

For breakfast, if desired by the patient, a lightly boiled, scrambled, or poached egg, with a little bread and butter, milk in quantities agreeable to the patient with broths clear or thickened, such as oyster, chicken, mutton or vegetable. At intervals during the day a choice of bread and butter, bread with meat gravy, strained rice or sago pudding, custard, junket, milk toast, oysters, or biscuit with a little wine. Patients are not given more than two eggs and eight ounces of bread in the twenty-four hours.

The thirst may be quenched with pure spring water or pure mineral waters. Various other fluids are also allowed, such as barley water, egg albumen water, lemonade, koumiss, buttermilk, cocoa, tea and coffee. Care being taken not to furnish large quantities at any one time, but moderate quantities, a few ounces at frequent intervals.

This diet has not in any of my cases unfavourably influenced the temperature or prolonged the duration of its elevation, and it may be given at any stage of the disease.

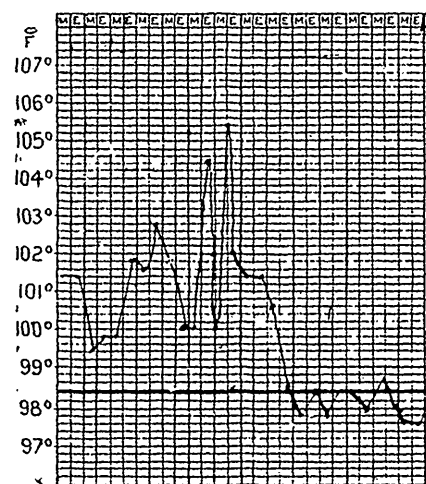
The results have been uniformly satisfactory. When on this dietary the patients appear more contented. There is less tendency to nausea and gastric disturbances, less tympanites, and the diet being mixed and somewhat the same as used in health, the bowels are much less constipated than when patients are nourished on milk alone.

There appears to be less tissue waste, consequently the muscular power is not so greatly impaired.

I have not seen any unfavourable results from this dietary, on the contrary, the period of convalescence is shortened, and the general repair of the system is more rapid.

At different times during my practice, I have prescribed various antiseptics, carbolic acid, iodine, boracic acid, etc., but cannot report favourably of them; of late, however, I have been using salol freely in doses of ten grains repeated every four to six hours. In some cases it appears to have had a very decided influence in cutting short the attack, as illustrated by the following three well marked cases of enteric fever which were under my care in the Toronto General Hospital reported by members of the resident staff:

I. J. B., aged twenty; medical student. Admitted, November 13; discharged cured, December 4. Diagnosis, enteric fever. Under the care of Dr. W. H. B. Aikins.



TEMPERATURE CHART.—CASE I.

The patient had been under Dr. Aikins' care four days before admission to the hospital.

*Symptoms of admission.*—Had been sick for several days, headache frontal, pains in the back and limbs, pains in right iliac and over the abdomen, constipation, gurgling in the right iliac fossa, spots on the abdomen and chest, tongue furred, red at the tip and edge. On the third day after admission, had epistaxis; the spleen was found to be enlarged.

*Treatment.*—Salol, gr. x. every four hours at the commencement, and discontinued on the ninth day. Calomel and seidlitz powder as purgative and simple enema when necessary. Milk, *ad lib.* Eggs, two a day if desired; bread and butter in small quanti-