

law, and they went into a house where the furniture had just been piled in. There was not even a bed up, or any convenience for heating water, so, in regard to nursing and environment, she did not improve her condition. When I arrived she was on a bed that had been hastily put up.

The sister-in-law, who acted as nurse, got hot water for stupes and enemas, and the patient had the same treatment, practically, as the boy—the first case reported—except that I entrusted the giving of enemata to the nurse, who proved very intelligent and efficient.

When I called the next morning I found the bowels had moved freely several times, and, though the patient had had a restless night, she had slept some. The pain and distention were nearly gone, and the temperature had fallen to 101°. By Wednesday, September 2, the temperature was normal, and the pain was entirely gone. She began sitting up Thursday, without my knowledge, and the next Wednesday she went back to the Point. I believe she had a slight recurrence of the pain, inflammation, and constipation the week after she got home, but they were controlled by injections, stupes, and opium suppositories.

She has enjoyed good health since.

The other two cases of typhlitis, which occurred in my practice within the last year, were quite similar in regard to symptoms and treatment to the others that I have reported in detail, and as I relied only on myself for the diagnosis and treatment, I will not weary you with a repetition of them. I have not aimed to give the latest and most approved treatment from the text-books of the day, but what seemed to me to be indicated and necessary in the emergencies of these cases, when I dared not waste a moment in temporizing or experimenting. It appears to me a serious loss of time to depend solely on external applications to the abdomen, and protiodide of mercury, with belladonna and opium, internally, when we have to deal with a bowel obstructed by hardened accumulation of feces. I believe most cases of obstruction of the bowel, if not due to intussusception or strangulated hernia, are due to the absence of the natural secretion caused by the localized typhlitis, which, if not relieved, becomes a perityphlitis, and then more or less general peritonitis must result. The rational method seems to me to be:

1. To relieve the pain by hypodermic injections.
2. To remove the cause or obstruction by causing, if necessary, pathological or excessive secretion, by giving some saline, which I believe is the best antiphlogistic for the inflamed bowel.
3. To soften the hardened fecal accumulation from below with enemata, solution of Epsom salts in water as hot as can be comfortably borne, to which I add turpentine and oil.

The knee-chest position, with copious enema,

favors the distention of the colon up to the seat of the disease.

I have found by experience that the enema to be effective must be given in this position, and that it must remain in the bowel for some time, and in several of my cases it was necessary to repeat the operation three or four times. This plan of treatment has been successful in six cases, which are all that I have treated; but I fully realize that it may fail in the seventh.

I think it is truly in meetings like this that surgeons are broadened medically and physicians surgically—if I may be allowed the phrase. Doctors are only human, as we hear it said of ministers, and as such they are prone to do what they prefer, whether it be surgical or medical, and naturally they do best what they like to do and do oftenest.—A. B. Kirkpatrick, M.D., in *Times and Reg.*

TREATMENT OF DIPHTHERIA BY IRRIGATION WITH SALICYLIC ACID.

Parisot, of Thillot, in Vosges, has published in the *Bulletin Général de Thérapeutique*, an article in which he highly commends, in diphtheria, the employment of irrigations of salicylic acid (1-1000), and affirms that whereas before resorting to this method of treatment the mortality from that disease as occurring in his practice was large—ten cases out of every fourteen in a recent epidemic in which he has relied on the irrigations there were only five fatal cases out of every twenty-four.

The formula which this writer employs is as follows:—

R—Acid. salicylic, 1 gm.
Water, 980 gms.
Alcohol (90%), 20 “—M.

Dissolve the salicylic acid in the alcohol, and add the water.

The apparatus which he uses for the irrigation is simply a fountain spring with the “recipient” or “fountain” of tin; this fountain is hung on the wall over the patient; the rubber tubing which is connected with the lower extremity of the fountain, ends in a small glass tube tapering at the point like a dropping-tube. A spring “catch” on some part of the tubing interrupts the current of liquid at will. When the fountain is charged with the solution and ready for action, the head of the child is held by an assistant, the tongue depressed, and the jet directed into the mouth and posterior pharynx with sufficient force to detach and remove the false membranes if they happen to be loose.

Parisot likes best the position in which the child is held with the head forward and a little downward. Where the child is very feeble, it may be supported upon the arm of the assistant with the