

Bed-sores must be guarded against, and, in most cases, it is wise to put the patient on a water bed early in the course of his illness. When convalescence is established an ordinary mixed diet may be gradually resumed and recovery of strength will be promoted by suitable tonics and change of air.

Infection and Sanitation.—Prophylactic measures of sanitation, and not least among them compulsory notification, have done much to reduce the prevalence of enteric fever. The disease according to Collic's statement, "does not spread any great distance when the ventilation is good, the cubic space abundant, and the general sanitary arrangements satisfactory." When enteric fever is prevalent in a neighbourhood, drinking water and milk should be boiled before use and the skin should be entirely removed from raw fruit before eating. Food supplies from suspected quarters of contamination are to be avoided, and all varieties of mineral water should be forbidden until it is ascertained that the water used in the manufacture has been boiled or condensed and that the bottles and corks have been properly sterilised.

Persons exposed to special risks of infection should be inoculated with anti-typhoid vaccine at the earliest opportunity.

It is abundantly proved that persons who have suffered from enteric fever may convey infection to others for many years after they themselves have recovered. When it happens that one or more cases, otherwise unexplained, occur among those who are in close association with such a person, he should be suspected, and if the typhoid bacillus is found in the fæces or urine, or if Widal's agglutination test is positive he must be isolated. He is what is known as a typhoid carrier and may unconsciously infect milk water or other articles of diet, even if he is not directly a source of danger. His treatment is a matter of great difficulty, but he must be kept under observation and every effort made by the use of vaccines, with intestinal and urinary antiseptics, to free him

from the presence of the offending organisms. When by such measure this freedom is not obtained, the question of draining the gall bladder and bile ducts may be entertained.

Preventive Measures.—The following preventive precautions should be adopted in the conduct of every case:—

1. The mattresses and pillows, or such of them as are likely to become soiled with discharges, should be protected with rubber covers.

2. The bed and body linen should be changed daily.

3. All linen, etc., removed from the patient must be wrapped immediately in a sheet wrung out of carbolic solution 1-20 or 2 per cent. lysol, allowed to soak for six hours and then boiled.

4. Feeding utensils, after use, must be washed at once in boiling water.

5. The evacuations, both of bowel and bladder, should be received into a bed-pan containing half a pint of carbolic acid or lysol solution, and after they are passed, a further and larger quantity of the antiseptic solution should be added.

6. When death occurs, burial should follow without undue delay, the body being freely sprinkled with strong carbolic acid and confined within a few hours of death. When consent can be obtained cremation should always be preferred to burial.

7. When recovery takes place the room occupied by the patient and all its contents must be subjected to the most thorough disinfection, according to approved methods.

8. The nurses in attendance should wear overalls and rubber gloves when their duties demand contact with the patient. The hands should be repeatedly washed in an antiseptic solution, and it is a safe precaution from time to time to rinse out the mouth and throat with a similar fluid of suitable strength.

9. Every care must be taken that the patient after convalescence, or those who have been in attendance upon him, do not unwittingly become, though apparently well, carriers of infection.