

Medical Matters.

DIET IN TYPHOID.



Dr. Thomas A. Clayton, in the *Medical Record*, advocates a more liberal diet in typhoid fever. He says all food which is properly prepared and digested reaches the ileum, the most common seat of greatest inflammation, in a more or less fluid form. It should be free from strings and stones and skin and bones. We have twice as much to fear from the inability of the patient to withstand the severity of the infection as we have from the intestinal lesions, therefore the strength should be supported by proper food, the patient being kept in the best possible condition to withstand the ravages of disease. Milk and broths are given until the more acute symptoms subside. As soon as the patient is hungry a soft-boiled or poached egg is allowed, then jelly or blanc mange, custard, soft-toast, the carefully selected soft part of baked apple, and rice which has been boiled for four hours. At last scraped beef, or scraped chop, very finely divided chicken and baked potato, the latter only when digestion seems especially good. This diet is not advocated for indiscriminate use, but is advised for careful trial. Milk alone often causes tympanitis, leaves a large residue after digestion, and is more apt to cause impaction than any other food. Hunger should not be permitted to cause discomfort.

DISEASES OF CHILDREN.

The *Medical Annual* says that congenital hypertrophy of the pylorus has attracted much notice recently, and whereas operative measures were at first believed to be almost inevitable if life was to be saved, there is increasing evidence that many cases recover with such simple measures as washing out the stomach daily, or even by very careful dieting, or by the administration of opium in minute doses.

The value of salicylates in chorea is mentioned by various observers, and amongst other drugs recently used with success morphine may be specially mentioned.

In the treatment of whooping cough some interesting results have been obtained by Kilmer with an elastic abdominal belt, which by its support to the abdomen seems to prevent vomiting and perhaps even to shorten the disease. Fluoroform given frequently has recently been found to reduce the number of paroxysms very effectually.

Rashes resembling Scarlet Fever.

The eruption of scarlet fever appears usually on the second day of the disease, first on the pharynx, neck or upper chest, or in flexures of joints, spreading slowly. The skin about the corners of the mouth remains white. The vivid scarlet rash is diffuse and punctate, uniform or mottled, gradually fading in two to four days, followed by coarse, flaky desquamation. Of diagnostic import are the early high fever, rapid pulse, sore throat, "strawberry" tongue, flushed face and vomiting, together with a suspicion of exposure.

The rash of measles appears on the fourth day, first on cheeks and forehead or back, spreading gradually to the body and limbs. It consists of small, soft, dark rosy crenated papules like fleabites, grouped in rounded or crescentic blotches with intervening healthy skin. Small red spots with a bluish-white centre (Koplik's spots) may often be observed on the buccal mucous membrane a day or two before the cutaneous eruption. Desquamation is fine and branny. The early coryza, conjunctivitis, bronchitis and the remitting fever before the eruption are also symptoms of aid in diagnosis.

In roetheln, or "German measles," the rash appears on the face on the second day, and may spread over the whole body within twenty-four hours. It is much like that of measles, but is accompanied with only slight fever, sore throat and enlarged post-cervical glands.

In the so-called "fourth disease" of some authors the signs and symptoms resemble rubella, but the rash is uniform and finely punctate (like scarlatina), first appearing around the mouth. There is no posterior cervical glandular enlargement and desquamation is rare.

Septic rashes appear one to four days after the wound, confinement or operation. They are of sudden onset and resemble scarlet fever, but papules are occasionally observed. Desquamation is often marked. The wound itself usually shows little or no evidence of sepsis. Intermittent fever, rapid pulse and furred tongue are present. Iodoform, used in excess in a wound, may likewise produce fever delirium, prostration and erythema or eczema.

Variolous erythema, prodromal of smallpox, presents itself as bright or dark red points like rubeola, except being hardly at all raised; or irregular scarlatinal patches on the trunk, inner thigh and feet or flexor surfaces; or reddish streaks on protected parts and dorsal surface of

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