

with a mixture containing Pot. Bromid. is, perhaps, the best medicinal treatment.

If worms should be the cause of the convulsions they should be treated accordingly.—*Students Journal and Hospital Gazette.*

## TREATMENT OF THE DIARRHŒA OF PHTHISIS.

In the *Lancet*, Dr. C. Theodore Williams says, speaking of the peculiar diarrhœa of phthisis, that, arising from ulceration, it requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be attained by shielding them from all irritable substances, and by promoting a healthy granulating action. The treatment, in fact, resolves itself into three sets of measures.

1st. Rest in bed and the administration of only such food as can be quickly and easily assimilated without causing much distention of the intestine, or accumulation of flatus. Such are chicken broth, beef and veal tea, milk gruel, blanc mange, always combined with liquor pancreaticus, and prepared after the admirable methods of Dr. William Roberts of Manchester. Dr. Jagielski recommends koumiss specially in these cases.

2d. Warm applications to the abdomen, in the form of linseed poultices, turpentine stupes, or hot-water fomentations, to reduce the pain and promote a certain degree of derivation to the skin. If the pain be severe, I have found the application of a small blister over the area of tenderness on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed, in some obstinate cases, that when the blister has risen, the diarrhœa has been considerably reduced, and pain existing in the abdomen at the same time has subsided.

3d. Internal medicines. When we have reason to believe that the ulceration is slight and confined to the small intestine, the diarrhœa may be treated by bismuth and opium, or by some astringents. The liquor bismuthi et ammoniæ citratis (B. P.) is a convenient form, but not always so effective as the powdered carbonate or the nitrate of bismuth in ten to twenty grain doses. Dover's powder combined with it in ten-grain doses is often effective. The most powerful astringent is the sulphate of copper in a quarter to half grain doses, combined with half a grain to a grain of solid opium. Of the various vegetable astringents I have found tannic acid in four-grain doses to answer best, far better than rhatany and catechu, but in all cases I combine it with a certain amount of opium, to reduce the irritability of the ulcers. Indian bael, especially a preparation of the fresh fruit, is often efficacious in checking the diarrhœa if the ulceration be limited. If, however, the ulceration attack the large intestine as well as the small, it is obvious that more local treatment is advisable, and recourse should be had to injections or supposito-

ries. The enema opii (B. P.) administered twice a day is sometimes sufficient, and may be strengthened by the addition of acetate of lead, four grains to an injection, or of tannic acid, five grains. This is a small injection, and it is doubtful how far its local effect reaches. Where the ulceration is very extensive, and involves the greater part of the large intestine, an attempt ought to be made to apply the remedies more thoroughly to the mucous membrane; and for this purpose injections of larger amount—from a pint to a pint and a half—may be used, consisting of gruel or of starch, or, best of all, of linseed tea, and all containing a certain quantity of opium (thirty to forty minims of the tincture). I would specially recommend the linseed tea, as it appears to exercise the same beneficial effect on the ulcers of the large intestine as it does in follicular ulceration of the throat. One of the most obstinate cases of intestinal tubercular ulceration I ever witnessed yielded to linseed tea injections, after almost every other treatment had been vainly tried, the ulcers apparently healing, the diarrhœa ceasing, and the patient living for two years afterward, and dying of pulmonary lesions. In cases where the stools are very fetid, I have added glycerine of carbolic acid to the injection with advantage. In many cases, however, it is desirable to give the large intestine as much rest as possible, and not to stretch the ulcerated mucous membrane through any distention by fluids: in these cases suppositories of morphia (from half a grain to a grain), or of the compound lead one, or of those of tannic acid, are indicated, and the treatment of the diarrhœa arising from lardaceous degeneration of the intestine is not very hopeful. Where the very channels of assimilation—viz: the villi—have undergone degeneration, as well as the various structures from which the succus entericus is poured out, it is difficult to see how treatment can restore the lost tissues. Dr. Dickinson's researches show that the loss of alkali is the chief characteristic of the disease. Dr. Marcet's analyses show that the chief chemical feature is deficiency of phosphoric acid and potash, and excess of soda and chlorine, and on this principle we should give phosphate of potash. When, however, the disease has so far advanced as to reach the intestine, it may be considered beyond any effective general treatment. We must be content to restrain the diarrhœa if we can, by astringents, the more powerful the better. Tannic acid in from two to four-grain doses, with dilute sulphuric acid, sulphate of copper or sulphate of zinc are the most useful, and injections of these substances do some good.

## NITRO-GLYCERINE.

Prof. Wm. A. Hammond, of New York, read an important paper before the October meeting of the New York Neurological Society, on "Some of the Therapeutical Uses of Nitro-Glycerine," of which