

in a torpid bowel, offering a fertile field for bacterial invasion. Persons in whom such a condition exists suffer from malaise, furred tongue, cephalagia, depression, muscæ volitantes, due to intestinal decomposition.

In the management of all cases bearing on this subject, we must have especial attention paid to the diet, avoiding much as possible nitrogenous food; antiseptics which have the reputation of rendering the intestines aseptic must be employed, and we must empty and wash out the large intestine by mechanical means.

It has been clearly demonstrated by Baumann, that the large intestine is the seat of infection, for he found that when a fistula was made in the lower portion of the small intestines, there was a disappearance of indol and other ethereal sulphates from the urine, but when the contents of the intestines were allowed to pass through the large intestine, the products were increased and could be detected by an examination of the urine for indican.

Patients in whom we suspect intestinal trouble from the nature and course of symptoms, should be given a dose of calomel followed by a saline. The calomel not only acts as a purgative, but by its aseptic properties arrests fermentation in the intestines.

There are many drugs which have reputation as intestinal antiseptics, amongst them might be mentioned salol, beta-naphtol, naphthalin, charcoal, salicylate of soda, and hydrochloric acid. Any one of these drugs might be employed with advantage, especially after the bowels have been thoroughly cleared out. Naphthalin has been extolled by various writers as possessing extraordinary powers, but so far as my experience goes, I cannot give it that recommendation that has been accorded it. In one case in which it was given it produced a feeling of weakness, and stranguary with urine of a violet color. Owing to its disagreeable odor, and pungent taste it should be given in capsules. Hydrochloric acid, if given, should not be administered too soon after calomel, but it certainly prevents fermentation and aids physiological digestion. Salol should be administered in small and frequently repeated doses, for if given in large doses at long intervals it often passes unchanged in the fæces. The therapeutic