

THERAPEUTIC HINTS AND APPROVED FORMULÆ.

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Dysentery.—Full hot bath, followed by thorough and continuous fomentations over the whole abdomen, and free enemata of as hot water as can be borne. Instead of clear water, milk and water may be used, or a weak solution of chlorate of potassium.

Strict abstinence from solid food must be enjoined, milk or Mellin's food forming the best diet. Sub carbonate of bismuth, or benzoate of soda in 10 grain doses, each dose to be followed by half a pint of hot flaxseed tea, hot milk and water, or simply *very hot* water, is an excellent treatment.

Dysmenorrhœa.—Apiol, monobromated camphor, permanganate of potassium, hot hip and sitz baths, massage, electricity, either galvanic, faradic, or both alternately; cemicifuga, viburnum opulus, oxygen and nitrogen monoxide combined.

Dyspepsia.—Hydra-headed and many-featured dyspepsia:—

First wash out the stomach. How shall this be done?

Use a stomach tube of softest rubber, with or without pump attached, or if squeamishness on the part of either patient or *practitioner* makes this infeasible, establish a thorough system of *hot water drinking*. Let there be imbibed (sipped slowly) twelve to sixteen ounces of very hot water (simple water is not flat when decidedly *hot*), or hot, weak lemonade or tamarind water, *an hour or more* before each meal and at bed time.

This should be punctually and persistently followed for from two to six months.

The diet may be varied and should be nutritious and as liberal in quantity as can be well managed by the system. Starvation is bad treatment; overfeeding is also bad. Massage, the current, open air life, oxygen modified. Drugs are for the most part delusive palliatives. Some bitter tonics, as hydrastis, alumin, nux vomica, prunes Virginia, etc., may be used as adjuncts, and sub carb. bismuth, hydrocyanic acid diluted, deoscorein, etc., for painful manifestations. Cascara sagrada is the best laxative. Pepsin may be used temporarily and as a palliative.

Intestinal indigestion may require pancreatine or peptonized food.

Dysuria.—Hot bath, hot fomentations over the bladder, fl. ext. urtica dioica, corn silk, cantharides (in homœopathic doses).

Eczema.—Constitutionally, the oxygen treatment persistently carried out relieves a majority of inveterate cases. Locally, alkaline washes, tar and zinc ointment, *hot* local bathing (*very hot*), Turkish and Russian baths, tar ointment with 3 ss pulvis ararobæ to each 3 j. Try also oil of cade, green soap, glycerite of tar (for itching) borax, benzoin.

Emphysema.—The oxygen treatment relieves more effectually than any other. Jaborandi, lobe-

lia, ether, quinia, camphor, iodide of potassium may be of service in appropriate cases.

Empyemia.—Oxygen treatment *very freely, exhibited*, quinine, solutions of chlorine.

Epilepsy.—Constitutionally, the oxygen treatment has succeeded wonderfully with younger subjects, say under 18. Bromides of ammonium, sodium, and lithium, electricity (constant current), ether, amyl nitrite, open air life, nourishing diet, massage.

Epistaxis.—Hot water (douche), spinal hot water bag; elevate the arm on the affected side; very hot applications to the forehead, compression, post-nasal plugging, styptics (powdered alum acts well).

Erysipelas.—Internally, tincture of iron and quinia (traditional repute); locally, a strong solution of *sulphite of sodium* on saturated cloths covered with oiled silk, proves an efficient germicide (?). Tincture of iodine with glycerine and carbolic acid also acts well. Nourishing diet, mild cathartics.

CASCARA IN CHRONIC FUNCTIONAL CONSTIPATION.

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This is not intended to be a treatise on constipation in general; therefore I shall not take up space in enumerating its various causes and forms. My object is simply to communicate my experience, in the treatment of this common trouble in its most common form. As we generally meet with it in practice it is due to no one of its etiological causes, singly or separately, but to their combined action. Whether due to muscular torpor of the intestine or to suppression of the habit of regular evacuation of the bowels, or to deficient glandular secretion, etc., at the time the physician is consulted, all three of the above principal causes are generally in full operation, with sometimes one or the other slightly predominating, but not commonly to such an extent as to call for isolated treatment. The latter must therefore of necessity be directed against all of them. And since both muscular and glandular torpor are due to deficient innervation, it is plain that by increasing the latter and inducing patients to correct neglectful habits we ought to succeed in curing chronic functional constipation. And yet what disease is there that more obstinately defeats our endeavors? We prescribe for our patients a combination of drugs carefully selected for their specific physiological effects, long since fully proven by experiment and accumulated experience. Then we await results. At first the report is excellent. The disease seems completely under control of our remedies. The functions of the bowels are performed faultlessly, and our patient's health improves *pari passu*. But disappointment soon follows. The patient soon discovers that he is not being cured, and that the effect of the medicine is but transient. As soon as he omits the medicine he relapses into his former condition. Nay, worse! He finds that from