

Fevers and Fever Nursing.*

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THE action of these microbes, then, is just as truly a zymotic or fermentation process as is that of the ordinary *torula saccharomyces* or beer yeast in forming alcohol out of a solution containing sugar. It is satisfactory to note how the results of modern research have tended to confirm the appropriateness of the old term zymotic disease as applied to the group of specific fevers, and, if it were only practicable, we could just as surely protect a susceptible individual from an attack of diphtheria by denying access to the bacillus of diphtheria, as we are able to absolutely prohibit the process of fermentation by the rigid exclusion of the yeast fungus. It is a somewhat humiliating thought, that although civilised man is usually able to defend himself with success against the attack of the wildest and most ferocious of animals, yet, in *these islands alone*, between 50 and 100 thousand deaths occur annually, owing to our inability to withstand the assault of these tiniest of tiny vegetables.

(3) They are communicable.—That these diseases are communicable is of course an expression of the fact that they are infectious. Now there is no point of distinction between the specific diseases and the other febrile inflammatory affections more marked than in reference to their infectivity. In view of what is known as to their causation, it would require a considerable stretch of the imagination to believe that such a disease as gout or synovitis could be communicated from the sick to the healthy. In the case of the former, too, it would be very hard lines if a person who, owing to his habits of luxury or excess, had become the subject of an attack of gout, were enabled to transmit his misfortune to others who had not also received their share of the good things in life, although it is only too true that a gouty subject will not infrequently render the life of his immediate attendants more or less unbearable. They will not suffer from his attack of gout, however, but

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will only be affected by one of its effects, viz., his temper.

In the case of small-pox, scarlet fever, and other specific fevers, it will be very different, and the chances of a previously healthy person becoming affected with the disease will chiefly vary with three sets of conditions—the virulence of the contagion, the conditions of exposure, and the special receptivity, that is to say, the susceptibility of the individual exposed. And this last factor is a very important one in determining infection.

There has been, and still is, considerable confusion in reference to the terms, "infectious" and "contagious." No absolute distinction between them is possible, and the attempt had very much better be given up. Broadly speaking, the term "infectious" is generally used in a wider sense than "contagious," which is more properly applied to such diseases as small-pox, scarlatina, diphtheria, etc., which are communicable by direct contact with the patient, the exposure in some instances being only momentary. Whereas, the term infectious must be taken to include not only the directly contagious group, but also such diseases as cholera and enteric fever, in which the infection is more directly attaching to the excretions from the bowels, which are believed to undergo an augmentation of their virulence for some time after they have been passed from the body. It would be very much better to retain the term "infectious," and limit the name "contagious" to such diseases as ring-worm and ophthalmia, and others which are neither zymotic or necessarily febrile.

Now, in an endeavour to follow out the actual process of infection, the questions will naturally arise—

1. How and by what means is infection given off by the sick?
2. How and by what channels is infection received by the healthy?

Now, on these points we really have very little actual knowledge, although the inference is justified that the means vary in different diseases.

It would seem to be given off by the breath or by means of the secretions of the mouth, nose, and respiratory tract in measles, influenza, whooping cough, and diphtheria, and, by the same means in the early stage of scarlet fever, German measles, typhus, small pox, and chicken pox; but in the *later* stages of the latter group it appears to be more directly connected with the exfoliation of the skin or scabs which are distributed thereon, and it must be remembered that

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