

is frequently accompanied by tormina, and the continued use is apt to cause derangement of the mucous membrane of the upper intestine. The physiological action of sulphur appears to be upon the muscular coat, and less upon the mucous surface, while senna is a more active purgative, more apt to excite tormina, and acts more upon the mucous than the muscular coat. By the aromatic and stimulant properties of the fennel, and the demulcent action of the liquorice, itself a mild laxative, the effects of the more active constituents are judiciously modified.

The usual dose is a small teaspoonful at bed-time in water, with which it is easily mixable, forming an agreeable draught. Children to whom Gregory's powder is a terror, readily take it with the belief that it is a sweetmeat.

That the action of the powder is not to produce catharsis with serous transudation is proved by the motions, which are usually well formed and soft.

It is not my intention to enter into details of individual cases, but I cannot refrain from alluding to one instance as illustrative of a group where its use is preferable to other forms of purgative remedies.

Two years ago I saw with a practitioner in York a maiden lady, seventy years of age, who for some time had suffered from general paresis as indicated by ptosis of both eyelids, defective eyesight, habitual constipation, and difficulty of deglutition, especially of solids. I found that the taking of pills was to her a constant source of dread and annoyance, and suggested the compound liquorice powder, the adoption of which proved so pleasant and satisfactory that it was afterwards taken to the exclusion of the pills.

I have said that constipation most commonly results from functional derangement. Constipation connected with the simpler forms of structural disease, such as piles, fissures of the anus, and prolapsus, is also effectually treated by the powder; and in those grave cases, happily less frequent, but the saddest of all that the physician is called upon to treat, where structural changes within or without the bowel are slowly but surely encroaching upon its calibre, the constipation that gradually appears may for a time find relief in the same manner; although at a later stage, when the symptoms, formerly obscure, become so developed as to afford certain proof of the existence of an invariable obstruction, we must desist from harassing the patient with general remedies, and fall back upon the forlorn hope of local means.

In the early stages of hepatic disease, when the tympanitic state of the bowels masked long-existing ascites, and on the treatment of which Dr. Basham has lately contributed papers to the *Practitioner*, I have found the use of somewhat larger doses of the compound liquorice powder, twice a week, or so, equally beneficial, and in my opinion preferable to that of mercury, jalap, colocyath, or podophyllin.

The general treatment of constipation must not be lost to view; and while the use of any purgative whatever can only rank as a temporary expedient, the all-important observance of a well-arranged dietary, exercise, and habits of regularity, must be

considered of paramount necessity in the attainment of permanent relief.

Dr. Warburton Begbie, writing to me lately, says:—

"Your experience of the compound liquorice powder fully confirms my own, and that in every particular. I have found it specially useful as a laxative in *young* and *old* subjects, and have formed a high opinion of its efficiency as a medicine in cases of atony of the bowels determining constipation.

"You are correct in supposing that it was introduced into practice here by me.

"I had the prescription from a gentleman long resident in Breslau, for whom the powder had been ordered by the distinguished Hasse.

"Many friends like yourself have borne a strong testimony to its efficiency.

"It is certainly an admirably arranged powder."

CLINICAL THERMOMETRY.

BY LUCIUS D. BULKLEY.

At a meeting of the Medical Society of the County of New York, February 26, Dr. Lucius D. Bulkley read a long and elaborate paper upon this subject, illustrated by numerous mural diagrams and tables.

The number of cases in which a record of temperature was regularly kept amounted to 337, classified as follows; typhoid fever, 93; typhus fever, 23; pneumonia, 64; erysipelas, 24; acute rheumatism; 17; remittent fever, 12; intermittent fever, 7; scarlet fever, 7; phthisis, 19; acute meningitis, 9; tonsillitis, 7; peritonitis, 6; miscellaneous, 49. Besides the temperature, the pulse and respiration were always recorded, and the doctor had tabulated all the cases under each disease with reference to these three vital signs.

The nature of the paper precludes any extended extract. We confine ourselves to the doctor's concluding summary of the chief points he considers established:

"1. The body heat is maintained in health, under all conditions, at the uniform standard of 98.4° Fahr.

"2. Any constant deviation from this constitutes disease.

"3. A return to and continuance at this standard marks the determination of the disease.

"4. A single high temperature is important.

"5. The changes of temperature in diseases follow definite and known courses.

"6. Variations from these typical ranges of temperature in disease are significant, as indicating a disturbing cause.

"7. An irregular course is more unfavorable than a uniformly high range of temperature.

"8. Different temperatures characterize different diseases, and various days of the same disease.

"9. Although a high temperature indicates a more severe attack, no heat under 109° can be considered surely fatal.

"10. The daily study of the pulse and respiration