

LOCAL TREATMENT OF DYSENTERY.

Dr. H. C. Wood calls attention to the local character of dysentery as usually seen in this climate. It is not a constitutional affection, and should be combated with local rather than general treatment. The ordinary treatment owes much of its influence to a local influence.

In acute dysentery, involving the colon high up, he has found large enemata, containing two or three drams of subnitrate of bismuth, much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. He has never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate in other inflammations of the mucous membranes would justify trial of the remedy. He has seen in one or two cases large enemata of very hot water injected without affording relief, and believes that hot water enemata are, in their ordinary results, not at all comparable with large injections of ice-cold water.

When the lower part of the colon is affected the local use of ice sometimes has an almost marvelous effect. The author has seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of ice suppositories. While it is not necessary to have a piece of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to give, for at least half an hour to an hour, the effect of the continuous application of cold.

When tenesmus is very severe iodoform suppositories are often much more efficient than opium in bringing relief. A remedy which has been from time to time recommended very highly in dysentery but has not been much used is ergot: and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. Dr. Wood has never used ergot by the mouth in these cases, but has employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been taken, with seemingly great advantage.

The local treatment of dysentery is not advocated as a substitute for the use of mercurials purgatives, and ipecaouanha, etc., but as a very important adjuvant to the older forms of treatment. Nevertheless, in the author's experience the effect of local remedies has been more prompt and decided than that of drugs given by the mouth; and in cases of any severity the attack upon the disease may be made from each end of the mucous tract.—*Boston Med. and Surg. Jour.*

TREATMENT OF CROUP.

Dr. H. R. Wharton says in the *Medical News*: When I see a case of croup comparatively early in the disease when the symptoms are not so urgent as to demand immediate operative interference, I also employ this course of treatment which, I feel sure, often averts the necessity of operative procedure. If the case be one in private practice, I have the patient put into a room where there is a stove, and upon this is kept constantly boiling a large pan of water to moisten the air. If the room is heated by a furnace I use a gas stove or alcohol lamp to heat the water and accomplish the same purpose.

I give the patient internally:

R	Carbonate of ammonium	gr. ij.
	Syrup of senega	m x.
	Mucilage of acacia	3 ij.

M.

To be given every two hours unless the patient vomits, in the event of which I diminish the frequency of the dose.

I also frequently employ a steam atomizer in the receiver of which is the following solution:

R	Sodium carbonote	ʒi-ʒijss.
	Glycerin	ʒij.
	Water q. s.	ad ʒiv.

M.

This solution was first recommended by Mr. Parker, of London.

If the patient is old enough to be manageable he should inhale the vapor from this for a short time, at intervals of fifteen or twenty minutes. If the patient is unruly or so young as not to be able to inhale the vapor, I have the bed converted into a tent by the use of a few sticks and a sheet, under which the steam atomizer is kept in operation, the spray being directed as near to the mouth as possible.—*St. Louis Med. and Surg. Jour.*

APPENDICITIS IN THE FEMALE.

As the result of his observations, Richelot presents the following conclusions: (1) On account of the proximity of the uterine annexes the diagnosis of appendicitis is more difficult in woman than in man. Suspicion is naturally around when the pain and induration are well up in the iliac fossa and entirely to the right, and should always be excited whenever the symptoms are markedly predominant on the right, even if there be evidence of lesions to the left; even if the pain be referred to the uterine annexes, and even if rectal and vaginal touch reveal induration at the right border of the uterus. (2) With the reserves already formulated surgical intervention should be bold and early. The prognosis of the disease left to itself is extremely grave. The earlier the operation the more it approaches in relative benignity the modern operations in the region of the uterus.—*Union Médicale, Occidental Medical Times.*