

restricted in amount or peptonized or more diluted, the means of checking diarrhea which I would recommend be employed first is the administration of a starch and opium enema. A couple of ounces of thin starch gruel, slightly warmed, and with the addition of half a drachm of laudanum, should be given by the rectum immediately after each loose stool. In my experience this treatment is rarely unsuccessful and one or two injections will usually suffice. Should, however, the diarrhea persist, an opiate may next be tried by the mouth, and both chlorodyne and Dover's powder are useful preparations. By their power of inhibiting peristalsis apart from their anodyne properties, they are likely to control the flux, while relieving the colicky pain by which it is so often accompanied. Astringent mixtures containing bismuth, catechu, tannic acid, chalk, and opium have been widely used, as in the treatment of diarrhea unconnected with typhoid fever, and their effect is often beneficial. The mineral astringents, such as sulphuric acid, acetate of lead, and sulphate of copper, I confess, I do not like and have long since ceased to use them.

The application of an ice-bag to the abdomen is a method which has been employed a good deal of late. It is a remedy of undoubted value especially when the diarrhea is associated with distinct abdominal tenderness. Personally, I much prefer the use of a large wet compress made of from four to six layers of soft bath towelling frequently wrung out of cold or ice-cold water. This should be large enough to cover the whole of the abdomen, and the edges may with advantage be bound over with a strip of jaconet with the object of preventing the dampness from spreading to the bed. A light wicker cradle should be placed over the patient and over this should be laid a single sheet; but a blanket with the addition of a hot bottle, if desired, may be wrapped around the patient's feet in order to increase his comfort. By this arrangement the cooling effect of the compress is fairly well maintained, since the evaporation of the water is but little impeded. A lengthened experience of its use has led me to believe that of the various therapeutic measures which are employed in the treatment of enteric fever there are few more valuable than the continued application of a cold compress to the abdomen in cases where definite tenderness can be elicited on slight pressure over some part of the surface, whether diarrhea be actually present or not.

Such tenderness, in the absence of marked distension, would appear to denote the presence of local peritoneal irritation at the site of one or more of the affected Peyer's patches. The irrita-