

took from thirty to forty grains for at least two weeks without satisfactory results, but without any symptoms of intoxication.

The fourth case was that of a man, 68 years old, with benign stenosis of the pylorus contracting the opening so that a bead three-eighths of an inch in diameter was the largest that passed through the stomach. This patient requires from forty to sixty grains of phenolphthalein daily, and has taken such doses for eighteen months. Of other cathartics tried, all require from five to eight times the usual dose, and most of them produce disagreeable symptoms, such as cramps and tenesmus.

I have secured better results from using phenolphthalein in powder than when compressed into tablets, or even when given in capsule. Usually I prescribe 2 drams of the powder, and direct the patient to take what will lie on a dime (about 3 grains) before going to bed. It is best taken by placing it on the tongue and taking a swallow of water. The powder is tasteless and odorless, and as a rule is not objectionable; the dosage is easily regulated by the patient.

General Conclusions.—Phenolphthalein probably belongs to the class of intestinal irritants, but its action seems to be accompanied by less discomfort than the majority of cathartics of this class.

It is nontoxic, at least in doses up to 25 or 30 grains. It is extremely stable, very little if any being broken down in passing through the body. A little is absorbed, but is excreted by the kidneys as such.

The average dose may be placed at from 1 to 5 grains, best given in the powdered form, either at night or in divided doses after meals. In cases of hyperacidity it can be advantageously combined with an antacid powder.

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