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The Medical Clinics of Chicago

NOVEMBER, 1915

VOLUME 1—NUMBER 3

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The Medical Clinics of Chicago

VOLUME 1

NUMBER 3

CLINIC OF DR. CHARLES SPENCER WILLIAMSON

COOK COUNTY HOSPITAL

TYPHOID FEVER, WITH FULL DISCUSSION REGARDING TREATMENT

I WANT to show you a patient who has typhoid because I want to discuss with you the question of treatment. I thought I would take up with you today somewhat systematically the treatment of typhoid fever.

I am going to pass over some of the things which are so well known and fixed as to make them hardly suitable for discussion. In regard to the prophylactic treatment of typhoid, no two people can disagree. In regard to the care of the body, clothes, and the excreta we can't get up very much disagreement. I want to discuss with you especially the dietetic treatment of typhoid fever. It is an extraordinarily important topic. Twenty years ago I think it is safe to say that the majority of physicians kept their patients on a strictly milk diet. I was taught to believe that anything else than milk was rank poison to the patient. He was given milk and nothing else, and not much of that. The result of this sort of treatment was that the patient simply loathed to see the nurse coming down the hall with a glass of milk. He became sick and tired of it. As a result the appetite became impaired and he took just as little as he could, and when he got through he was in wretched nutrition. It became almost impossible to feed them, and patients developed all sorts of complications. We had great difficulty in keeping their mouths clean, bed-sores were common, and we had many cases of furunculosis, and they often got up emaciated in a marked degree.

I saw a great many more cases of typhoid as an intern, in Cincinnati, than I do now, and I made up my mind that when I got through my apprenticeship I would do something besides feed patients on milk alone. Little by little physicians became more liberal in their diet, but the majority of men up to five or six years ago kept their patients principally upon milk, giving them perhaps other fluids. This was a little better, but during the last four or five years the fashion has swung around the other way. Men are recommending food in quantities—a good deal more than the ordinary diet contains. A man will recommend as much as 4000 or 4500, or even 5000 calories of food a day, which is as much as a man doing the hardest kind of work can consume.

I have always opposed the simple milk diet and the simple fluid diet, but I am just as much against the overfeeding. I see no reason why a patient that is running a fever should be fed more than he would if he were up and about. I have never put a patient on a pure fluid diet, but I don't believe in overfeeding either. In the first place, I think a diet consisting of about 2800 or 3000 calories is just about right. That is just about what most of us consume in a day. Is it necessary to keep the typhoid patients on a liquid diet? Emphatically No. The idea was that by keeping the patient on a strictly milk diet the fecal residue would be less, but that is not true. A man on a strictly milk diet will have hard fecal masses just as often as those on a more liberal diet.

In the first place, I allow them milk if they like it; if they are fond of milk I often give them half cream and half milk. Our ordinary city milk is not so rich that this is unpalatable. Along with this I give them a lot of milk foods, and I am particularly partial to the ice cream preparations. One can prepare many different dishes, such as the parfait, the ordinary mousse, and the fruit ices. I see no reason why ice cream should not be taken in any form unless it contains large quantities of fruit. I think ice cream should be used much more freely than it is; it is palatable and nearly every patient will take it. Then we have the egg foods. They can be given raw, beaten up with milk, soft boiled, poached, or coddled. Fried or hard-boiled eggs are a

little too indigestible for an ordinary patient, but a well-made omelet is very good, and I allow a patient to have one once a day if he likes it.

And then we have the cereals. Any soft cereal can be given. I allow my patients cream of wheat, oatmeal, or anything so long as it is pretty thin. It should be taken with plenty of cream and sugar. I use milk-sugar instead of cane-sugar. It is not so sweet as the cane-sugar and, consequently, a patient will take more, and in this way get a good deal of nourishment. In the same way, in a milk-punch or egg-nog you can put in a good deal of milk-sugar without making it too sweet. I do not know who first suggested this, but it is useful.

Then I want to recommend to you the use of soups, but in recommending soups, I don't mean what are commonly called "slops." Don't give the patients mutton broth or beef-tea. The amount of nutrition contained in these is a negligible factor. The best soups are the cream soups, and they can be prepared in a very delicious way. One can even use as heavy a vegetable soup as the cream of pea. These should all be strained through a coarse kitchen towel. I think the cream soups are much too little used; a cream soup, especially if it be given in a cup with whipped cream on top, will make a very delicious food which most patients will take greedily. I don't object at all to potato if given in the form of a purée. A small amount of well-mashed, creamed potato is allowable. Various things can be given in the form of purées.

Jelly preparations can be given, such as wine jelly, or the ordinary tapioca mixtures flavored with different fruits. My experience is that a good cook and housewife is almost as essential to the treatment of a case of typhoid fever as the physician. The thing to do in treating a patient with typhoid fever is to see that he comes through in some sort of decent nutrition. It is not much of a compliment to a physician to have a patient come through a fever if he has lost 25 or 30 pounds and it takes him a year to get back into good nutrition.

The dietetic treatment is all important. I am sure that I have seen patients literally starved to death—their nutrition so

poor that they fell victims to some of the numerous complications. The diet I have outlined gives you a very liberal *ménu*, and we can still add to it several other things. When asparagus is in season I allow them just the tips of fresh green asparagus or the tips of cauliflower; I see no reason why a patient should not have a spoonful of cauliflower tips if he gets none of the fibrous part.

Will you give them meat? I have never quite seen the necessity for giving the typhoid fever patients meat. If I did give them meat I would prefer to give them grilled sweetbread. This is probably the most delicate meat we have, and a little bit of sweetbread or calf's brain would be the best to give them. I don't like to do it, though, for I feel they are unnecessary. I do not regard a patient as a machine, nor do I think we have to put so much fuel into his boiler every so often. You surely will not forget that the whole trend of investigation tends to show *that the food must be made appetizing*. Simply to put food in his mouth isn't the proper way to do. You must make every bit of food that you give him appetizing; make him glad to get it. If the patient just dreads to see the nurse coming with some nourishment, it generally means that there is something wrong with your management of the case. A typhoid fever patient does not have much appetite, but the food can generally be made appetizing, and you should see that it is.

Now, about the intervals of feeding. They should be short. I generally prefer every three or even every two hours, beginning when he wakes up in the morning and continuing until he goes to sleep at night. I don't feed them at night. The only exception I would make to this would be if the patient was so emaciated that I thought nourishment more important than sleep. But if the patient wakes up during the night I always try to have the nurse get him to take some food, perhaps a little egg-nog, which is quickly made and may help the patient to go off to sleep again.

Feed the patients, then, frequently. Select from these foods a decent variety. Don't just say to the patient or to the nurse you can have any of these things that you like. It is frequently a good plan not to let the patient know what he is going to get.