

time to time he has to permanently increase the dose in order to obtain the wanted effect, until finally he is converted into an inveterate pilulophage, a miserable slave to his pill. Am I wrong in saying that this is the history of the great majority of patients that have become subjects to chronic constipation? Forensic reasoning seems to be entirely at fault, and the patient himself, without the doctor's aid, soon plunges into the wildest experimental empiricism, trying every patent medicine within his reach, and generally with no better luck. I could speak of no more cheerful success in the matter of treatment until I had some experience with *cascara sagrada*. At first I was much disappointed in its use, for I could see no advantage over older and better-tried drugs, and several decided disadvantages, especially the slowness of its action and the peculiar soreness of the bowels caused by it, and which is often quite persistent. It would be useless to detail my numerous experiments, and I will simply state that I became convinced that *cascara*, alone and uncombined, in my practice had no very decided results. Its action somehow always seemed to fall short of the desired end. Gradually I came to the conclusion that its action was truly elective of the bowels, but that it ended there, and that in order to make a complete remedy of it, it needed to be combined with other drugs that would act principally through the nerve-centres, and thus give both a central and peripheral impulse of innervation of the intestinal canal until normal function was established. The following formula was the final result of my experiments:

Ext. *cascara*.....gr. iv
 Ext. *nuxvomica*.....gr. $\frac{1}{2}$
 Ext. *belladonna*.....gr. $\frac{1}{4}$
 Resin *euonymus*
 Resin *xanthoxylum*.....aa gr. iii
 Oleoresin *capsicum*.....gr. $\frac{3}{4}$
 Make fifteen pellets.

These fifteen pellets were intended to represent the ordinary maximum dose if taken at once. I have now prescribed it over three years. Part of my experiments were conducted with a combination of fluid extracts of the above drugs of corresponding strength of dose. The object of subdividing the ordinary maximum dose into fifteen pellets was a twofold one: firstly, to allow the patient to find as nearly as possible the exact strength of dose needed, and, secondly, to allow of a very gradual lessening of the dose. For, I am happy to say that in the above formula I have found the cathartic or laxative that would admit of a gradual lessening instead of the usual tendency to increase the dose. And herein lies its whole value and my excuse for calling attention to it. By its use, where not contra-indicated by some form of spinal or other disease, one may look forward to a permanent cure of chronic functional constipation. We are not always privileged to retain patients under observation for the length of time necessary to complete a course of treatment,

even where the latter is faithfully persisted in by an intelligent patient, and sometimes because the patient gets tired of prolonged systematic attention to his own case, and drops or hopelessly neglects the treatment. For these reasons many of my patients for whom I prescribed the above formula escaped my prolonged observation, and I am left in the dark concerning the effect of my prescription; but I can truthfully say that of those who under my observation complete their course every one was cured. Failures, no doubt, will not lack in the future, and may have been in the past; but the latter have not come to my knowledge, and I therefore regard this method of treatment as a success. I generally give the following directions to the patient: Take five pellets at night only, increasing the dose by one or more pellets every night until the action is sufficient. Then continue to take this number (whatever it may be) every night for one week, if possible. For the next week lessen your dose by one pellet, and so forth, lessening the nightly dose by one pellet for every succeeding week. If at the end of this course constipation still persists, begin again with about five pellets less than at first, going through with the same gradual decrease. A cure may confidently be looked for.

DEODORIZED IODOFORM.

Many attempts have been made to overcome an almost fatal characteristic of iodoform—its disagreeable smell—without destroying the antiseptic virtues which it possesses. Surgeon-Major Oppler, of Strassbourg, has just communicated to the *Centralblatt für Chirurgie* the results of some experiments in this sense, which seem to have solved the problem. He takes finely-ground coffee and mixes it with the iodoform in varying proportions; 30 per cent. of the coffee almost neutralizes the odor, while 40 to 50 per cent. completely destroys it. Mixed with iodoform ointment (1-10) in the same proportion, coffee quite deodorizes it. A point of great importance is that coffee itself possesses great antiseptic power, and exerts no deleterious effects on the wounds. Thus a smaller quantity of iodoform suffices, the disagreeable odor is abolished, and the occasional evil effects are done away with. Coffee has the power not only to arrest decomposition, but also to postpone it. Professor Lucke is of opinion that coffee-iodoform may answer well enough for outward applications, but that it is unsuited for the interior of wounds, as the coffee would be a foreign body and interfere with healing. The coffee, previously roasted, of course, must be ground into a very fine powder before the iodoform is added, and the two must then be intimately mixed. Time alone can decide whether this combination will secure a much desired end; or whether, like pepper-mint oil, tonquin beans, tannin, Peruvian balsam, and other substances which have from time to time been tried, the iodoform will prove itself the stronger.—*Medical News*.