

remedies in typhoid fever. Those who advocate its use claim for it the actions of a diffusible stimulant, and of valuable antiseptic, relieving chest complications, controlling diarrhœa, checking meteorism, and staying intestinal hæmorrhage.

The salicylates of quinine and bismuth have been found useful. A note of warning is sounded against "routine and unreflecting purgation" at the beginning of the fever which seems so often to be followed by diarrhœa. The hydropathic treatment seems generally in favour as an antipyretic measure, but nowhere so highly advocated as in America. Dr. McCrae's claims for its use the saving of five lives in every hundred.

In enumerating the reasons for preferring the bath treatment, Dr. McCrae calls attention to the effects among others, upon the nervous system,—delirium lessens, muscular tremors diminish, the mental state clears. There is an increased excretion of toxins. The temperature is lowered, but this is not the main object of the baths. The pulse is better, the respiratory system is relieved of passive congestion, and the initial bronchitis is greatly benefited. In convalescence, seven to ten days of normal temperature elapse before the patient is allowed to sit up. Junket, custard, jelly and soft egg are given during the first few days of normal temperature in the first week, soft toast is added seventh to tenth day, scraped beef or sweetbread may be given. In view of the fact that the typhoid bacilli are excreted by the kidneys during the later stages of the disease, and even after the temperature is normal, urotropine is recommended two days in the week, for two or three weeks as a prophylactic measure.

There appears to be a growing objection to the routine use of alcoholic stimulants in typhoid fever. The complications of typhoid such as hæmorrhage, cholecystitis and tender toes have their appropriate treatments described in all the books. The success in dealing with intestinal perforation in typhoid depends upon the early recognition of the same, and prompt surgical interference, as well recognized in Dr. Mackenzie's article.

It seems only natural while much has been done with vaccination and serum therapy in other diseases that scientific men should seek to apply the same principles of treatment to typhoid fever, a disease so common in its incidence and so destructive in its results, especially among the armies in the field. The lack of space in this review forbid a lengthy discussion of immunity into which, among other aspects of the subject, Dr. Wright has fully gone.

An experience of six and a half years devoted to the careful study of typhoid inoculations has placed Dr. Wright in a position enabling him to speak with authority on this method of treatment. Recognizing