

infiltration and ulceration observed in the walls of the ileum begin *just where the intestinal contents begin to undergo putrefactive decomposition*, and they become more and more intense as we descend to the ileo-cæcal valve. * * * *

If we can restrain *early in the disease* these putrefactive changes in the intestine, we may confidently hope to restrain the morbid activity of the typhoid bacillus and thus we see how the production of *intestinal antiseptis* becomes an urgent and early indication in the treatment of these cases."

But intestinal antiseptis is to be maintained not alone by the administration of euchlorine; Dr. Yeo recommends in addition several other very important measures:

1. A calomel or other purge in the initial stage of the fever (if diarrhœa does not exist).
2. Washing out the large intestine twice daily with naphtholated water.
3. The adoption of "a method of feeding which shall by no possibility leave a bulky residue of unabsorbed material to undergo putrefactive changes in the lower part of the small intestine, and by its presence *there* excite and maintain diarrhœa and provoke an extension of the ulcerative and inflammatory changes dependent on bacillary infection of the intestinal glands."
4. The "administration of food in a dilute liquid form—food *that remains liquid in the body as well as outside it.*"
5. The giving of "whatever intestinal antiseptic you may be using at the same time as the food, so as to keep it from putrefactive decomposition."

(II.) GENERAL ANTISEPTIS by means of quinine is the second principle, on the supposition that this drug acts as an "anti-toxic remedy," neutralizing the products of bacillary growth when once absorbed into the system, and producing "an anti-pyretic effect, due to a *general* antagonizing influence on the pyrogenic poisons in the tissues, rather than from any immediate or direct effect on the heat regulating mechanism"—an idea which is supported by many leading