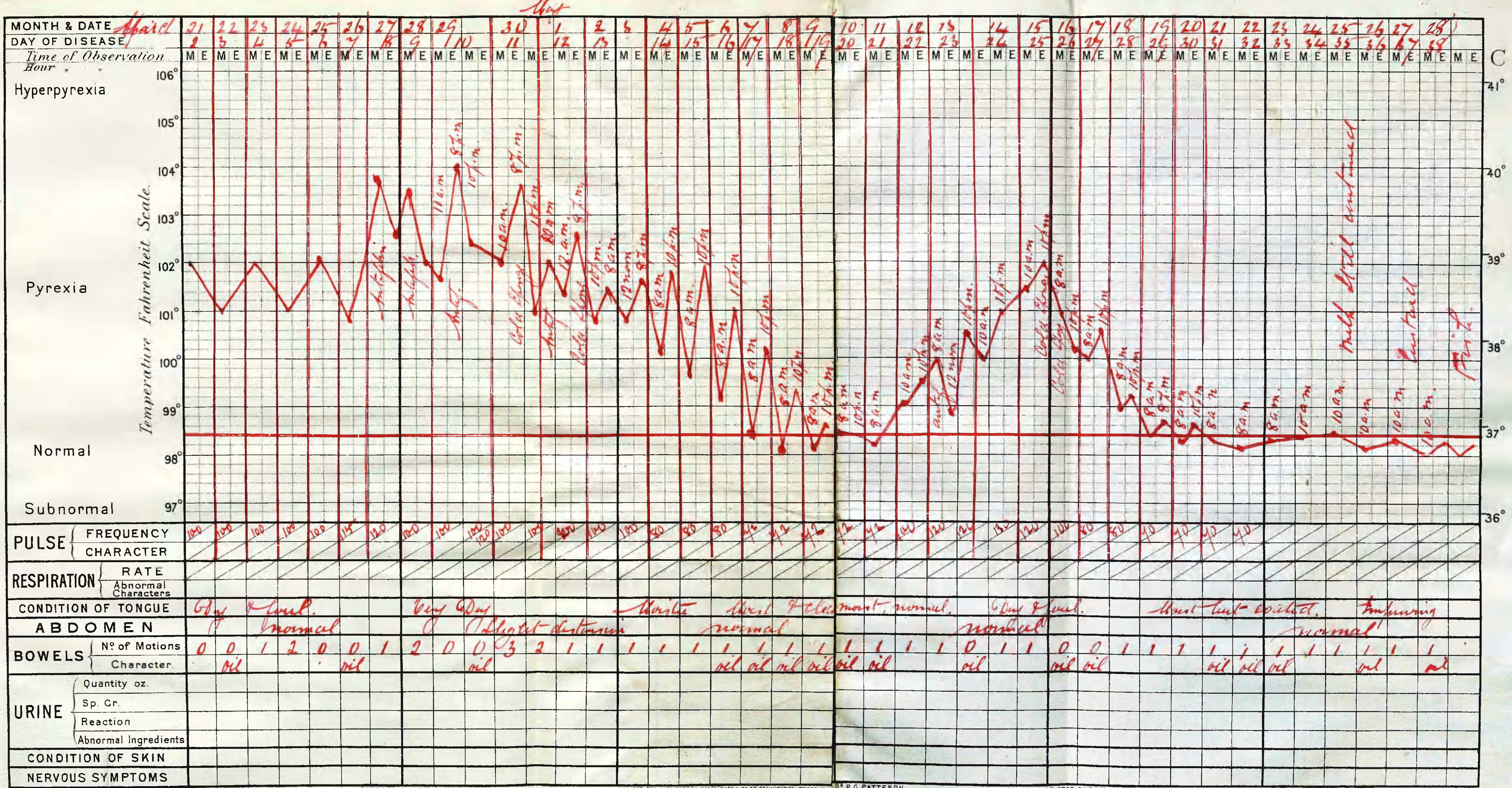
Case III

Convalescence shortened when food given
but an abnormal case showing
a Relapse, cause unknown

Antipyrin
Cold Sponging } for fever

Castor Oil for Constipation.

SEASE



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Case IV

Convalescence shortened & food given
as soon as Temperature reached 98.4°

Bowels very costive after the first week

Antifebrin causing slight Collapse.

