

the production of hallucinations, sometimes terrifying ones, causing accidents. In Landis' wards in St. Mary's Hospital, Cincinnati, milk, in half pint doses not oftener than once in four hours and not more than four times a day, has been the diet in the majority of cases. This has been continued until the temperature has not gone above the normal for seven days. The only exception has been when fever in the afternoon was regarded as due to lack of food. After that period clear soups, soft boiled eggs and custards are allowed and the effect is watched. If no bad effects are seen, vegetables free from tough fibres, bread and butter and meats are added, and the patient is brought back to a full diet in the course of ten days or two weeks. He is allowed to sit up on the tenth or twelfth day for fifteen minutes, and the time allowed out of bed each succeeding day is doubled till he is up and about whenever not asleep. The routine medication in all cases has been one-tenth grain doses of acetate of lead, dissolved in a teaspoonful of water every two hours. No specific action is claimed; Landis believes that this drug acts as an intestinal antiseptic; that it limits fermentation; almost wholly eliminates meteorism and diarrhoea, and in doing so encourages digestion and absorption and puts the bowel in good shape for recovery. No attempt was made to reduce fever under 103 F. When above that, two grain doses of acetanilid were given. Occasionally cold water injections into the bowel were used with good results. The cold bath was not employed. Hæmorrhages were treated with absolute rest and withholding of food for at least twelve hours, and the use of calcium chloride. Severe headache yielded in a number

of instances to hypodermic injections of ergot. Vomiting was treated by rest to the stomach, and diarrhoea by small doses of castor oil or calomel. The pain of pleurisy and pneumonia is better relieved by dry cupping over the chest than by morphine. Two cases of pneumonia followed by bowel perforation suggested the query whether there is a connection between these complications. The liability of a pleuritic effusion becoming purulent or of a latent tuberculosis becoming active should not be lost sight of. The total number of cases was 303, with 7 deaths, a mortality of 2.3 per cent. The Widal test was not found of much use, as it was positive, as a rule, only after the enlarged spleen and rose spots should suggest the possibility of tuberculosis. In two cases the temperature reached 107 F., both patients died; in another, complicated with malaria, it reached 108 F., but the patient recovered. One patient, with repeated bowel hæmorrhages, also vomited a large amount of bright red blood, and Landis thinks it was one of the rare cases of typhoid ulcer of the stomach. The patient recovered after a tedious convalescence. Of the seven deaths, one was from suicide by jumping from a window in delirium; two were from pneumonia in confirmed alcoholics, one of these also had perforation; one was complicated with sepsis from an abscess in the abdominal wall; one was from meningitis; one case was complicated with diaphragmatic pleurisy, and in one case the complication causing death could not be ascertained, a postmortem having been refused.