

gation of the bowel can be said to be so necessary in enteritis as in colitis with small frequent slimy and blood-stained stools, tenesmus, and often prolapse of the rectal mucosa. Nor would bismuth be nearly so useful in colitis as in enteritis, with its large, watery, often foul-smelling dejections.

Coming now to the last and most important subject of treatment, permit me to say first, that the necessity for explicit detailed directions in writing is very urgent in all these cases. Only in this way can you impress upon the lay mind the absolute essentiality of what seems to them unimportant details. Particularly in regard to feeding should orders be written out as to composition of food, and quantity and frequency of feeding. I am accustomed, in my attempt to bring the mother's mind around with a wrench to my way of thinking, to tell her that if I were compelled to choose between medicine and food in the treatment of a case, I should not hesitate to throw medicine away and trust to proper feeding. Yet of course, as we all know, we must usually give some medicine, both for its own sake and as a matter of policy, especially in those chronic cases, which for our sins do sometimes afflict us, unless we actually maliciously wish to encourage our patients to leave us for some practitioner who will give them a small sugar pill every fifteen minutes, an experience through which those of us at any rate who practise in urban communities do sometimes pass.

As regards feeding, I should almost apologize for saying first, that an entire and absolute change of diet is a *sine qua non*, and in acute cases the diet has been of course usually milk. The very great value of prompt intervention in acute cases, and of the giving for twenty-four hours, at least, of nothing but from one to two ounces, every two hours or oftener, of sterilized water, to which a pinch of salt and a taste of sugar, preferably milk sugar, has been added, cannot be disputed. It is borne out clinically and by the fact noted by Booker that "none of the bacteria isolated (from the stools) were found to be capable of multiplying in ordinary hydrant water forty-eight hours after it had been inoculated: in all such cases negative results were obtained." After the first twenty-four hours or so are passed it may be well to attempt the use of some nutritive fluid—and at the outset one must decide whether to use albuminous or farinaceous materials. If the stools are not specially foul albumens may be given, and the best one is probably egg-water. White of egg contains about 10 per cent. albumen, and should be diluted with about ten times the bulk of sterilized water, with a little salt and a taste of sugar, as it is stated by Biedert that a solution of albumen stronger than 1 per cent. cannot be digested as a rule by even the healthy stomach, and it is found in practice