DISEASE Enteric Fever

Complications

NAME

AGE 20

DIET

NOTES

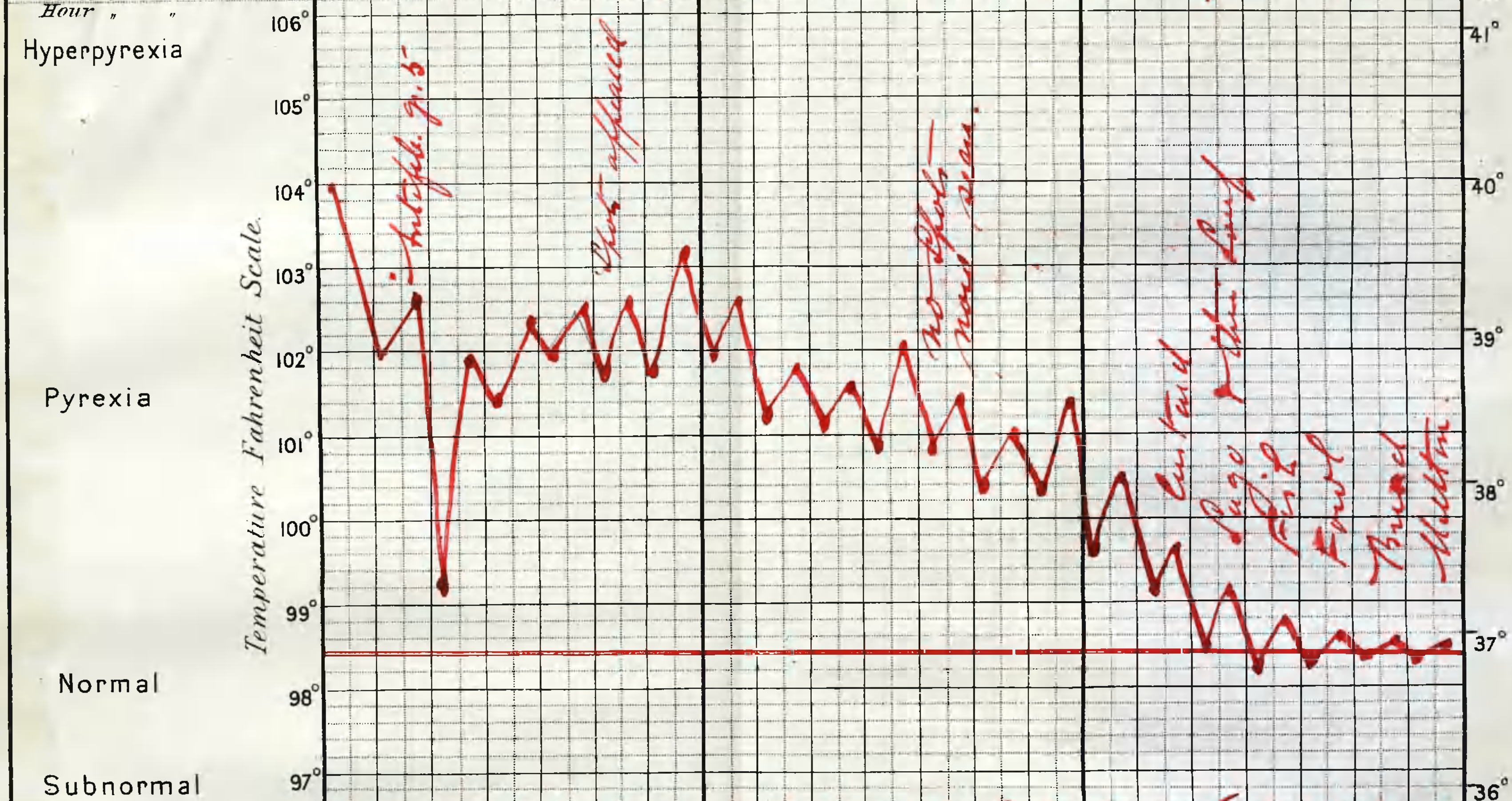
(4)

Case Book No.

Date of Admission

Result No 1.

