

formerly successful in the application of the Anacker-Althaus plan of using glycerine, it suddenly occurred to him to extend and amplify the method as above stated. The insertion and the injection produced no distress or immediate effect, and he left the invalid with directions to her nurse to cause the hips and knees to be elevated for a time. Upon his return after several hours, he found a greatly changed condition of affairs, comfort where there had been agony, and an anxious and pallid countenance replaced by beaming smiles and hopeful expression.

He was informed that about ten minutes after the administration of the glycerine enema, the patient felt a warm thrill and glow extending itself and permeating all through her intestines, followed by the vermicular movements which precede peristalsis, by audible and sensible displacements of gas, and finally by acute colicky pains. Within twenty minutes after the injection, there was an urgent call to the stool, with the result of the escape of a large amount of flatus, and later, of a pint of semi-liquid evacuation of mingled yellow and green color, with some small scybala and a very pronounced odor. This evacuation was succeeded in an hour by another of a similar character. Considerable tympanites and tenderness still existed, but the abdominal distention was decidedly reduced and the distress greatly relieved. The temperature, which had been kept depressed to about 100° by the antipyrin, soon fell to 99°, and the thready, jerking pulse of 120 had descended to 100, and the next day was not above 90, becoming rapidly soft and full. The nausea abated, and in a few hours disappeared and did not return.

Enemata of warmed glycerine to the extent of two ounces each, were now administered night and morning during the next three days, each one resulting in a copious fecal evacuation, at first liquid, and then formed. The temperature varied during several days between 99° and 99.6°, the pulse soon dropped to 80, the tenderness gradually disappeared and the distension slowly melted away. Milk punch, beef-tea, and revalenta arabica were greedily taken in small quantities, retained and digested, and upon the ninth day of the illness, the patient, while feeble, was entirely convalescent, a salutary diarrhoea having set in after the enemata were discontinued, and soon ceasing. The only gurd

treatment employed after the symptoms improved was a single, very small dose of saline laxative and a nightly hypodermatic of six minims of morphia solution, to secure rest.

The result in this case was extremely satisfactory, and very important in its suggestion of possibilities.

Dr. Mayer further says: "If glycerine, injected by the method described, does really penetrate and permeate the upper colon or even the small intestine, it remains to be ascertained whether drugs combined with it as their vehicle, would measurably remain in the site to which they would be conveyed, or would be too completely washed away and extruded by the pouring out of large quantities of liquid, and by the violent expulsive efforts of the muscular coat of the intestines to exert their specified influence. Should it be that any considerable portion of such drugs would remain *in situ*, it is manifest that an improved method of internal medication is near at hand, and that such drugs as antifebrin, antipyrin, aloin, belladonna, calomel, croton oil, colocynth, ergotin, hydrastia, hamamelin, naphthalin, physostigma, the terebinthates, and even nitrate of silver, and some of the germicides may be introduced by an entrance into portals hitherto closed to them excepting by a devious journey through the ordinary avenues. He would be a rash man who, with our present knowledge, should attempt to sterilize typhoid bacteria by a direct attack upon the agminate glands, but stranger things than this have happened, particularly of late, in the direction of gaseous rectal medication."

Dr. Robert Barclay: I am glad to hear the doctor's testimony added to that which already exists as to the efficiency of glycerine as an aperient. He speaks of its use by rectal injection, which to my mind is a very disagreeable method of administering it, except in the case of helpless patients, where there are large fecal accumulations, or in very young infants. The aperient properties of glycerine have been known for years; it has been in use as an adjuvant to other aperients. It has been my custom to prescribe castor oil and glycerine in equal parts—an ounce of each—with a few drops of oil of wintergreen added to give a pleasant flavor. This often has a good effect where castor oil will not answer. I give it by the mouth and not by the rectum. It is just as well