

All stimulants, etc., were given with the enemata and a few miniums of Liq. Opii. Sed. were added when the rectum became irritable.

Improvement was marked in a comparatively few hours and owing to the irritable condition of the stomach nothing was given by mouth till about the third day.

The further progress of the case was uneventful, the disease terminating favorably in about three weeks.

The patient put on flesh even during the period of fever, so that when convalescence was established he was apparently fatter than when first admitted.

The second case is a boy about 11 years who is in the Tor. Gen. Hosp. at present convalescing.

I saw him about the fourth day of his attack and had him removed to the hospital.

He was in a very poor condition, low muttering delirium, carphologia, subsultus, tongue dry and brown, pulse very small and dicrotic, with involuntary motions and very marked distension, all symptoms of grave import occurring so early in the disease.

He was purged and given salol and stimulants, alcoholic and otherwise, freely, but it was impossible to get him to take more than a few ounces of milk daily. Two or three days after admission he developed a troublesome, hacking cough, and began to have attacks of cyanosis during which his pulse became almost imperceptible and his limbs cold.

There was marked consolidation of the base of the right lung and some crackling rales heard over the left, behind. In addition to what he took by mouth nutrient enemata were ordered every four hours, consisting of two ounces of milk and one egg, the mixture being peptonized for some hours.

In thirty-six hours the cyanosis disappeared with a corresponding improvement in the other unpleasant symptoms.

This patient, like the last, was greatly attenuated at the beginning of his illness and had every appearance of poor resisting powers.

Now, while the administration of nutrient enemata is a very old story, the point I wish to make is that when such a procedure becomes necessary the constituents of the enema should be essentially nitrogenous, and that more especially so in febrile diseases.

The large intestine is adapted only for the absorption of water and with it substances in solution. There being no villi or lacteals, the absorption of fats is practically nil, hence the proteid and sugar of the milk are the only elements to be counted on.

Now, milk contains on an average about four per cent. of proteid and as one must be careful to make the enema as small as possible to ensure its retention, particularly in typhoid, the quantity is wholly inadequate to nourish the body under ordinary circumstances without allowing for the rapid tissue destruction produced by the disease.

The large residue of unabsorbable fat in milk also undergoes change and the fatty acids produced irritation of the rectum and rapidly make it intolerant of further feeding.