MONTH & DATE March 93	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	24	25	26	27
DAY OF DISEASE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Time of Observation. Hour	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E



PULSE FREQUENCY	120	100	100	100	100	100	100	100	100	110	90	90	94	98	80	80	78	80	80	80	80
PULSE CHARACTER																					
RESPIRATION RATE / Abnormal Characters	normal																				
CONDITION OF TONGUE	Tongue furred & dry.							Tongue moister							The fur disappearing						
ABDOMEN	normal							normal							normal						
BOWELS Nº of Motions	4	4	3	2	3	2	4	1	0	2	1	1	2	1	0	0	2	0	0	0	1
BOWELS Character.	Thin - pale & characteristic							firmer.				formed			(Enema)						
URINE Quantity oz. / Sp. Gr. / Reaction / Abnormal Ingredients	normal																				
CONDITION OF SKIN	normal																				
NERVOUS SYMPTOMS	normal.																				

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Case V

Patient discharged in 28 days
food given at 22nd day.

Bowels costive

EASE

tions

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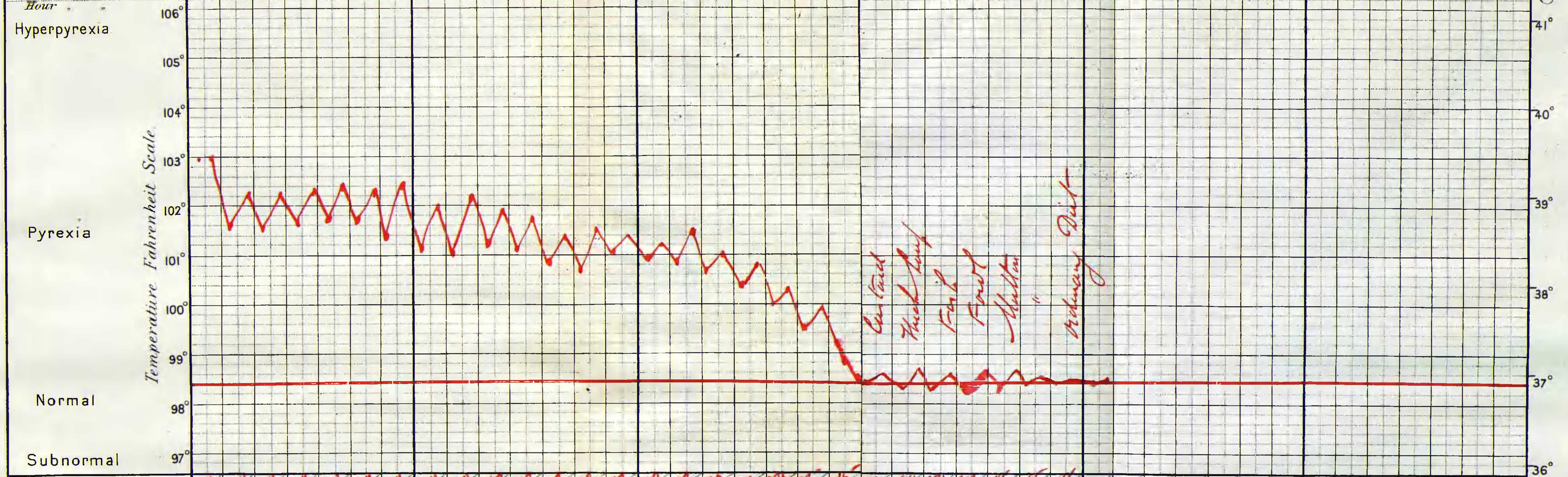
k No.

Admission

MONTH & DATE	Aug 8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Sept 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
DAY OF DISEASE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30												
PULSE Frequency	120	120	120	120	120	120	120	120	100	100	100	100	100	102	100	100	100	90	80	85	75	80	80	80	82	78	78	78														

Time of Observation: M E (morning, evening) for each date.



