

with the idea of exercising a direct control over the morbid processes concerned in an attack of enteric fever. It now remains to consider what may be termed the alternative method, namely, the treatment of the disease from a passive standpoint, a method which is commonly spoken of as expectant or symptomatic.

The treatment of enteric fever on "expectant" lines implies the recognition of our inability to exercise a direct control over the course of the disease. Having seen that the patient is properly nursed and suitably fed, we are content to adopt a waiting attitude, and while carefully watching for the appearance of any unfavorable symptoms our efforts are confined to attempts at mitigating their severity should any of them threaten to assume a dangerous proportion. To what extent we are justified in adopting this attitude, having regard to the grave responsibility which devolves on us as medical adviser in charge of the case, is largely a matter of opinion. The very conflicting views which have been held upon this much-debated question have been arrived at partly as the result of practice, but to an even larger extent, I suspect, they are founded upon theory. For my own part I hold strongly to the belief that the adoption of an entirely expectant treatment is not only fallacious in its conception but very mischievous in practice. It connotes a tendency towards *laissez faire* which can neither be in the interest of the medical attendant nor of his patient. The brilliant success which has been achieved by the cold-bath treatment when properly carried out, as instanced by the results I have already quoted, is in itself an overwhelming refutation of the claims of simple "expectancy." While we are forced to admit that at present we know of no remedy for enteric fever capable of neutralizing the active infectious processes which are undermining the system and of thus curtailing the attack, as has been found possible in some other specific diseases, it by no means follows that we are powerless to influence the development of certain secondary results which experience has taught us are likely to arise during the course of the illness and materially to prejudice the prospects of a favorable issue. Experience, on the contrary, tends to show that by the intelligent employment of remedies which are theoretically sound, we are not only enabled to relieve symptoms which are an actual menace to life, but in some instances we are able to anticipate their full development, if not prevent them altogether. When, then, I am asked, on what general lines I would recommend the treatment of a case of enteric fever. My answer is, That in the absence of a specific I would treat the case on symptomatic lines, but that I would employ in addition from the