

their cause and results. When the intestinal epithelium is impaired, the circulation in the liver becomes sluggish, and then we have all the symptoms from malaise and headache to those of alarming intoxication. We should begin our treatment with the suspension of all the regular articles of diet and the employment of substitutes, and if the attack is in the stomach, the reason for this is all the more pronounced. Withholding of foods must be absolute, from 8 to 10 or 12, or even 24 hours, with the administration of water alone. In the simpler forms suppression of food may be all that is necessary for a few hours. After this, rice water, etc., may be used. Liquid peptonoids, he has found very satisfactory. It may be necessary to persist in the use of this diet for days, until all the symptoms have disappeared and the child is practically convalescent. Cows' milk should be the very last to be allowed. Some of the malted foods answer very well at first. When milk is to be allowed, it is safer to peptonise it, although sterilized milk is sometimes more easily borne. Purgation and repeated purgation is indicated at the commencement of an attack. Calomel is the best drug to employ with soda bicarb. to prevent griping, with divided doses when vomiting is troublesome. Thus the liver is restored to its normal condition and activity, and the bile flows more freely. The alimentary canal is emptied by an abundant flow of nature's antiseptic. Castor oil is safe and effectual and soothing. If vomited, a second dose ought to be administered at once; a child rarely vomits the second dose. During convalescence, the aromatic syrup of rhubarb or the phosphate of soda are satisfactory. Daily purging should be continued with these remedies, until the temperature falls to normal or nearly so, and until the offensiveness of the discharge ceases. Initial doses of calomel and castor oil have the effect of bringing away matter which had been lodged in some crypt or recess of the bowel. We may feel safe when we see the characteristic calomel stool. In regard to flushing, warm water with sufficient salt added, should be employed; and if vomiting be present, that is no contra-indication. Flushing serves for the purpose of lavage and should be used, except in the continued vomiting of acute gastritis. Water and normal saline solution per rectum is even more important and should be used in all cases. The quantity should be large and used three or four times daily, and the temperature of the water should be about the normal body temperature. A long rectal tube or catheter should be used (20), and the patient placed in the lithotomy position, turned slightly to the left and allowed to lie comfortably. You will sometimes have some difficulty on the right side of the rectum in getting the tube passed, but if you rotate it you will succeed in accomplishing it. As to sedatives, they are local and general. Bismuth and opium, the former used in large doses, 2 drs. in 24 hours, are the best. Opium