PULSE { FREQUENCY / CHARACTER

RESPIRATION { RATE / Abnormal Characters

CONDITION OF TONGUE: Moist & clean. Moist & clean. Moist clean & healthy. Clean & moist

ABDOMEN: normal ——— normal

BOWELS { No. of Motions: 3 3 2 3 1 0 0 0 1 0 0 0 0 4 3 1 1 0 1 1 1 1 1 0 1 1 1 1 1

Character: oil, oil, oil, oil

URINE { Quantity oz. / Sp. Gr. / Reaction / Abnormal Ingredients

CONDITION OF SKIN

NERVOUS SYMPTOMS

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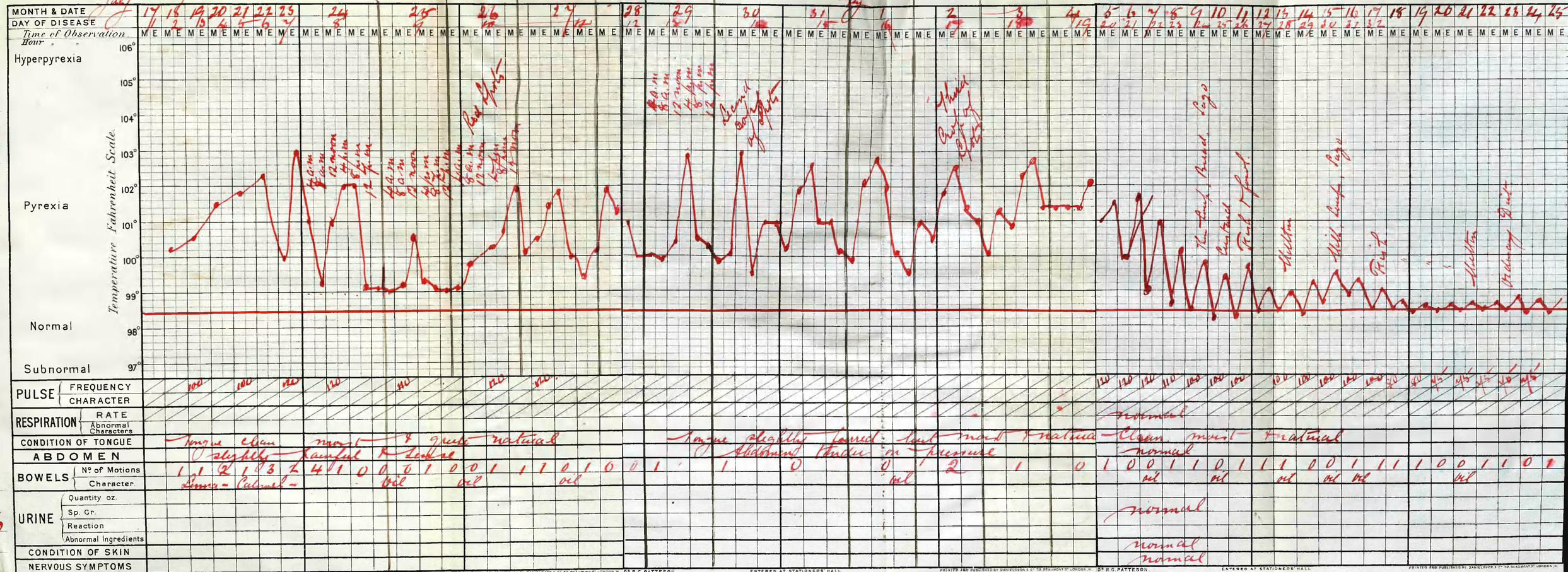
Case VI

Not a typical case as convalescence prolonged due to a slight elevation of temperature.

Bowels regular

Red Rose Spots – no typical successive spots.



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Case VII

Complicated with Bronchitis & Phthisis

Not typical altho. convalescence shortened by food being rapidly increased.

Lung entrance high fever kept in check by Sponging & Iced Bath.

Contemplation

CASE

PULSE — Frequency	120 130 130 130 140 120 130 100 120 120 120 130 130 130 120 140 100 120 110 120 140 112 104 100 104 110 110 100 100 100 100 100 100 100 100 100
PULSE — Character	
RESPIRATION — Rate	
RESPIRATION — Abnormal Characters	
CONDITION OF TONGUE	Dry – furred & coated. Tongue dry & furred. Tongue slightly cleaner but moist. Tongue moist & clean
ABDOMEN	Slightly distended & tender
BOWELS — No. of Motions	1 0 1 0 1 0 1 1 1 0 1 1 0 1 0 1 0 1 1 1 0 1 0 1 1 0 1 0 1 0 1 0 1 0 1 1 1 1 1 0 0 0 1 0 1 1 1 0 1 0
BOWELS — Character	oil oil oil oil oil oil
URINE — Quantity oz.	
URINE — Sp. Gr.	
URINE — Reaction	
URINE — Abnormal Ingredients	
CONDITION OF SKIN	
NERVOUS SYMPTOMS	Slight delirium & rigors

Case VIII

Does not demonstrate any treatment during convalescence as patient died.

