

earliest date possible such remedies of either an antipyretic or an antiseptic character, or both, as appeared to be specially suited to the character of the attack and the idiosyncrasy of the individual.

In a great many cases of enteric fever, doubtless, no medicine at all is required, but that unfortunately is a fact which can only be proved by the result. I cannot help feeling, in view of the remarkable success which has been achieved with the cold-bath treatment abroad, that we who have charge of the treatment of enteric fever in hospitals are incurring some responsibility in withholding its use, save in the occasional instances I have already referred to, where the cold bath is clearly inadmissible. The method is attended with certain difficulties, it is true, but I really doubt whether one is justified in allowing such objections to weigh, and whether, on the contrary, it is not our duty to impress upon the patient and his relatives the extreme desirability of engaging upon that line of treatment from the onset. In private practice the objections must necessarily carry more weight and I fear that as a routine method of treatment the cold bath is never likely to be regarded with favor.

We not infrequently encounter attacks in which toxemia is very apparent, cases which, as Sir William Broadbent has pointed out, are characterized by the occurrence of dark, foul-smelling evacuations and fulness of the abdomen at quite an early stage of the attack, coupled with much nervous depression and a high temperature. In such cases antiseptics are especially indicated, and it is of first importance that their administration should be commenced as early as possible. It is always well, as a preliminary measure, to rid the lower bowel of its putrid and offensive contents, and thus assist in bringing the intestinal tract into as sanitary a condition as possible. To achieve this much-to-be-desired result there is nothing so effective as calomel, and in this class of attack I would recommend the administration at the outset of three or four grains of calomel in the case of an adult, followed in a couple of days by another dose of three grains more.

It is, of course, desirable to get this part of the treatment over by the time when it is assumed that ulceration has become established, that is to say, by the middle of the second week; but in view of the serious nature of the condition and the paramount importance of curtailing, where possible, the absorption of toxic products at the surface of the bowel, and having regard, moreover, to the remarkable degree of benefit which is usually secured, I would never hesitate in a case like this to give calomel at a somewhat later stage of the disease, if necessary. Should a