

and it is advisable and important that the nurse be not officious or talkative, but an intelligent person, who will carry out instructions carefully and judiciously. The walls of the sick room are bared and unnecessary articles of furniture removed. Strict attention is given to the cleanliness of the patient, sheets are removed and clean ones replaced daily. The stools are passed into a bed-pan, into which some disinfectant has been placed, and immediately removed and buried some safe distance from any habitation. Water is allowed *ad libitum*. The patient's diet is certainly one of the most important factors in the successful treatment of typhoid fever. It is essential that it should be liquid, that the weakened digestive powers may not be overtaxed, and that any source of irritation to the bowels may be avoided. As soon as the disease is suspected, with the advice "to go to bed," the patient is restricted to liquid food. In the great majority of our cases milk, to the amount of a quart given regularly in divided quantities, every twenty-four hours, is our mainstay. In some cases more can be given with impunity and without unfavorable symptoms arising. In this relation, I might say that we either examine personally the stools, or carefully inquire as to their general character and to the presence of curds in them. In others milk will not agree, or can only be given in moderate quantities. Some who object to milk will relish buttermilk; in others, still, we have to depend upon animal broths, beef peptonoids, etc. The latter preparation, in conjunction with peptonized milk, we have used of late with great satisfaction, especially if curds are found in the stools, or if there are marked abdominal symptoms. In this way the digestive powers are conserved, diarrhœa—if that exists—is lessened, less solid matter is left to undergo decomposition, and probably fever is lowered. For what is more common after an enema, which has brought away a quantity of offensive partially digested material from the bowels, than to see a restless patient with an elevated temperature, fall into a quiet slumber and his temperature drop several degrees?

Diarrhœa has not been a very troublesome symptom in the greater number of our cases; this may be due in part to the care bestowed upon the patient's diet. If there are not more than four or five alvine passages in twenty-four hours, no heed is paid to this symptom. If the discharges are

more frequent and exhausting, they are checked by enemata of starch emulsion, half a teacupful, as often as necessary. If this fails, a small quantity of Tr. opium is added to the emulsion. If the bowels instead of being relaxed are constipated, enemata of salt and water or thin gruel are administered daily. When deep ulceration is suspected, a small injection is given on alternate days only. When hard fecal masses accumulate in the rectum and an ordinary injection fails to produce the desired effect, a quarter of an ounce of inspissated ox gall dissolved in a cup of warm water, will produce a speedy evacuation, giving great relief. The non-administration of laxatives in any form is a *sine qua non* with us. When the stools are offensive, or there is much distension of the abdomen, charcoal is given in teaspoonful doses, mixed with cream, twice or three times a day; or, if this form of administration prove objectionable, it may be given in large capsules. From our experience with charcoal in this disease, when its need is indicated, we have always found it a most valuable and satisfactory remedy, by checking fermentation, limiting perhaps the multiplication of disease germs and maintaining an antiseptic action. The offensive character of the stools is corrected, abdominal distension abated and the temperature reduced. The cases in which obstruction of the bowels have been caused by its accumulation must be rare.

When hæmorrhage from the bowels occur, the strictest quiet in the recumbent posture is preserved, the food is limited to concentrated material that leaves but little solid residue, such as Liebig's Extract or beef peptonoids. Ice is given by the mouth, an ice-bag is applied to the abdomen and a mixture of gallic acid and Tr. opium is administered. The latter prescription we invariably have at the bed-side of the patient in all cases after the second week, to be given if necessary, and we think life has been saved by this precaution, as some valuable time must elapse before a physician could be summoned. Directions are left for the preparation to be given immediately; although the 'vis medicatrix naturæ' probably controls the majority of hæmorrhages from the bowels, it is well in the face of such a formidable symptom, to assist her and that right quickly.

Regarding the antipyretic part of our treatment, quinine is given freely in many cases in the early stage of the disease. The district in which we