

OXALATE OF CERIUM AS A COUGH REMEDY.

Dr. Andrew H. Smith, chairman of the Committee on Restoratives, New York The rapeutical Society, at the meeting held April 9th, 1880, reported cases illustrating the different degrees of success obtained in the use of the oxalate of cerium in the treatment of cough. The report was based upon eighty-four cases furnished by reliable observers.

Dr. Cheesman had used the remedy in hospital practice from July 1st to November 1st, 1879, allowing it to take the place of all sedatives, including opium, in the daily average of *phthisis* patients. It was uniformly administered in the form of dry powder, and notes were taken in 69 trials. In 39, marked relief followed; in 19, the cough was moderately relieved, and in 11 no relief whatsoever was afforded. The 11 cases where the remedy was inefficient, 9 were in the third stages of the disease, and in 8 the Philadelphia preparation was used. In all the cases where the cough was relieved Merck's oxalate of cerium was used. The drug was given, as a rule, two or three weeks, and often intermitted to test its efficacy. Five grains were given on waking in the morning and at bed time as the average dose; occasionally a dose of five grains in the middle of the day was given with marked benefit. Dr. George Bayles also reported his observations; in addition to the benefit derived in phthisical patients he had experienced benefit from its use in whooping-cough. It produced no bad effects on the stomach.

The conclusions reached by the committee were the following:

1. Oxalate of cerium could be safely administered in doses of 10 grains, three times a day, for many days in succession.
2. The only unpleasant symptom, when so used, was slight dryness of the mouth that appeared after several days.
3. It was probably the most efficient when administered dry on the tongue.
4. Its effects were not produced until two or three days after its use was begun, and lasted two or three days after the remedy was discontinued.
5. It was most efficacious in the treatment of chronic cough, and the initial dose should be 5 grains.
6. In the majority of cases it had not proved an efficient cough medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.
7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.
8. Different preparations upon the market were not equal in value; and when success was not obtained by one, another should be substituted.—*Medical Record.*

GASTRIC ULCER.

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As ulcers of the stomach, which give definite symptoms during life, are not of common occurrence, with the exception of perforating ulcers, of which the termination is fatal, it will be interesting, perhaps, to read the case given below. This is presented for the following reasons, viz.: *first*, on account of the great obstinacy of the case; *second*, the controlling influence of ingluvin; *third*, the tolerance of rectal alimentation.

The obstinacy of the case will be perceptible farther on.

As far as the beneficial effect of ingluvin in this instance went, it certainly was, apparently, very satisfactory; but, whether or not the ulcer was cicatrizing at the time it was administered, and the improvement was a mere coincidence with its administration, or whether or not the improvement was due directly to the effect of the remedy, is hard to say. In either case, improvement promptly followed the use of the remedy.

The patient was supported exclusively by rectal alimentation for three consecutive months, proving the tolerance and absorption of enemata, the rectum acting as a second stomach. This would seem to show the fallacy of Dr. Tully's statement that, inasmuch as there are no lacteals in the colon and in the rectum, the idea of introducing nourishment into the system by means of *enemata nutritiva* is a perfect chimera. It seems, as Bodenhamer says, that the nutritious elements are taken up by the absorbents, and conveyed by them to the *receptaculum chyli* or *reservoir of Pecquet*, and thus soon find their way into the economy, and produce their assimilative and nutritive effect. Bodenhamer, in his excellent treatise on rectal medication, further states that there are lacteals both in the colon and rectum, and that the late and lamented Prof. Horner, of Philadelphia, stated, from minute researches, that the office of the follicles of Lieberkühn is that of absorption, and not secretion. Therefore, absorption takes place principally through the lacteals and follicles of Lieberkühn. In my position as house physician at the Presbyterian Hospital, I have had opportunity to test the tolerance and absorptive powers of the rectum and colon to a considerable extent, both for food and for medicine, and have great confidence as regards their efficacy; and, moreover, am safe in saying that in a number of instances I have seen life saved by resorting to rectal-colonic alimentation.

The patient, a female, aged 36, unmarried, and a seamstress by occupation, came under my observation October 1, 1879, with what was supposed to be gastric ulcer. She stated that she had always been stout and healthy, with the exception of a general peritonitis, which she had two years ago. Her weight when in health was about 160 lbs.

The present trouble began eight months ago with nausea and vomiting after eating; at times she