

pin his faith to this figure. In conclusion, the doctor said that to distinguish gastro-intestinal fever from typhoid was often impossible. A mild case of continued fever might be diagnosed typhoid, and a fatal one gastro-intestinal. In prevalence of typhoid we should presume that mild cases are typhoid. The death rate of any hospital is not a criterion for private practice. He emphatically disputed the statement made by a speaker of the previous day that a case which did not run twenty days was not typhoid at all.

Dr. GEIKIE, of Toronto, opened the discussion on the treatment of phthisis.

**The Treatment of Phthisis.**—Dr. HODGE, of London, read a paper on this subject. The essayist held that, although the percentage of curable cases of phthisis was small, yet it was sufficiently large to encourage active and intelligent treatment. He quoted from Burney Yeo, who had said that to effect a cure, certain conditions of cure must exist. These were: First, to detect the disease in the germinating stage—when anæmia, debility, slight cough and quickened respirations were the symptoms; for bacilli could not be found until a cavity communicated with a bronchus. Early hæmorrhage, inasmuch as it directed attention to the lung, was not an unqualified evil. The fibrous was more favorable than the caseous form. Individuals with unstable vascular systems which offered the minimum amount of tissue resistance were unfavorable subjects. Absence of hereditary taint was favorable. The introduction of a small number of bacilli or of bacilli of a mitigated degree of virulence increased the chances of recovery. Where the germs gain entrance by the respired air, they are more easily combatted than when inoculation occurs through the blood or lymph channels. The paper then dealt with the questions, how can nutrition be best promoted, and how can we best overcome the virulence of the bacilli. The first, the essayist maintained, was secured by encouraging patients to eat plentifully of the fats and proteids, diminishing the carbohydrates. “Forced feeding” should not be attempted unless the stomach was in a condition to digest the food. Each case should be carefully studied. The pernicious habit of allowing patients able to take an ordinary meal to eat between meals should be discountenanced. If alcohol was indicated it should be taken with meals. The essayist then discussed the great importance of good sanitation in dealing with these cases, under the heads of climate, exercise, bathing, clothing. The paper went on: medicinal treatment should be resorted to (1) to improve the nutrition of the patient, (2) to influence the virulence of the bacilli, and (3) to relieve special symptoms.