

of treating it is both rational and effective. Sometimes a little serous oozing remains after a free spontaneous catharsis under these circumstances, or after its induction by mechanical agents, and this teases the patient at night, either causing him to get up, or passing off during sleep. A dose of five grains of myrrh and ten of bismuth at bed-time will be found effective here, and may be resorted to without the fear which attaches to opium and its derivatives. Of course it may become necessary to resort to astringent measures; and if it is so, sulphuric acid, with hæmatoxylin, or the astringent preparations of iron, are the best means of attaining the desired end. But the only treatment, as a rule, to be invariably followed is the relief of that condition of the portal circulation upon which the diarrhœa depends.

At other times diarrhœa may be a compensatory action of the bowels, especially in conditions of renal embarrassment. Here it is termed uræmic diarrhœa. This is a much more common condition than is generally imagined. It is, however, one of those matters which is not patent to the casual observer, and is one which can only be detected ordinarily by the eye which has learned to see it. In the diarrhœa of elderly persons, especially when recurrent, this association will be found to exist very frequently. When called to a patient suffering from a sharp diarrhœa, there is little time and less opportunity to make a thorough diagnosis, especially as the urine is scanty and possibly albuminous without there being renal disease, and a careful investigation of the past history is all that can be relied upon. Often the materials so furnished are insufficient to prevent mischief. The following case is instructive in its sad history. Just on entering practice, I was called to a woman of forty-eight who was seized with purging. She had frequently had similar attacks, which had never been very amenable to treatment. As the woman was far from being strong, the friends were very urgent about the necessity for early arrest of the discharge. The motions were watery and copious, and the amount of urine very small, and none could be secured for examination. After various combinations of astringents, my

efforts were unhappily sufficiently vigorous to be successful. In thirty-six hours after the cessation of the alvine flux, uræmic coma came on, which terminated fatally. After a careful investigation of her history, it became certain that the unfortunate woman was the subject of chronic Bright's disease, and the discharge I had done so much to arrest was a compensatory action, and not a morbid process, in fact, it had brought to a close the only action almost by which the organism could have been preserved. Regret was unavailing, but the case brought forth fruit on an after day.

Some little time afterwards an opportunity was afforded of watching the play backwards and forwards betwixt the kidneys and the bowels in an old man. During one paroxysm of renal engorgement, accompanied by free purgation, no water having been passed all day, I passed a catheter into the bladder to make sure that it was empty, as percussion had indicated. The bladder was empty. In a few hours the diarrhœa ceased, and he passed two pints of water. After repeated oscillations betwixt the kidneys and the bowels, the alvine flux each time being less and less, matters once more became normal. Arrest of the diarrhœa here by powerful astringents would probably have been fatal, as in the case just given.

A very striking case came under my care a year or two after this. An old woman, long the subject of renal disease, with a dilated heart, was seized with diarrhœa. The urinary secretion was scanty, and there was aching through the loins, &c. I declined to attempt to arrest the discharge, but gave the patient nutrient support, and applied large poultices, dusted with mustard, across the loins, as preferable to cupping; and after the alvine flux might have fairly been supposed to have somewhat relieved the renal embarrassment, mild, non-irritating diuretics (potash with buchu) were prescribed. The domestic arrangements did not permit of any bath then procurable, but hot bottles were placed in the bed. For some days the case went on; a brown, furred tongue, headache, and increasing stupor, a urinous odour of the breath, *ureous* vomiting, and a strong odour from the skin, vindicated the hypothesis of the uræmic nature of the diarrhœa. All hope was