Cold Baths reduced the temperature

Constipation

EASE

...ic Fever

...tions

...yrexia

...m Lunn

...5

Sponging

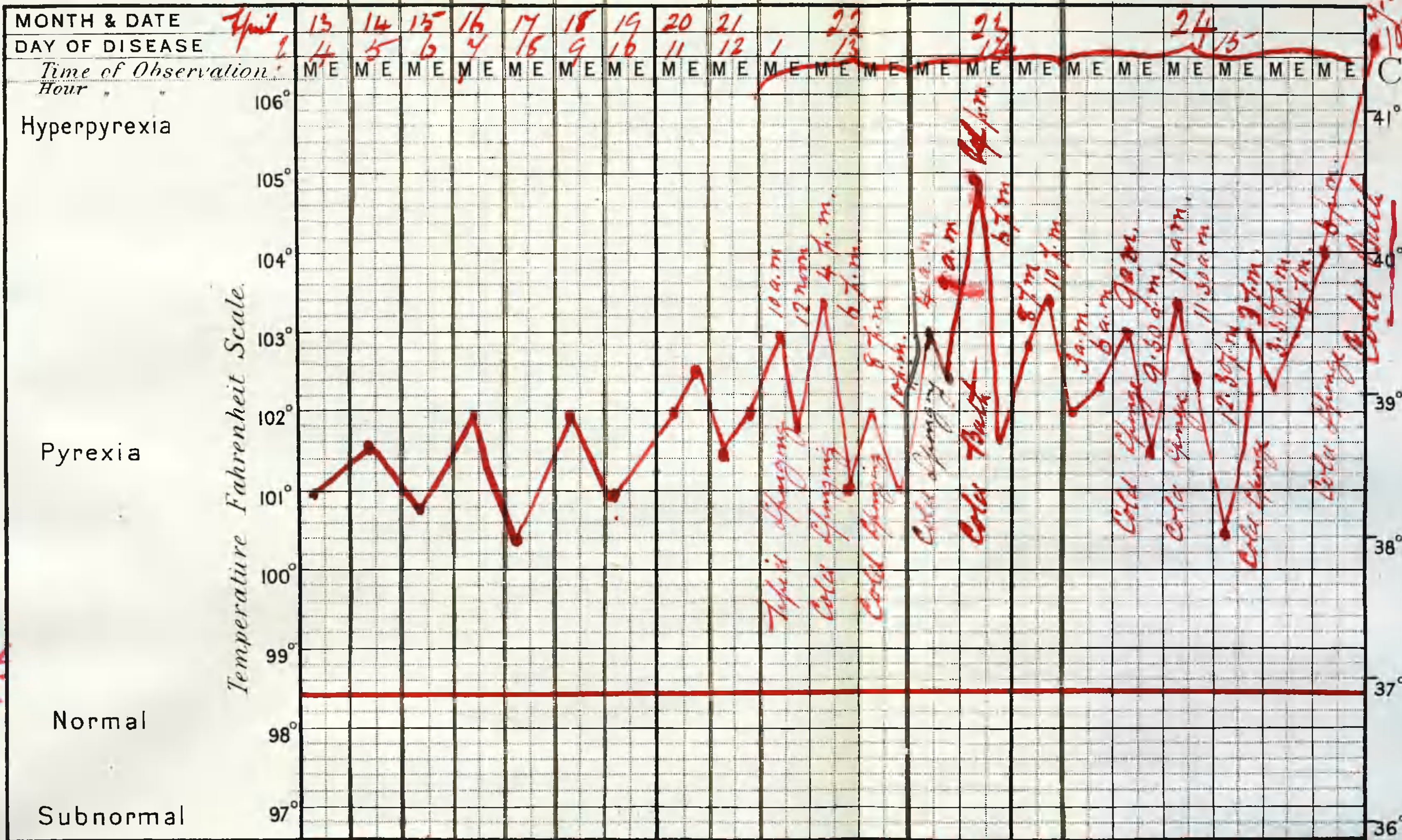
Cold Bath

(8)

...ok No.

