

ceased to be putrid, astringent or simple irrigations should be employed.

In catarrh of the small intestines, Monti considers the irrigation of the large intestine as only an aid to internal and dietetic treatment.

Also in infantile cholera he believes the irrigations indicated only at the beginning of the attack and before collapse is manifest. In collapse they should be discontinued. Three irrigations at the commencement of the cold stage, either of one per cent. of common salt, or two per cent of tannic acid, and in severe cases a solution of benzoate of soda, 500-1000 in 1000 parts, or six drops of creasote in 1000 parts are useful.

Irrigations are indicated in all cases of dysentery and of conspicuous service. Water is first used to wash out the bowel, and cold compresses to the abdomen are made. Iced milk and tea with lemon and rum are given. The next irrigations should be astringent as described for follicular enteritis, two or three a day being administered.

Monti has also employed weak solutions of common salt (a drachm to thirty-five ounces) to remove tympanites in abdominal typhoid fever; the temperature should be about 66° F., large quantities being necessary to secure good effects. Astringent solutions of a mild character benefit profuse diarrhea. No extended trial of the method has been had in this ailment.

Caution is necessary in cases of typhitis or perityphitis; much harm can come from irrigation during the periods of active mischief, when the temperature is much elevated. Also in invagination of the bowels. Unless the seat of it is in the colon, especially the descending colon, and the intussusception is recent and not too extensive, no good can be expected from irrigation. In ileum or ileo-cecal invaginations success is rare. The author advises a warm bath for a half hour of 95° F., previous to the injection, the patient in addition being chloroformed to relax all muscular effort. The pelvis, too, should be raised very high. And to this end we believe that the posture proposed by Cari Nicolaus, the knee-shoulder posture, as described in the *Review*, March 13, 1886, would be a highly proper and useful one. A soft catheter or tube should be introduced as far as possible into the bowel, and the water introduced at a low pressure first. On regurgitation stop the procedure, and then cautiously begin again, increasing the pressure. Use external manipulation at the same time. If water fails to reduce the obstruction, air may be insufflated or carbonic acid water. Luke-warm water should first be used to relax the bowel and enable the introduction of a large quantity of water. The finish may be with ice-cold water to excite peristalsis.

Helminthiasis, also, especially cases of oxyuris vermicularis, pin worms, were successfully treated by the complete irrigations repeated a half dozen times or more on successive days. To clear the small intestine, a purgative should first be given.

Medicinal soap, 1-5 parts to 1000 parts of water, is the best irrigation in such cases.

Taenia were also treated by the combined method of washing out the bowel in the morning with 2-4 pints of luke-warm water; the same is done in the evening with the addition of a purgative. Next morning pomegranate is given by the mouth, and, after the first evacuation, a solution containing pomegranate is thrown up into the lower bowel.

The article, all in all, contains many practical points based upon rational thought and actual experience.

THE DIETARY IN INDIGESTION.

BY J. MILNER FOTHERGILL, M.D. EDIN.

When I hear medical men denouncing a regulated dietary in indigestion, my surprise is excited. Is it a malady to be combatted by drugs only? I do not think anyone will support that proposition. Medicinal agents are not without their value; but the medicinal treatment of indigestion is surely but auxiliary to the dietetic management. That a regulated dietary is too often a restricted dietary—so restricted indeed that the patient is practically half-starved—may be admitted. But need a regulated dietary necessarily be a very restricted one? I opine not; if the matter of the dietary of the dyspeptic be given a little more attention.

And for this it is well to keep the physiology of indigestion in mind. Digestion is solution by hydration so that the carbo-hydrates and albuminoids may pass through the wall of the alimentary canal; after which they are de-hydrated—else they would pass out by the kidney, giving glycosuria and peptonaria, and leaving the body unied. But a preliminary to solution is disintegration. If mastication be not properly performed the "lumps" of food find their way into the stomach and offend it.

Pastry, pieces of hard potato, cheese, are notorious offenders. The solvent action of the gastric juice can exercise no disintegrating effect upon the substances, while they act as irritants and set up pain. A piece of meat comparatively unchewed is less objectionable, because the gastric juice acting upon the connective tissue allows the muscular fibrillæ to fall asunder. But even with muscular fibre there is a wide difference. Pork and veal are hard meats, and, not readily falling to pieces in the stomach under the action of the gastric juice are held, and rightly too, to be indigestible. On the other hand, a thin slice of well-boiled ham, cut across the fibre is very digestible. So is the loose fibre of a sheep's head. This is the mechanical aspect of the digestibility of food. Hard stringy meat is very indigestible. So are ill-cooked vegetables, and especially the cruciferae, so are hard-boiled eggs.

Fish, and especially white fish, whose fibres very readily fall to pieces, are in repute with dyspeptics for obvious reasons. Fish which are fatty, are indigestible (because the fat resists the