

aged twelve years, who vomited a large suppository introduced into the rectum, "dans le temps de réciter un *Pater noster* et un *Ave Maria*." A second suppository secured by a thread was then introduced, but the reverse peristalsis was sufficiently strong to break the cord, and the suppository was vomited with the fragments of thread attached. A third suppository was tried, secured by four strong ligatures, but the result was the same.

CASE 2.—A postman, aged twenty-four years, suffering from ulcerative colitis, was sent to the hospital for treatment on November 16th, 1904, by Dr. H. E. Hewett, of the Medical Department of the General Post Office. The patient stated that eight months previously he had been in hospital at Lewisham, for what was supposed to be enteric fever. Prior to that and for a year or more he had suffered much from constipation. After his acute attack, he remained in good health until four weeks before admission, when he noticed that his motions, which were passed frequently, were fluid and blood-stained. The evacuations soon became more frequent, more slimy, and contained more blood. There was pain in the abdomen, especially after defecation. The appetite remained good, but there was considerable loss of weight, and he was unable to follow his occupation. Patient's brother, who had had recurrent attacks of dysentery in South Africa, had returned home eighteen months previously, and they had occupied the same bed.

On admission, the patient was thin, but fairly well nourished, and of good color. His weight was 8 stone 13 lbs. His daily temperature ranged from 99° to 102°. There were on an average five motions in the twenty-four hours—fluid, and containing much mucus, with some blood, but not offensive. Vomiting was frequent, and there were thirty attacks in nine days. A uniform tympanitic note was detected over the abdomen, reaching on the right side three inches above the costal margin. The urine had a sp. gr. 1.030, was acid, and contained no blood and no albumin. An examination of the blood showed red cells 5,420,000, and white 23,600 per c mm., with hemoglobin 90 per cent.

The patient was at first placed on fish diet, but, as this increased the diarrhoea, he was restricted to liquid nourishment. A mixture of bismuth and hydrocyanic acid with capsules of creosote and carbolic acid failed to effect any improvement. His weight fell rapidly to 7 stone 10 lbs., and his general condition was unsatisfactory.

On November 29th, after two preliminary enemata of boracic acid solution, eight grains to the ounce, he was given a high rectal injection of a 2 per cent. solution of argyrol, diluted with an equal quantity of boiling water. Five pints were introduced by syphonage, the operation lasting nine minutes. Some of the fluid returned, but most of it was retained. The patient vomited after the injection, but there was no argyrol in the vomit. On the 30th there