

## RÉSUMÉ

Qu'il s'agisse de l'interne ou du résident, il importe que l'hôpital offre à ceux-ci une organisation parfaite de l'enseignement médical et que les médecins de la maison assument l'entière responsabilité de l'enseignement au lit du malade. L'internat obligatoire doit permettre au jeune médecin de séjourner dans tous les services selon un plan qui permet, le cas échéant, pour certains sujets de prolonger certains stages. Les responsabilités de l'université ne doivent pas cesser après la collation du diplôme; la direction universitaire doit diriger les jeunes internes sur les seuls hôpitaux qui possèdent un enseignement clinique bien organisé. L'internat doit, en d'autres termes, faire partie du curriculum universitaire. Certains officiers médicaux de l'armée doivent bénéficier des avantages de l'internat; il faudra à l'occasion leur assigner un poste d'interne ou de résident. Dans le même ordre d'idées, il faudra fréquemment organiser des cours additionnels, dits post-gradués, pour les médecins de l'armée. Un officier médical spécial, un *Fellow*, nommé par l'hôpital ou par l'université devra présider à l'organisation et au maintien de l'enseignement médical donné aux internes et aux résidents.

JEAN SAUCIER

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**A TYPHOID EPIDEMIC IN SOUTHERN ALBERTA**

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*Ottawa*

ABOUT seventy cases of typhoid developed in southern Alberta this spring. The Provincial Health officers made a very thorough investigation as to the source of the infection. Practically all the original cases had one thing in common. They had eaten Cheddar cheese, produced at a certain cheese factory, between February 5 and 10, 1944. There seems to be little doubt but that this cheese was infected although in testing samples of it seven weeks after it was produced the laboratory technicians were unable to isolate the typhoid organism. This does not by any means prove that the infection was not cheese-borne, as it has been shown that typhoid germs can remain alive in cheese for as long as six months, depending on the temperature.

The cases were of a severe type. There were many serious hæmorrhages, at least one perforation, severe toxæmia and long-continued fever. There may be more contact cases from time to time.

It seems that Cheddar cheese is referred to as raw cheese and is not pasteurized in Canada. It is not processed as is packaged cheese. The question of having a Dominion regulation about pasteurization of cheese and the storing of it for a longer time is being considered.

After a diligent search the Provincial officers discovered a typhoid carrier who had been supplying milk to the factory. The milk after reaching the factory was placed in a 500 gallon vat. The temperature is raised to 100 degrees and then cooling is allowed. If there were germs present they would multiply rapidly, as this makes an ideal culture medium.

The fact that so few contact cases have developed in this instance is a tribute to the Alberta Health Department. They have taken steps to control the infected persons, to destroy the infected material and to protect many as far as inoculation will protect. It has been amply shown that inoculation is of great value, although its effect is not at all permanent and it will not protect against massive infection.

The money costs of this epidemic to hospitals and individuals will run to a million dollars. This is, of course, not so important as the sad loss of useful lives and the long periods of disability caused by this preventable disease.

Twenty-five per cent of typhoid cases are due to carriers. Carriers come under three classes. There is the incubation carrier who spreads the germs before symptoms develop or during the whole course of mild walking cases. There is the convalescent carrier who excretes germs for three months after the disease. There also is the chronic carrier who is a source of danger for an indefinite period. One-third of the cases become convalescent carriers and more than 5% chronic carriers. In 1930 there were 527 carriers in New York State.

There have been two other cheese-borne epidemics in Alberta, and at least ten have been reported in Canada.

House of Commons, Ottawa.

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The quality of medicine depends on the quality of its entrants. Whatever you do, do nothing which will result in denying to the profession its due proportion of the best brains of the new generation. That will be the result if medicine is looked upon as a rigid and stereotyped form of service.—Dr. Chas. Hill, *Brit. M. J.*, March 25, 1944, Supp. p. 60.

