

reduced, within a week, to two daily, and, for the first time, became formed and devoid of odor. About six months afterwards he reported that after three weeks he had discontinued his medicine, having had no further necessity for using it.

In *chronic dysentery* he had used naphthalin in seven cases, with excellent results. The most interesting case was that of James C., 66 years of age, who contracted dysentery while serving in the Federal army in 1862-64. He had never been free from the disease except for a few weeks at intervals. He could remember no day during which he had not had more than one passage. He was emaciated, with sallow, dirty skin, marked tenesmus, abdomen painful on pressure, red tongue, pulse very feeble, no appetite. His stools averaged seven movements daily,—slimy, blood-stained, of extremely foul odor. This man had 90 grains of naphthalin daily, and at the end of the month he would have hardly been recognized as the same man. Four months after he reported himself so much improved that he considered himself a well man.

His experience in the diarrhoea of *typhoid fever* had been limited to two cases: Charles B., 25 years of age, and John F., 16 years of age, both of whom he saw for the first time in the third week, the diagnosis being thoroughly established. In both there was commencing tympanites; diarrhoea, to the extent of six to ten passages in the twenty-four hours. Naphthalin was administered up to 60 and 90 grains in the day, with the result of "stiffening up" the motions and reducing them to two daily. The odor of the stools, in both cases, was lost. In fact, he felt so confident that the intestinal canal and, consequently, the fæces were disinfected that he did not take any other precautions. He also directed attention to the antipyretic effect of this drug. In general, the use of antipyretics in typhoid fever he considers unsafe; but if the practitioner was thoroughly imbued with the idea that he must use an antipyretic, let him use naphthalin, which reduces temperature, indirectly, by disinfection of the intestine. In point of safety it compared favorably with such drugs as antifebrin, thallin, antipyrin, etc. Whether typhoid fever had ever been aborted by this or any other drug he did not pretend to say; but if it could be accomplished, in his opinion, naphthalin, by its vigorous action upon the contents of the alimentary canal, should tend to that result.

Of the use of naphthalin in acute intestinal catarrhs, and in the diarrhoeas of children, he had had no experience. In the diarrhoea of chronic tuberculosis he had had no opportunities for experiment. In all his cases of diarrhoea evidences of tuberculosis in other organs were sought for, but were not found. He would emphasize the claims of naphthalin as *the* drug to use in all cases in which it was necessary to disinfect the alimentary canal, as in typhoid fever, intestinal catarrhs, and dysentery, because it seems to be, of all the drugs at our disposal, the most certain, and at the

same time the one most free from danger.—*Therapeutic Gazette*.

ANTI-DIARRHŒIC PILLS.

Trousseau recommends the following formula in rebellious cases of diarrhoea which have resisted treatment by salines:

℞.—Powdered ipecac. gr. viij.

Extract of opium,

Calomel aa gr. iss.

To make twenty pills.

The dose, one to three pills daily, is continued for a week or longer.—*L'Union Médicale*.

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CANADIAN MEDICAL ASSOCIATION.

We would remind our readers that this Association holds its twentieth annual meeting at Hamilton, Ont., under the Presidency of Dr. Holmes, on the 31st of August and 1st of September.

SIR JAMES A. GRANT, M.D.

Dr. J. A. Grant of Ottawa, who ever since that city became the capital of Canada has professionally attended the various governor generals and their families, has just been created a Knight Commander of the most distinguished order of St. Michael and St. George. Dr. Grant has the proud distinction of being the first Canadian medical man who has received the honor of knighthood. He received his medical education at McGill College, where he graduated in 1854, since which time he has become an L.R.C.P. London, and an F.R.C.S. at Edinburgh. Dr. Grant has been President of the Canadian Medical Association and of the College of Physicians and Surgeons of Ontario; he has also contributed many valuable articles to medical science. We congratulate him on his promotion and wish him long life to enjoy it.