

temic remedies, cod liver oil holds the first place ; there is another oil that has found much favor during the last few years, that is, eulachon oil, from the candle fish of the north-west rivers of the United States and Canada. Shattuck has recommended glycerine in place of oil, the quantity to be taken per diem being from an ounce and a half to two ounces.

Dr. Brown considers that spirituous liquors should be taken off the dietetic list and placed on the medicinal ; when spirits are necessary he gives whisky combined with milk, the spirits acting as a tonic and the milk preventing its irritant action on the coats of the stomach.

Sulphuric acid and belladonna hold the first place in arresting night sweats, while gallic acid, ergot and turpentine are our most efficient means of staying hemorrhage. Diarrhœa may be restrained by pancreatine and astringents, and among anodynes none have more value than codeia. In the first and second stages of phthisis, when localized pleuritis, bronchitis, or pneumonia occurs, much benefit may be derived from counter-irritation. At the present time considerable attention is being paid to hot air inhalations in the treatment of phthisis. Weigert, of Berlin, recommends these inhalations at a temperature of from 40° to 80° C., the inhalation to be continued three or four times daily for a month ; his results so far have been highly satisfactory. In early phthisis great benefit is often obtained by the use of compressed air. Inhalations of medicated air, without reference to density, are often serviceable in one way or another all through the disease ; the success of the inhalations depends on the easy convertibility into gas or vapor of such substances as are desirable ; consequently bodies volatilized at ordinary temperatures are more readily absorbed than bodies requiring combustion to be converted into gas. Dr. Brown is in favor of the oleaginous preparations of the balsams and oils ; with a Cohen and Richardson cabinet and a Shurley receiver they can be administered in the finest state of atomization.

Dr. Macdonald, Toronto, placed a great deal of reliance in inhalations of such substances as iodine, carbolic acid and creasote ; he believed that they reached the ultimate bronchioles and air cells.

Dr. Stewart, Montreal, considered attention

to building up the general health more important than any attempt to destroy the bacillus, which he thought was hopeless.

Dr. McKay, Woodstock, also thought it better to act on the defensive than the offensive. Was it not possible that the inhalations might act injuriously by destroying the phagocytes ?

Dr. Irving, Kirkton, spoke highly of arsenic in the internal treatment of phthisis, either alone or combined with cod liver oil.

Dr. W. G. Anglin, Kingston, then read the history of

THREE CASES OF PERFORATION OF THE BOWEL, occurring in the course of typhoid fever. These cases are of double interest since complete recovery took place in two of them.

Case 1. The type of the fever here was that of the ordinary mild form. The patient did as well as could be desired until about the end of the sixth week, when he unduly exercised himself in endeavoring to put more clothes on his bed. Immediately he was seized with intense pain in the right iliac region. When Dr. Anglin reached him he found a temperature of 104 F., pulse, weak and rapid, 120 ; abdomen exceedingly tympanitic and tender ; considerable nausea and vomiting. Intestinal perforation was diagnosed. The treatment consisted of large doses of opium. Dr. Anglin gave at once one-half grain of morphia hypodermatically, and ordered one grain of opium every hour, also linseed meal poultice and turpentine stupes alternately. No food allowed for twenty-four hours.

Next day the opium was continued in one grain doses every two hours ; a small quantity of milk and lime water being allowed. On the third day the opium was reduced to a grain every three hours and then to one every four hours. The bowels were now moved by an enema of oil, which gave great relief, permitting of the escape of a large amount of flatus. After this the recovery was uninterrupted.

Case 2 was that of a female, age 24. Primipara seven months pregnant. During the course of the fever, which was of the latent character, the patient was delivered of a still-born child. On the next visit to the patient after delivery, which was comparatively easy, alarming symptoms were found, and Dr. Anglin diagnosed intestinal perforation. In spite of all treatments,