

cecal catarrh or typhlitis which so closely resembles appendicitis, and the rapid disappearance of symptoms under this treatment often confirms the diagnosis of cecal catarrh in a doubtful case.

In more chronic cases one of the combinations of salicylates with carbolic acid of the salol type seems to be the most effective, and this last-named drug has in my hands proved of extreme value in the treatment of colon catarrh, even when it has reached the stage described as chronic membranous colitis. Another very effective treatment is by means of the combination of the perchlorides of mercury and iron which is so useful in enteric fever.

The second point of prime importance to be remembered in the treatment of these cases is the fact of the undue irritability of the colon, both secretory and motor. Therefore the second main indication for treatment is the elimination from the dietary of all articles of food liable to leave an indigestible solid residue which might irritate the colon. The treatment must, therefore, take a line the exact opposite of that usually adopted for simple constipation.

Brown bread, porridge, figs, etc., which relieve ordinary constipation, are most potent in producing pains and excess of mucus in cases of colon catarrh, and in aggravating the irregular muscular action, which is one of the causes of constipation in this disease. In fact, any vegetable food containing much woody fibre, must not be admitted to the dietary; even bananas often disagree; also the skins and seeds of fruits, and all fruits such as pears, with a gritty pulp. In taking meat, care must be taken to remove the skin, gristle, and more fibrous parts. All indigestible solids should be removed from the dietary. These dietetic precautions, combined with the use of salol (twenty to thirty grains per diem) will be found to produce great amelioration in the majority of the milder cases, and in some of the severer ones. Where nervous symptoms have become prominent the treatment of these also constitutes an important part of the work of the physician, and the cure will be hastened by attention to hygienic, climatic and social treatment, as well as to the medicinal and dietetic.

In cases of long standing, where considerable damage has been occasioned to the mucous membrane, treatment by enemata of simple saline solution, or with boracic acid, sometimes proves of value. In extreme cases it may be necessary to give the colon complete rest for some months by performing the operation of right inguinal colotomy, allowing no feces to pass along it. Several successful cases of this have been put on record in recent years.