Admission

Death.



PULSE	FREQUENCY	80, 84, 75, 90, 80, 80, 72, 84, 80, 80, 100, 100, 100, 100, 100, 120, 120, 140, 140, 140, 140, 140, 140, uncountable
	CHARACTER	
RESPIRATION	RATE	
	Abnormal Characters	
CONDITION OF TONGUE		moist & very slightly furred. Dry. Very Dry. Hard Dry, brown cracking.
ABDOMEN		natural. Slight distention but becoming tumid
BOWELS	No. of Motions	0 1 0 1 2 1 0 0 2 0 1 1 1 1 1 4 2 0 0
	Character	Castor oil, Enema, Enema, Enema, Enema, Enema, Enema, Enema
URINE	Quantity oz.	About 10 oz. None
	Sp. Gr.	normal
	Reaction	
	Abnormal Ingredients	
CONDITION OF SKIN		
NERVOUS SYMPTOMS		

Case IX

Food diminished convalescence Extended
but this is not a Typical
case as the food was kept
back owing to a dry & foul tongue

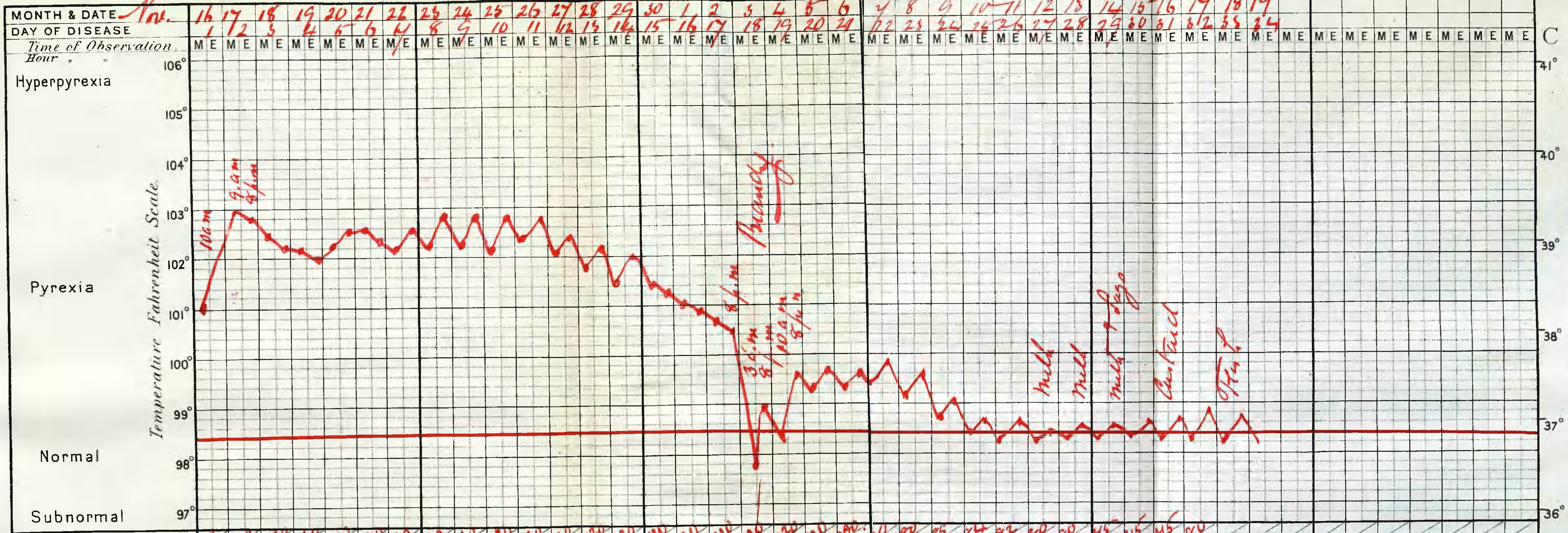
Constipation present

EASE

ions

ok No.

