

tion of the membrane, extending perhaps into the tubules; or by the presence of irritative matters, where fermentation of ingested and retained materials takes place: in short, in the typical case of chronic gastric catarrh or acid dyspepsia, lavage will be found highly useful. It removes any undigested matters remaining in the viscus, cleanses it from products of desquamation and morbid secretion, and gently stimulates the glands and absorbents to healthy action. In gastralgia, dependent upon the presence of irritating matters, and sometimes in cases apparently idiopathic, lavage with the employment of chloroform or bismuth as sedative, is said to be productive of cure. I have had no opportunity to test the statement personally.

In the chronic gastritis of drunkards, the measure is said to be an excellent palliative, nor is hæmatemesis considered a counter-indication, unless actual ulceration exists. In cancer of the stomach it is useful as a palliative measure; and my first practical acquaintance with this method of treatment was made during student days, in two cases of gastric carcinoma treated after the method of Kussmaul, with doubly-acting stomach-pump, at the hospital of the Jefferson Medical College, in the clinic of Prof. DaCosta.

Within the past few years two new applications of the lavage method have been found. In 1885, at Kussmaul's clinic, and subsequently by Senator, Rosenthal, and other observers, it has been successfully employed in the treatment of ileus. Kussmaul explains this result by the theory of relief to the tension above the point of constriction, caused by gases and accumulated feces; with concomitant restoration of normal peristaltic action. Since 1884, Leube and other observers have made chemical and microscopical examinations of the gastric secretions and other matters removed from the stomach at various periods of digestion, and claim to have thus obtained valuable diagnostic indications. This subject, however, is beyond the scope of the present communication.

While the practice is usually confined to chronic cases, I have had occasion to resort to it in one case of acute indigestion with obstinate vomiting, in a phthisical, slightly hysterical, female, with gratifying result—in that the vomiting, rebellious alike to diet and medication, yielded to two applications by the stomach tube. In this case, before withdrawing

the tube, warm milk was introduced into the stomach: a measure advocated by French writers. Indeed, there can be little doubt, but that in connection with *garage*, or forced feeding, irrigation of the stomach assists in maintaining nutrition in phthisis and other wasting diseases.

[We have had one case of atonic dyspepsia in which lavage was of great benefit. The stomach was treated as above, a dilute alkaline wash being used. After being thoroughly washed, some food, (milk) which had been digested artificially with Fairchild's pancreatine for two hours at 100° F., was introduced. In connection with introduction the greater portion of the difficulty was overcome by tickling the fauces with a pencil for two or three days previous to the first attempt and then spraying the pharynx with 4% cocaine solution.—ED.]

A Simple Method to secure Deglutition in Ulceration of Epiglottis.

Dr. R. Norris Wolfenden, in *Lancet*, says:—
 “One of the most distressing circumstances accompanying laryngeal phthisis with ulceration of epiglottis is the difficulty patients experience in swallowing. Especially is this the case in advanced conditions where the epiglottis is more or less completely destroyed. In such circumstances the swallowing of even a teaspoonful of water, or liquid of any kind, is all but impossible, from the violent cough that is excited in consequence of the passage of some of the fluid into the larynx and trachea. Such persons are generally tormented with a thirst which they cannot satisfy, and the painful efforts they make to get down a few drops of liquid, and the terrible spasms of coughing and pain thereby produced, are truly pitiable to observe. One of my patients in the last stage of laryngeal phthisis, and in whom the epiglottis had more than half disappeared from ulceration, lately taught me a “wrinkle” which others may find of service. He informed me that he had discovered a method of drinking even large quantities of fluid with ease, and (in as nearly as possible his own words) said, “I thought of how we used to drink when we were boys, out of a running brook, by lying down upon the bank and putting our mouths to the water, and I resolved to try the plan. I sent for a piece of India-rubber tubing, and found that, by adopting the same position, I could drink off the whole of a