

any discharge, as, for instance, from the ears or nose, arising during the course of scarlet fever, will retain its infectivity for many weeks.

In typhus fever, however, the infection is believed to be more especially attaching to the direct exhalation from the bodily surface, which is attended with a characteristic mousey odour. This odour has also been likened to the smell of mouldy hay, and is most distinctive. The infection of cholera and enteric fever, on the contrary, would always appear to be connected with the discharges from the bowels. Now these points, as you may well imagine, have a very practical bearing on the precautions which should be adopted in reference to the particular disease in question.

With regard to the means by which infection is received. For practical purposes it may be stated that infection is always taken through the mouth or nose, and that it is air-borne in all diseases with the exception of cholera and enteric fever. In these two latter diseases there is little doubt that infection is almost always transmitted by means of contaminated food or water, and although the contagion of scarlet fever and diphtheria is far more frequently air-borne, yet there are many instances in which outbreaks of both diseases have been very properly referred to the influence of an infected milk supply.

(4) *Definiteness of Course.*—The fourth point characterising the specific fevers is that they always run a more or less definite course. There is no such thing as a chronic scarlet fever, a chronic measles or typhus; the illness soon ends in one of two ways, either by recovery or death. The only disease in which anything approaching a chronic attack is met with, is in the case of certain bad cases of enteric fever, in which the illness may be prolonged for two or even three months, but here it is not as if the original attack were indefinitely continued, but rather that the whole course of the illness were prolonged by the appearance of one or more relapses, each, in fact, accompanied by the symptoms characteristic of the original attack. It is believed that this determination of either recovery or death, in the case of the specific fevers, is directly related with the varying power in different individuals of successfully withstanding the action of the specific poisons evolved by the microbes, until their life cycle in the human organism is ended, and they perish in virtue of the normal resistance offered by the tissues and juices of the body in which they have been living.

Indeed, the actual process concerned in the attack, has been aptly described by Professor Nagele as a veritable "Struggle for Existence"

The "NURSING RECORD" has a Larger Sale than any other Journal devoted solely to Nursing Work.

between the microbes and the organism of the person attacked, which has been likened to a beleaguered city—Death or Recovery being determined by the victory of either the invading host or of the garrison respectively.

It is tempting here to digress, and point out that modern research has indicated that the process of recovery is not *alone* dependent on the vital resistance of the individual attacked, but that the microbes themselves are concerned in their own downfall; for it has been shewn that in the process of their multiplication within the body they produce certain chemical substances which are poisonous to themselves, and that in their efforts to encompass the fate of their victim, they are really adopting a most suicidal policy which eventually reacts to their own disadvantage.

V. *Protection.*—In reference to our fifth point of distinction, viz., that these diseases are, to a great extent, protective against a second attack—I shall content myself with the statement, that they are only protective against a second attack of the same disease, but have no influence in determining the liability to another.

And the degree of protection conferred by one attack varies considerably in respect to different diseases. In most diseases, the effect of one attack lasts for life in the majority of people. Second attacks of Chicken-pox, Whooping Cough or Typhus are simply medical curiosities, so rare is their occurrence. In the case of others, it is less marked; and in connection with Influenza, Erysipelas, and Diphtheria, the susceptibility to a second attack, in many people, seems to return almost as soon as convalescence from the first has been attained.

The question now arises as to what are the diseases met with in this country, which, in the light of the distinctions we have already laid down, may lay claim to the title of the Specific Fevers.

There are certainly 12 such fevers which fall within the province of the Physician, besides several others which are more usually met with in Surgical practice.

They are. Scarlet Fever, Measles, German Measles, comprising one group; Small-pox, Chicken-pox, Typhus, another; Enteric, Cholera, Diphtheria, a third; and Whooping Cough, Mumps and Influenza. With the exception of the last five, viz., Cholera, Diphtheria, Whooping Cough, Mumps and Influenza, they are all attended with a characteristic rash, which is of great importance in their diagnosis.

(To be continued.)

"HEALTH" COCOA.—Is the finest cocoa procurable, and most invaluable for invalids. A Quarter-pound tin costing 8d. will make 30 cups of delicious cocoa. The "Lancet" says:—"Very soluble, excellent in flavour, perfectly pure, and deserves frank praise." Free sample sent on application to H. THORNE & Co., Ltd. Lady Lane Leeds.

[previous page](#)

[next page](#)