

Dr. J. B. McCONNELL—Not having been able to review the recent literature of the subject, I am afraid I shall not be able to add anything new to the discussion, in regard to diagnosis, which has been in the past one of the most important features in the consideration of typhoid fever, on account of its many difficulties. The modern method of serum diagnosis has removed many of these difficulties. The only new point I have taken note of is the palmo-plantar symptom, a yellow condition of the palmer and plantar surface of the hands and feet respectively, which Quintin claims is always present, and that this skin peels off at the end of the fever. This would help in some cases where the serum test could not be applied. With regard to treatment and statistics, I think we should not place too great reliance upon the percentages of recoveries under different methods. Epidemics vary much in the character and intensity of the fever. Some recent authorities state that typhoid in late years is much less virulent than it was twenty or thirty years ago, and that the old mortality of 18, and the present one of 7, or 8, might not be less than we should expect without reference to any special method of treatment. I think that it is of the greatest importance in the treatment of these cases to get the patient into a perfectly comfortable condition, with nothing to annoy him, and to attend to the diet properly. As a rule I prescribe small doses of nitro-muriatic acid, combined with a little boracic acid, and syrup of orange, which is easily taken, and is refreshing to the patient. The acid may help digestion and serve as an antiseptic to the upper alimentary tract.

With regard to the cold bath treatment, while it is undoubtedly the most efficient means of combating the fever and preventing complications by toning the system, increasing the elimination of toxins, and of the hyperleucocytosis produced, I do not think it is absolutely necessary to plunge a patient into a cold bath every time the temperature rises to 102 1-2; according to the direction of Brand. In these milder ones, which constitute the majority of cases we have to treat, I find the cool sponging is sufficient. When the temperature rises to 104, or keeps up continually with slight morning remissions, I think then that the cold water bath is the best method of treatment. The easiest way to carry this out is to use the cold pack, as advocated by Fitz. The bed is raised at the head and a rubber sheet is placed under the patient, the body is wrapped in a sheet and cold water is soused on with a sponge. This, I think, gives the patient much less shock, and causes less disturbance, and reduces the temperature quite as satisfactorily.

With regard to haemorrhage, in a case which I had recently in the Western Hospital where there was a profuse haemorrhage and collapse, the treatment which was successfully adopted was to restrict the diet for several days, not a few hours as some recommend, to much below what