

endothelial cells. While the fatal cases, according to Hewlett, seem to have been all infections from the B bacillus, the organism isolated in a case of Wells and Scott belong to the A group.

Doctor Ker's contribution to the articles on typhoid fever, deals with the diagnosis, introducing the subject with the remark: "that it may be said with justice, that the only absolute proof of the existence of typhoid in a given case, is the isolation, in pure culture of the bacillus typhosus from the patient under consideration." The various general features considered under clinical diagnosis need not detain us. The value of the diazo reaction of Ehrlich, blood counts, isolation of the bacillus typhosus and the blood serum test are all carefully weighed. In respect of the diazo reaction, Dr. Ker remarks that its chief value is rather in its absence than in its presence. Excluding the eruptive fevers, miliary tuberculosis and pneumonia, a case giving the reaction is much more likely to be enteric than anything else.

The blood count has but little value although it is specially useful in the differential diagnosis from pneumonia. Yet it is to be borne in mind that in the early stages of the fever, there may be leucocytosis. The isolation of the bacillus typhosus is conclusive, but the technique required renders the application of the test impossible to the general practitioner. The conclusions drawn from the results of the serum test are briefly as follows:—

A positive reaction means that the patient has enteric fever at the moment, or has suffered from that disease recently. A negative reaction in the first fortnight of the fever means little or nothing. Should a negative reaction be still obtained after the third week is over, for practical purposes the idea of enteric may be dismissed.

The treatment of typhoid fever is discussed by representative men in Ireland, England and America. There is practically a uniformity of treatment in regard to the diet of these patients. The diet is regarded as of prime importance, and simplicity seems to characterize it. It should consist, according to these authorities, of milk, barley water, lime water, albumen water, whey and abundance of plain water. Dr. McCrae emphasizes two rules regarding feeding which may well be kept in mind: "Too little food rather than too much," and "more water."

In Dr. Osler's clinic the minimum of three litres of water per diem is the rule, and many patients take six or seven litres per day. The quantity of milk to be taken may be from 50 to 70 ounces for an adult, diluted with lime water, barley water or soda water.

*Intestinal antiseptics* finds its advocates among the Old Country writers, and it seems that turpentine is one of the best all round