

thought that the application of ice externally had little effect in controlling the hæmorrhages. The symptoms should be treated on general principles as they arise. If the temperature rise to 103°-104° sponging with warm water has the effect of reducing it.

Dr. Drake recommended the ice in the treatment of hæmorrhage. Cold sponging he had found most efficient in reducing the temperature. He would not wake the patient for food unless very weak.

Dr. Butler thought the cold sponging very grateful to patients.

Dr. Meek recommended laparotomy and washing out of the peritoneal cavity in those cases of perforations when the shock was not too great. He had found in some cases an accumulation of fecal material to be the cause of a high temperature.

Dr. Eede thought the fever was due to the implication of "Peyer's patches." The sulphocarbonate of zinc he had used with not much caution, and had never noticed any of the bad symptoms mentioned by Dr. Gardiner.

Dr. Gowan asked if the patient was sleepless when no other symptom was marked. what course would be pursued? In a case of perforation, what would be done to make the patient most comfortable in his last hours?

Dr. Campbell thought the treatment appeared to be to protect the patient against the effects of a poison. Few cases could be treated on the same plan. Calomel he used in some cases, but not where diarrhœa was marked. As antiseptics he used the sulphocarbolates of zinc or soda. Cold sponging and antipyretics he had found not very satisfactory. They reduced the temperature at the expense of the patient's strength. When the diarrhœa was troublesome, gallic acid, opium and turpentine had given best results. In the last stage, when the patient was weak and heart failure impending, alcohol, ammonia and digitalis were indicated. For sleeplessness full doses of alcohol often had the desired effect; when delirium was active, opium and atropine or hyoscine. The coal tar products he considered dangerous remedies. In cases of hæmorrhage he used ergot and turpentine; in cases with constipation, warm water injections every day, unless the patient was too irritable. When perforation had taken place, make the patient as comfortable as possible by the use of hypnotics.

Dr. English in regard to food would give milk $\frac{3}{4}$ i. every hour at least. He would not allow the patient to sleep over two hours without nourishment. Alcohol he used early in every case, the quantity varying with the condition of the pulse. Antifebrin he had used as an antipyretic in grs. v. doses, repeated in two hours if necessary, together with tepid sponging. He had good results from the sulphocarbonate of zinc. He thought it shortened the duration of some cases.

Dr. Hodge thought absolute rest together with good ventilation essential in all cases. Cold baths he had not used. Tepid sponging and an ice-bag to the head, he had found an excellent thing to quiet the patient. Cold water he allowed *ad libitum*, and never saw it produce diarrhœa or vomiting. As to antiseptics, thymol appeared to be one of the best. A case of heart failure dependent on the use of zinc sulphocarbonate he had never seen. In one particular case, its use in grs. ii. dose every second hour with tepid sponging had reduced the temperature. When the pulse became rapid and weak, alcohol, $\frac{3}{4}$ i.— $\frac{3}{4}$ iv. in the twenty-four hours, was allowed. As the quantity was increased the case improved. Opium as a hypnotic had not in this case any good effects. The meteorism was often due to the diet. He used milk $\frac{3}{4}$ vi. aq. calcis $\frac{3}{4}$ ii. every three hours during the day and every four hours during the night.

In reply, Dr. Gardiner said he had used ice and hypodermics of ergot in cases of hæmorrhage, with apparent success. In regard to laparotomy, he would not suggest it in low cases. In cases of sleeplessness, pot. brom., in the early stages, and full doses of alcohol in the later stages. Alcohol gave good results, especially in cases with hypostatic congestion. He would not disturb the patient for food every hour, but would agree in giving it during the night. He thought cases with bad hygienic surroundings should be placed in a more favourable position, and would advise removal, at the same time observing great care in so doing.

In regard to the sulphocarbonate of zinc, he stated, several hospitals had given up its use; and cited a case in his own practice where heart-failure was apparently the result of the administration of that drug. The bowels, he thought, should be moved every three days by enemata or small doses of calomel.