It is very important, also, to recognize the fact that the stadium of typhoid fever presents two stages theoretically distinct,—namely, the primary true zymotic stage and the subsequent irritative or secondary septic stage. The first of these is probably the more definite in its duration, lasting, perhaps, from twelve to sixteen days, although the data do not exist for determining its duration accurately.

In speaking of the actual treatment, I would first consider ordinary cases of typhoid fever in private practice, coming under observation at the first development of symptoms of malaise. It is my profound conviction that in a great majority of cases of this form—that is, of course, excluding those of grave primary zymosis—proper treatment of this forming-stage will modify and moderate the whole subsequent course of the case, and will prevent the development of those grave and alarming conditions to the treatment of which so much time and attention are bestowed in most discussions upon this disease.

It is universally recognized that continued exposure and efforts during the forming-stage of typhoid fever greatly increase the gravity and danger of the subsequent attack, and I have often seen patients who, after the symptoms have actually developed themselves, have been allowed to leave the bed merely to use the close stool, or to sit in an easy-chair while the bedclothes were being changed, exhibit early and alarming exhaustion, that was at least partially due to these injudicious efforts. The first essential to secure this result should be absolute rest in bed.

I have been surprised to find that some writers who begin by recommending early and complete rest make later allusions which show that their idea of such rest is far from being as thorough as I believe should be enforced. Every case in which the symptoms justify even a suspicion of typhoid fever should, in my opinion, be immediately consigned to bed, and the use of the urinal and bed-pan be at once insisted upon. I have even seen such patients, when allowed to leave bed merely to use a close-stool or while the bedclothes were being changed, exhibit such exhaustion at a subsequent stage of the disease as could only be explained by these injudicious efforts. More frequently still have I seen the gastro-intestinal irritation increased seriously by the improper exposure to currents of air while out of bed.

In the next place, a most rigidly restricted diet should be insisted upon. Later in the case more abundant and concentrated nourishment and stimulants will perhaps be called for; but in this forming stage I believe that a very limited amount of very light nourishment is sufficient, and that its use will exert a happy influence upon the subsequent course of the case. Not only should all solid food be at once forbidden, but the liquid food allowed should be light and very digestible.

Equally important is the avoidance of all irritating medicines, and especially purgatives. at this stage. It is scarcely possible that an emetic or a purgative should remove every particle of the virus from the intestinal canal, and yet we know that the virus will act even when present only in minute quantity and very dilute state if favorable conditions exist; and it is probable that the morbid secretion favored by the action of a purgative in this state of the system constitutes the best possible pabulum for the propagation of the virus, while at the same time it must render the glandular apparatus of the mucous membrane more sensitive and vulnerable. Digestion is disturbed and strength impaired, the intestinal lesions are aggravated, and the case is rendered more serious. If the state of the tongue and secretions indicates a laxative, good results will usually be obtained from the administration of the following:

℞ Hydrargyri chloridi mitis, gr. ii;
Sodi bicarbonatis, gr. xlviii;
M., ft. mas. et div. in pil. no. xii.

Of these one may be taken every two or three hours until the bowels are moved, or until all have been taken, when a movement can be secured by an enema of tepid water or gruel.

During this early stage the remedy which seems to me most constantly called for is quinia, which I am in the habit of giving in larger doses than at the later periods of the disease. except in a particular condition. My reasons for so doing are the following: during this stage the irregular febrile movement frequently simulates a mild malarial attack, and undoubtedly a malarial element is not unfrequently present when true typhoid also exists. Again, it is probable that the use of quinine may lessen the activity of the virus and the danger and degree of infection.

If, however, the gastro-intestinal irritation is at all marked, I invariably administer the quinia by suppository, as follows:

℞ Quiniæ sulph., ʒi;
Pulv. opii, gr. iv;
Ol. theobromæ, q. s.
M. et div. in suppositoria no. xii.

S. One every four, six, or eight hours, while the powders above mentioned are administered by the mouth.

I have found very many attacks of mild gastro-intestinal catarrh, with or without malarial complication, with symptoms closely simulating the early ones of typhoid fever, subside rapidly under the above treatment, together with a diet of chicken or mutton-broth, gruel, skim-milk, or milk and water in equal proportions.

If, however, the symptoms persist, it can soon be seen that a true typhoid fever is developing, and, if so, the observance of the course above described will have tended much to lessen its gravity. Of course the same absolute, scrupulous observance of rest continues essential. The diet should now be as nourishing as the state of the digestion will permit. I believe, however, that it should