

ber of agents which are destructive to bacteria localized in the intestinal canal. As a proof of this germicidal action, we have the fact regarding salol, which has been noted by various observers, and which my own experience corroborates, that it is possible to completely deodorize the contents of the intestine by giving this drug. The germicidal effects of these drugs is also well shown by the results obtained by their use in the treatment of mycotic diarrhœas.

Regarding the third indication for treatment, if we remember that the intensity of the action of the poison depends upon its degree of concentration, then it is apparent that to modify its action we have simply to dilute it. This we can do quite readily by giving water in large quantities, regularly and systematically. I am inclined to believe that the improved results obtained by enteroclysis and by the cold-bath treatment are explained in this way: By enteroclysis large quantities of water are taken up from the intestinal canal, and by cold bathing loss of water is prevented.

In theory, then, I claim that this plan of treatment, embracing free elimination and antiseptis—and I should add dilution—is most reasonable, and from a logical standpoint unassailable. Before, however, putting it in practice, we have still another question to answer: Is its adoption fraught with any increase of danger to the patient? I say, No. On the contrary, it diminishes the risk to which he is exposed.

I am well aware that purgation in typhoid fever has hitherto been condemned because it was believed the liability to the occurrence of hemorrhage and of perforation were much increased thereby. I am also aware that the professional mind has undergone some change regarding this subject in recent years; *e.g.*, Fagge, of 1886, cautions against the initial purge, claiming that much harm resulted. To-day, many authors ascribe benefit to its action on the general principle of clearing out.

Let us first look at the facts concerning perforation. Since the extent of the necrotic process depends upon the quantity of poison present, its degree of concentration, and the length of time it is allowed to remain in contact with the cells, then it follows that elimination and dilution must lessen the destruction in the intestinal follicles. But suppose the ulceration to be deep at the time the patient comes under observation, are we then to allow the "caustic" to continue in its work of cell-destruction, or are we to attenuate and remove it in the way indicated? Certainly, the latter plan seems the reasonable one to adopt. It is, however, objected that the ulceration is perhaps so deep that any increase of movement consequent upon purgation may cause the rupture. Let us here notice what follows upon the administration of a purgative medicine. There is increase of peristaltic movement; but here we must remember we have