

but I never thought of this until after the war, when an analogous case was cited to me which Simon had successfully treated in this manner."

There is little doubt that shot wounds of the rectum have not the grave consequences of injuries of the upper bowels, but are to be compared with injuries of those portions of the ascending and descending colon, uncovered by peritoneum; and though fæcal extravasation outside the peritoneal cavity is not attended with such peril as intraperitoneal effusion, yet it is a grave and ever impending complication in shot wounds of the rectum. In order to obviate persistent fæcal fistulæ following this complication, it is plain that the best possible treatment is to divide the external sphincter at once. In the case I have recorded, this complication was fortunately absent, consequently the operation was not called for.

TREATMENT OF TYPHOID FEVER IN THE HOSPITALS OF NEW YORK, BOSTON AND MONTREAL.

NEW YORK HOSPITAL.

During the early part of this summer the routine treatment of typhoid fever in Dr. Peabody's wards, if the patient entered during the first ten days of the disease, was a calomel purge immediately followed by naphthaline in doses of ten grains every three hours. The first seven cases died (two having entered the hospital moribund), one of septic infection, one of acute mania, and the three others simply from the intensity of the poisoning, the lesion being very extensive.

Since August 14th we have had but one death in twenty-one cases—two of these are still sick, but doing well—of this number, thirteen have had absolutely no treatment directed to the intestines, eight have had naph-

thaline, and among these the one death occurred.

When the temperature rises high enough to make the daily average about 103°, antifebrin is given, either in large doses at long intervals, or in continuous doses of two grains every two hours during the day, and three grains every three hours during the night. Some patients have had two grains every hour during the day. In no case was any bad result noticed; on the contrary, the patients were quieter, slept better, and temperature, pulse, and general condition were much improved.

Whiskey is given when pulse, tongue, and condition indicate the need of stimulation, the amount varying from three to eight ounces during the twenty-four hours. Fluid extract of digitalis is added occasionally in small doses.

When there is insomnia, it is almost always relieved by morphine, generally given hypodermatically, as so many of the patients have a greater or less tendency to vomiting. In a few cases the bromides, or urethan have been tried, but not with such good results as morphine. In cases of delirium with great restlessness, hyoscin hydrobromate, given hypodermatically in doses of one-hundredth of a grain, has been tried with very good effect. It has been followed by several hours of quiet sleep.

Diet is of milk, patients taking generally from four to five pints daily. If the stomach is at all irritable, milk with lime-water, or peptonized milk is given. Some patients take beef-tea well, and have from one to two pints of this daily in addition to the milk.

In a few cases nourishment by the rectum has been tried for short times, with the effect of relieving an irritable stomach. Laxative enemata are given every other day if patients have no movements from the bowels; and