

outer one. This tube was made of metal, hard rubber, or soft rubber, as desired. A fountain syringe was attached to the central tube. By alternately pinching the outflow tube and that of the fountain syringe, the quantity of fluid entering and escaping was easily regulated. If the return flow became clogged, the obstruction was removed by reversing the current or by the use of a small hand syringe. For diarrhoeal affections the temperature of the irrigating fluid should be 101 deg. to 105 deg. F., and the fluid might be a weak flaxseed tea (2 drachms to the quart) or have from five to fifteen minims of oil of peppermint added for each pint.

BENEFICIAL IN DYSENTERY AND RECTAL PROLAPSE.

Dr. William H. Thompson said that for many years he had been convinced of the fact that the reason for the great intractability of the ulcers of chronic dysentery, was that the ulcer was continually bathed in foul matter. For this reason he had long been in the habit of ordering that the rectum in such cases should be washed out after every movement, with some disinfectant preferably oil of peppermint. A long experience had taught him that it was far more effective than were other of the mucous membrane resulted sooner or later in a condition which was best treated by lavage.

Since he had found that it was possible to practice thorough lavage of the entire colon, he had been proportionately successful in the treatment of chronic ulcerative or membranous colitis. Formerly he had dreaded these cases. He had lately treated five such by the aid of Dr. Kemp's tube, and he had been very much impressed with the ease with which vast masses of mucus and membrane could be removed. The dislodging of these masses sometimes caused considerable pain. It was very important to remove them, because while retained they allowed the absorption of many toxins. It was the latter which gave rise to the various nervous manifestations often associated with this condition of the bowel. Of course this method of lavage could be used directly for cases of auto-intoxication. Every clinician occasionally observed in the course of con-

valescence from typhoid fever the occurrence of severe rigors, with rise of temperature. These were really pyæmic attacks, and the source of the infection was almost invariably located in the large intestine. The speaker then referred to the interesting physiological relation between the nerves of the pylorus and those of the rectum. It was for this reason, he said, that in dysentery a movement of the bowel follow the introduction of anything into the stomach, and this explained also the great emaciation observed in this disease. The therapeutic indication was clear—the application of a sedative to the rectum. He had found hot water extremely useful for this purpose. In that most depressing affection—rectal prolapse in old people—continuous hot water irrigation of the bowel, for twenty or thirty minutes, gave most excellent results. In inflammation of the prostate or of the seminal vesicles, it was also exceedingly valuable. But the most remarkable effect of all was to be found in the influence on the renal secretion.

ALLAYS URETHRAL SPASM.

Dr. Robert W. Taylor said that in that troublesome form of congeation of the prostate occurring after gonorrhœa he had found the irrigation treatment very useful. Inflammation of the prostate and seminal vesicles would be allayed by the use of hot irrigations. In some cases of gonorrhœa affecting the posterior urethra, retention of urine occurred from spasm. It was usual to treat this by hot sitz baths, but he had found it more convenient and satisfactory to use the irrigating-tube.

PROMOTES ABSORPTION OF PELVIC EXUDATES.

Dr. E. H. Grondin said that, in his hands, the method of continuous rectal irrigation had replaced the older method of vaginal irrigation in the treatment of plastic exudates, more particularly the recent ones. By this method quicker absorption was secured, probably because the hot water could be used continuously for a longer time. His custom was to place the patient in the left lateral position, or else in the dorsal position with the head lower than the buttocks. This method of continuous irri-