

these cases, with what appears to be malignant growth, recover after simple exploratory incision. The very irritation produced by the operation seems to set up a process of absorption. The moral from these cases is that fecal matter is not poisonous to the peritoneum if it can readily escape. The old idea of the poisonous microbes in intestinal contents can hardly be worth consideration in the face of such clinical facts. The flatus passed through the fistula in large quantities. I remember standing over the bed of one of these cases while the nurse was uncovering the wound for the operation, when a large discharge of flatus with a little moist fecal matter took place, much to the patient's mortification, as she asked to be excused. No carbolic acid or any other disinfectant was used in any of these cases. Only cotton wool was used for a dressing. A glass tube taken out of a cardboard box inserted for a drainage tube. No turpentine and corrosive sublimate scrubbing of the abdominal walls was performed. Yet the instruments were clean, cleansed with soap and water; hands were clean, cleansed with soap and water; towels were clean, fresh from the laundry. The awful microbes did no harm. No "hæmaturic" carbolic spray threw his finely divided particles around.

Any one who has passed his finger down the twenty-four hour old track of a glass drainage tube will have recognized its tube-like character. It is just like putting one's finger into a rubber tube. It is wonderful how nature effects such a channeling down to the pouch of Douglas, or any spot on which the drainage tube has rested. It is easy to understand how fecal matter can readily be discharged into such a channel, while the rest of the peritoneum remains shut off by inflammatory, or at any rate by an adhesive, process.

### IODOL IN INTERNAL MEDICINE.

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THE discovery of iodol would in consequence of its chemical and physical qualities, almost lead one to suppose that as a substitute for iodoform, the former remedy, after a fair trial, would in surgical practice be able to supplant the latter.

In the short space of its existence, scarcely three years, iodol has experienced a very extensive application in surgical diseases, and on the whole, as the literature of the subject goes to show, the criticisms have been very favorable. Still iodol has, in my opinion, not yet experienced that application which, being the most rational, will open up a great future for it. In fact, its almost absolute innoxiousness, tastelessness and odorlessness, the ease with which the iodine passes into the urine—also its easy decomposition after simple external application and its high percentage of iodine, all argue in favor of its use in internal medicine in those cases where the administration of iodine preparations is indicated. The cases in which treatment by iodol has been observed will be divided into groups.

#### 1.—SCROFULOUS.

The first experiments were made in scrofula, because the usefulness of iodine preparations in this disease is proven beyond doubt.

Both in simple, middling well-marked lymphatismus, where there was a tendency to scrofulous diseases, and also in completely developed scrofulous symptoms, I have had to note strikingly rapid success. The effectiveness of iodol was especially to be noted in the different manifestations of the torpid form of scrofula, chiefly in the torpid swelling of lymph glands not yet suppurating, not only in swelling of the cervical and inguinal, but also in some cases where the bronchial and mesenteric glands were implicated.

It was in a somewhat less degree effective in scrofulous affections of the mucous membrane, especially of the nose and pharynx, and in scrofulous pustular otitis. It was the least successful in scrofulous dermatitis, as in impetigo and some forms of eczema.

There have not yet been sufficient statistics collected to enable one to give an opinion as to its usefulness in scrofulous bone diseases.

In all the above cases the iodol was given internally in doses of from  $\frac{1}{2}$  to  $1\frac{1}{2}$  grammes daily, according to the age of the child, and the treatment could be continued without interruption for two or three months. The internal treatment was supported in cases of enlarged glands by rubbing with ointment, iodol 1 to