

Seidel's cases showed that collargol enemata have a material, if not a decisive, influence on the favorable course of severe affections. They produced a rapid improvement in the general condition, return of sleep and appetite, and remission of fever, more or less quickly in accordance with the severity of the case. Self-deceptions are wholly excluded with one who has thoroughly studied collargol therapy.

Seidel gives the following directions for collargol enemata: (1) A cleansing clyster with warm soap suds. (2) Fifteen minutes after the rejection of the clyster and passage of the fecal residue, a careful irrigation with sodium chloride solution is made, to remove intestinal mucus. (3) Fifteen minutes thereafter an enema of 30 to 75 grains of collargol in two to four ounces of warm boiled water, once or twice daily. This is for severe cases; the dose in milder or chronic ones is 15 to 30 grains. (4) Upon the appearance of the effect, the dose is diminished, but the enemata should be continued for at least two weeks. In case of recrudescence, immediate resumption of the treatment, if the relapse is not due to abscess formation or other local process.

Rectal application of collargol, which leaves nothing to be desired in simplicity and convenience, is indicated not only in septic processes, but also in infectious diseases, and mixed infections. He enumerates rheumatism, pneumonia, typhoid fever, septic scarlatina, septic diphtheria, anthrax, leprosy, cerebro-spinal meningitis, dysentery, infectious gastro-intestinal catarrh (particularly in children), and other general local bacterial invasions such as angina, phlegmon, erythema nodosum, erysipelas, and septic nephritis.—*New York Medical Journal*.