

bedtime and followed in the morning by some saline bitter water, preferably Hunyadi, judging from my own experience. A wineglass of Hunyadi in a large goblet of hot water, slowly sipped while dressing, will give most people a copious dark bilious stool after breakfast; the slow sipping stimulates the circulation, and the bulk of water serves to flush out the mucus from the stomach—which is said to be a tube when empty. The water, after absorption, will then flush the kidneys.

To soothe the irritable gastric mucous membrane, such sedatives as bismuth and hydrocyanic acid may be given, to which soda may be added to dissolve the mucus and stimulate gastric secretion; as soon as the irritability is allayed, bitters may be added, as in atonic dyspepsia.

In the severer cases of *chronic gastric catarrh* there is considerable thickening of the mucous membrane, with destruction of gastric tubules. There is an abundant mucous secretion, rich in epithelial cells, more or less dilatation of the stomach from lessened or arrested peristalsis, and but scant secretion of gastric juice, and what is secreted contains little if any HCl. There is no appetite, just as there is none in phthisis or the acute diseases. I need not dwell on the picture, you all know it. Excess in alcohol is the most frequent cause, but there are many others.

Judging from my limited experience in the management of these cases, there is only one plan of treatment that offers satisfactory results, viz., lavage. It is, besides, the only rational treatment, inasmuch as it is the only one that strikes at the root of the trouble by relieving the stomach from the constant irritation that keeps up the inflammation. The washing out of the stomach should be resorted to regularly and systematically, using either plain water or a weak solution of bicarbonate or biborate of soda, or boracic acid. Sufficient fluid should be used to remove all the mucus, after which a little nourishment should be given, such as milk (raw or prepared), broth with a raw egg stirred in it, and toast; the coarser foods should be withheld until the condition of the stomach is ameliorated somewhat. A few drops of HCl. may be given with advantage after the food to hasten its digestion, to inhibit the germs of fermentation, and to stimulate the peristalsis of the stomach, forcing the contents on-

ward into the intestine as soon as digested, thus lessening the tendency to dilatation. HCl. given without first removing the mucus, would be useless, as it is destroyed in coagulating the mucus; therefore in mild cases not requiring resort to lavage, it is useless to give HCl. after food.

The more severe cases may require perseverance with the tube for some time, before much benefit will be apparent. I had one such case a few months ago, in the Toronto General Hospital, due to prolonged use of alcohol, in which it was only after some weeks of regular washing that vomiting of offensive mucus ceased and food could be taken with fair comfort. Success was at one time despaired of, but he left the hospital with comparatively fair digestion.

PATHOLOGICAL RELATIONS BETWEEN BONE-MEDULLA AND SPLEEN.*

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Hodgkin's Disease.—The case which first attracted my attention to this subject, was one of general lymphadenoma occurring in a male aged 56.

Enlargement, tenderness and hypersecretion of the parotid, submaxillary and sublingual glands were the first symptoms apparent. The cervical and subcutaneous groups then became involved, while palpation proved that the mesenteric glands were also affected. Asthenia rapidly developed, followed by coma, continuing for forty-eight hours, relieved by a brief period of semi-consciousness and ability to speak, succeeded again by stertorous breathing for two or three hours; one severe general convulsion and death; a period of not more than three weeks having elapsed from my first visit. A section of the spleen, which was somewhat enlarged, exhibited upon its surface numerous masses varying in size from a grain of rice to that of hazel nut, and presenting a grayish-white or drab color. These bodies appeared in lieu of the normal malpighian corpuscles. My knowledge of the fact that a fracture of the tibia and fibula had been sustained some seven or eight years previous to the date of the patient's illness, led me to examine the site of said fracture. I

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