Admission



PULSE	FREQUENCY	120 120 120 80 140 140 130 130 130 130 120 120 120 120 110 110 110 110 120 110 100 110 80 85 84 82 80 80 75 75 75 80
	CHARACTER	
RESPIRATION	RATE	
	Abnormal Characters	
CONDITION OF TONGUE		dry & hard — foul, dry & hard — getting somewhat moist — tongue moister, slightly furred — moister & cleaner
ABDOMEN		distension — becoming worse — less flatus — more distended
BOWELS	Nº of Motions	0 1 0 0 1 1 1 1 1 1 1 1 0 1 1 0 0 1 1 2 1 1 1 1 0 1 0 1 1 1 1 1 1 1
	Character.	oil oil oil oil oil oil oil oil oil
URINE	Quantity oz.	
	Sp. Gr.	
	Reaction	
	Abnormal Ingredients	
CONDITION OF SKIN		
NERVOUS SYMPTOMS		

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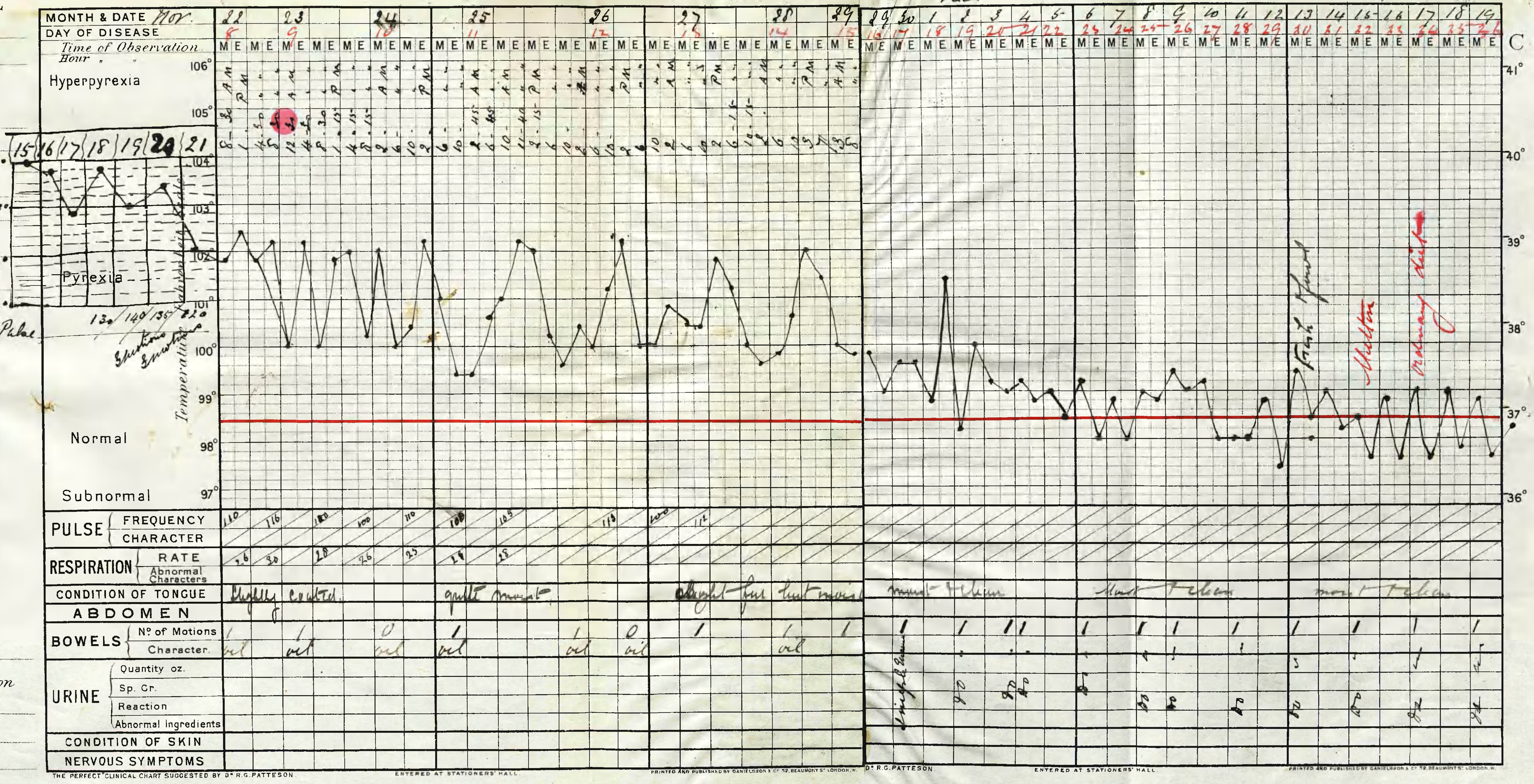
Case X

Not a Typical Case as Temperature
varying. Food was not administered
Soon.

