

paper, he spoke upon this very subject and stated his preference for the local use of opium by the rectum. He believed that one thus lessened the inhibitory effect of the drug upon the secretion of the gastric and intestinal juices. Opium used in suppository is certainly most efficient in meeting the first two indications; one-twentieth of a grain of the extract may be incorporated in a small suppository, and the dose may be repeated in from four to six hours if necessary.

Dover's powder, the deodorized tincture of paregoric are preparations which various authorities administer by the mouth.

In cholera infantum, morphine, preferably in combination with atropine, should be given hypodermically.

*As to the Dose.*—One uses opium to secure a definite effect, and the result determines the dosage; but a safe working-rule is to select a minimum dose for an adult and apply Young's rule.

For a one year old infant the dose would be determined as follows: The minimum dose for an adult is 1-8 grain of morphine. Add 1, the baby's age, to the No. 12. This gives us the result 13. Now 1-8 divided by 13 equals 1-104 of a grain; 1-100 of a grain is the dose that Holt recommends in cholera infantum. It is safer to err upon the side of a small dose, as this can be repeated.

*Enteroclysis and Hypodermoclysis.*—It is the consensus of opinion that the former measure has been much abused, that it has been employed when it was not indicated, and has been overdone in cases in which its proper use might have done good. It still remains, within its proper sphere, one of the most valuable agents in our armamentarium. One may state with regard to it, that it is indicated:

1. When irritating material still remains within the bowel and is giving rise to mechanical or bacterial disturbance.

2. When, in acute cases, fever and foul smelling discharges persist for several days.

3. In cholera infantum, when it should be supplemented by lavage. It is used here not only as a cleansing measure, but also to combat the anhyæmia. If such patients are seen early in the attack when the temperature is quite high, iced saline solution is very valuable for lavage and enteroclysis; but when prostration has supervened and the surface temperature is low, hot solutions (110 degrees F.) are preferable for both purposes.

4. In acute cases one needs no other solution than the commonly employed one of sodium chloride.

5. Except in cholera infantum, enteroclysis should very rarely be used more than twice daily, and seldom more than