

second day, or left off entirely if the patient is having natural motions at least every twenty-four hours, and if the temperature is steadily falling, there is, however, a certain proportion of cases in which the patients do not respond to injections: nothing comes away and the bowel is apparently empty, but it is in these very cases that the accumulation is worst. Suddenly the temperature runs up and the patient is seriously ill. Now it is the very virulence of the accumulation which, paralyzing the gut, prevents its coming away. The remedy, says the author, is simple. Give salad oil by the mouth, a large breakfast cupful at a time; there is no need to be frightened, no harm will result, but the bowels will almost certainly respond, and injections are now able to manage the rest. If the first dose is without effect, repeat after twelve hours.

Salad oil in typhoid fever, is, he thinks, a perfect boon to the general practitioner. He can leave his patient, fearing neither high temperature, delirium, insomnia, heart failure, nor tympanites. He states that he has never used the wet pack or other appliances for lowering the temperature (except sponging with vinegar and lukewarm water) and that he has never used any of the vaunted intestinal antiseptics, never having had a high temperature or other complications, which did not respond to salad oil, except in two cases. The first was that of a boy with hæmorrhage, whose father and mother were always drunk and neglected him disgracefully. The second was a case of mitral stenosis which came under his care in a late stage of the disease. The patients in both cases ultimately recovered.

The author states that there seems to be no danger in conscientiously palpating and percussing the abdomen during the first week of the disease: he thinks it is a valuable aid in estimating the disappearance of accumulations, although at present, he says, the temperature and general well-being of the patient are his usual guides.

Mr. Owen adds that salad oil, a pint by the mouth and half a pint per rectum, has given him the most grati-

fying results in two cases of typhilitis.  
—N. Y. Med. Jour.

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## EDITORIAL.

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This number will complete the 12th issue of the fifth volume of the *Manitoba and Northwest Lancet*. We are not able to look with entire satisfaction on the past twelve months though perhaps under all circumstances there has not been much to complain of. We have not been very successful in inducing practitioners throughout the large area in which the *Lancet* circulates to make use of its columns for recording the many interesting cases which from time to time must come under their notice. To our request to do so variety of excuses are given, the want of time one is of a very lame character. The most eminent men in our profession find time to write ponderous volumes, attend numerous meetings, of various scientific societies and in other ways to promote the interests of our profession, and this without neglecting their professional and private interests. Another excuse is that the man is a bad hand at detailing cases. This is an equally bad excuse. Every qualified physician and surgeon can write the actual symptoms which come under his observation and his treatment, it is possible that his readers may differ with the latter and suggest a different course. It is by this very divergence of opinion and the thought and consideration it promotes that that advance along the line of our profession is accomplished. "Audi alteram partem" is a golden maxim to follow and the practitioner who refrains from recording his experiences, fearing criticism is unjust to himself and not helpful to his fellows. We have many hospitals and public institutions between St. Paul and the Pacific Coast. There must be abundant interesting material which will be gladly received for publication in our columns and we hope that the 6th volume which commences in May will contain much from the pens of our profession west of St. Paul. Professional matters have received a more lively recogni-