Constipation

EASE

ations



ok No

Admission

Case XI

Show a Failure as the temperature
rose & a slight Relapse occurred
three different times when food
was given.

ISEASE

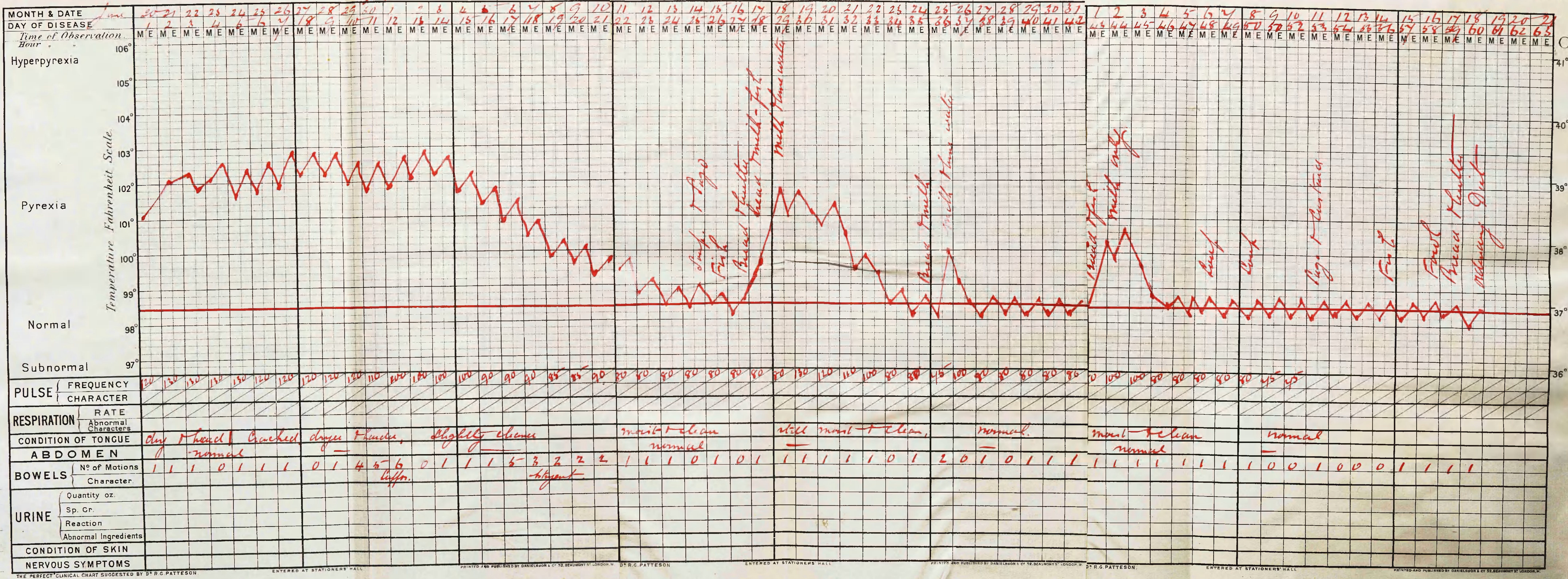
plications

21.

(11)

Book No.

of Admission



MONTH & DATE
DAY OF DISEASE
Time of Observation
Hour
Hyperpyrexia
Pyrexia
Normal
Subnormal
Temperature Fahrenheit Scale
106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
41° 40° 39° 38° 37° 36°
C
PULSE FREQUENCY
CHARACTER
RESPIRATION RATE
Abnormal Characters
CONDITION OF TONGUE
ABDOMEN
BOWELS No. of Motions
Character
URINE Quantity oz.
Sp. Gr.
Reaction
Abnormal Ingredients
CONDITION OF SKIN
NERVOUS SYMPTOMS
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