well tolerated and freely absorbed, but I would urge the necessity of exchanging it for other food, when it is seen that much solid though finely reduced casion is passing in the motions.

*     *         * I have again and agaio seen milk break down utterly as a food for typhoid patients. In some cases Thave seen it vomited as a firm cheesy mass soon after it has been taken into the stomach." Of this we will sponk later on, believing that in at least some of the cases mentioned the mixture and not the milk was at fanlt.
(IV.) Symptomatic Treatment-Under this heading one or two points may be briefly dwelt on:
(a.) Pyrexia-He objects to the use of anti-pyretics, but recommends phenacetin grs. $v$, when "hyperpyrexia is for the moment the all-important symptom of the disease.".
(1.) Hecort Fuilure-Regarding this he says: "As to the use of alcoholic stimulants, I believe the general tendency is to give them ton enrly and in too large quantitics * * * We have too much neglected those excellent cardiac stimulants, ten and coffee, in the treatment of fevers."
(V.) Early Application-" We must not expect," he remarks, " that success will uniformly attend the application of the method I have been advocating, $i$. e., an antitoxic or antiseptic method, unless we are able to appiy it e. rly in the disense. Every day, every hour that is lost in allowing the products of the infective microlues to be diffused widely through the system will tend to lessen the efficacy and minimize the effects of our medicinal antagonistics."
It will be seen from the above synopsis, which must necossarily be somewhat disconnected and imperfect, that Dr. Yeo's treatinent for the most part consists in the grouping together of a number of principles which have been and are more or less widely known and practiced by the profession. Thus, for instance, as far back as 1862, Murchison in his work on fevers makes the following comments regurding the use of quinine in typhoid fever: "Quinine

