

complete and efficient disinfection of the excreta, in every case of Enteric fever is a matter of grave importance.

Instances may be mentioned to show that hospital patients removed quite a distance from the fever wards have contracted Enteric fever, and one satisfactory explanation offered is that the specific germ found its entry into their wards through a leaking pipe, which was placed there to ventilate the house drain. In this particular instance what was intended for a blessing proved to be a curse. But if the excreta had been thoroughly disinfected before they were thrown into the soil pipe, even though the effluvia of a drain might penetrate into the wards, the specific germ of Enteric fever having lost its vitality would not be capable of generating the disease. This subject is of sufficient importance to demand the closest attention of all local and general sanitary organizations, for Enteric fever destroys more lives, that could be saved, than any other acute disease whatever. The remark is certainly true "that measures of prophylaxis will be efficient in proportion to the strength of our belief in the material nature of the typhoid poison, and in the possibility of destroying it or preventing its spread." The one efficient measure which fully meets this desideratum and includes all others is the proper treatment of the dejections. The dejections in every case should be promptly and thoroughly disinfected. The destruction of organisms in the stools and the arrest of their development may be accomplished by the action of powerful chemical agents. For this purpose solutions of carbolic acid in the proportion of one to twenty or one to forty, or sulphate of iron or chloride of zinc are to be employed. When practicable the contents of the bedpan should be emptied into trenches dug anew at short intervals and carefully filled up, care being taken that they are located at a distance from the sources of water supply; except in rural districts this is, of course, impossible and

the dejections must be emptied into the water closets or privy vaults. The bedding and articles of clothing soiled with the excreta of the patient must be immediately removed and thrown into water containing carbolic acid or chloride of zinc and thoroughly boiled within the course of a few hours. Search should be made in all instances for the original cause of infection and measures taken to correct faulty arrangements which lead to the pollution of drinking water, or of the air.

Enteric fever is conspicuous among the acute diseases for the number and severity of its lesions. By far the most important of these is the ulceration of Peyer's patches in the intestine. This in fact is considered to be the characteristic lesion of the disease. Intestinal perforation occurs most frequently in the severest cases of the disease and particularly in those in which diarrhoea, tympany, and abdominal pains have been prominent symptoms. In many instances intestinal hæmorrhage has preceded the occurrence of perforation. On the other hand this accident may occur in mild cases, and in those in which the bowels have been constipated throughout. Perforation is most liable to occur during the third, fourth or fifth week of the disease, though it sometimes occurs, at a later period. The earlier perforations take place about the time of the separation of the sloughs from the ulcerated spots in the intestine, the later ones are probably due to the extension of ulcerations that show no disposition to heal.

Among the immediate causes of perforation may be mentioned hardened fecal masses, vomiting, severe coughing, straining at stool, and sudden changes of posture.

I shall now lay before you the histories of three cases of Enteric fever, in which this accident occurred, were diagnosed during life, and the verification of the diagnoses made at the autopsies.

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