

manifesting itself hangs on a long time, but there is seldom positive evidence of scrofulous, phthisical or syphilitic taint. Superficial vascular keratitis is essentially different from the syphilitic form known as "keratitis ex lue" (Arlt.)

Treatment.—Phlyctenular keratitis Among the first remedies is a purge, unless the bowels are regular and symptoms of worms are wanting. One of the best is calomel in quarter-grain doses, repeated every three hours, until twelve doses are taken, and if an anthelmintic is needed the following combination is frequently prescribed at the Polyclinic :—

℞ Hydrarg. Chlor. Mit.,	gr. iv.	
Santonin,	gr. j.	
Sacch. Lac.,	q. s.	M.
Ft. in Chart. No. iv.		

Sig.—One every hour.

The first powder is to be taken at 10 a.m., and no food allowed until all are taken. If the bowels are not freely opened the last powder is to be followed by a dose of castor oil. Then the patient is put upon the following mixture :—

℞ Syr. Ferri Iod.,	f ̄ ss
Ol. Morrhuæ,	f ̄ iiss. M.

Sig.—Teaspoonful t. d.

Locally. Atrop., Sulph., gr. j-f ̄ ss, to be instilled once daily, and Pagenstecher's ointment at night—

℞ Hydrarg. Ox. Flav.,	gr. j.
Vaselini,	3 j. M.

Superficial vascular keratitis. The constitutional treatment is the same as above.

Locally. Atropine solution three times daily, after bathing the eyes with *very hot water*. Pagenstecher's ointment at night, and a daily application to the upper and lower lid of—

℞ Acid. Tannic.,	3 j
Glycerini,	f ̄ 3 j.

The more frequent use of atropia is here advised on account of the hyperæmia of the iris, which might readily pass into a chronic iritis.

Duration of phlyctenular keratitis, one to two weeks—of superficial vascular keratitis, one month to a year.

The prognosis is good in both.—*Phil. Polyclinic.*

THE TREATMENT OF TYPHOID FEVER.

Dr. S. K. Jackson (*Med. Times*): The author contended that the discussion of this subject, though trite and hackneyed, could not be considered as finished until there was a better agreement among physicians as to the treatment of this disease, or until the mortality occasioned by it was much reduced.

The object of the paper was to point out a line of treatment suggested by a recognition of some pathological conditions long since known to exist, but which had been ignored in looking for indi-

cations for treatment. That these conditions have been overlooked is evidenced by the many and conflicting modes of treatment that have at different times been proposed, means not only not called for, but actually injurious. Some of these were enumerated to show that the pathology of the disease could never have suggested them. While all this conflict was being urged, the doctor declared that he had been pursuing one plan of treatment for 35 years, from which he had no reason to deviate, and that it did not contain one of the long list of means to which he had previously referred, and which are generally employed in the treatment of this disease. He was reluctant to state the result of that treatment, but left each one to determine its value for himself.

Among the first and most prominent pathological conditions which had attracted the attention of the author was the nitrogenous waste, the diminution of fibrine, the deficiency of urea and of all the nitrogenous excretions. The fact that they are not excreted is no proof that they are retained in the system, for if they were there would be signs of uræmic poisoning, which no one claims to have seen. They are not excreted, because there are none to be thrown off. One cause of the nitrogenous deficiency is the inability to digest nitrogenous food, which is owing to the absence of the digestive fluid, and this cannot be secreted because of the congested and inflamed condition of the glands and glandular follicles whose duty it is to secrete these juices. Another possible but not probable cause is the consumption of nitrogen by the parasitic organism, which is the acknowledged etiological factor in the production of enteric fever. That the parasite is a nitrogen-feeder is proved by the fact that it lives and thrives in nitrogenous matters, in urea and all nitrogenous excreta. Old logs, rotten wood, and leaf-mould, saturated with these excretions, have been known to be fruitful sources of this fever. If further proof be needed, it is found in the ammoniacal exhalation from a typhoid fever patient from his breath, his skin and his urine. These exhalations are undoubtedly due to the decomposition of the nitrogenous constituents caused by this micro-organism.

This pathological condition furnishes the most important indication in the treatment of this disease. As this nitrogenous waste cannot be supplied by nitrogenous food, the author knew no way of accomplishing this object but by the free administration of ammonia, even to saturation. Fortunately this nitrogenous base furnishes us with salts of such different therapeutical powers as to enable us to select any one suited to any stage of the disease and to any condition of the system. We have in the nitrate of that base the most sedative salt that we possess, and in the carbonate the most stimulating salt of the *materia medica*. The nitrate of ammonia is capable of reducing the typhoid fever heat down to 102° F., and of keeping it there. As this is not a dangerous de-