results which have been recorded at one time or another as having attended their employment. I refer more particularly to carbolic acid, salol, and turpentine. As the net result of my experience with these various agents in actual practice, I believe that some of them, when given in frequently repeated doses, are capable of exercising a distinctly favorable influence on the course of the attack, even when their administration is not commenced until after the end of the first week. I do not, however, believe they are competent either to cut short the attack or to lessen to any appreciable degree the risk of hemorrhage, perforation, or relapse, as has been contended by the most ardent advocates of the antiseptic method.

Drugs of the antiseptic class vary very much in their value, some of them apparently being next to useless, and the same drug is not necessarily the most suitable in every case. I am of opinion, after a considerable experience of its use, that the administration of sulphurous acid in from 20 to 30 minim doses every two or three hours is capable of checking fermentative changes in the bowel, with the result that in most cases the tendency to diarrhea and meteorism is lessened, the tongue remaining moist and the stools being rendered less offensive. A good plan is to give the sulphurous acid in an ounce of chloroform water with the addition of 15 minims of syrup of lemons. Administered in this way the taste is not unpleasant and patients take it readily.

I am inclined to regard the oil of turpentine as a remedy of somewhat greater value. It should be given in frequent doses from as early a date as possible. Its value as an intestinal antiseptic and as a diffusible stimulant is highly spoken of by Sir John W. Moore, who is also impressed with its power of relieving respiratory complications; and in that opinion I am disposed to concur. The presence of marked albuminuria or of vesical catarrh, however, should preclude its employment. In the latter case ten grains of urotropine may with advantage be given three times daily, even though the urine be free from typhoid bacilli, but its influence in cystitis associated with the bacillus coli is very slight. I have seen more than one instance in which the continued use of turpentine appeared to be responsible for the development of definite nephritis in a person whose urine previously contained but a slight amount of albumin.

To one of these agents, in my opinion, a somewhat higher value must be ascribed, and that is the combination of quinine and nascent chlorine. In its administration I have followed the