

Dr. J. H. Richardson, on any medico-legal subject.

Dr. Temple, on the use and abuse of pessaries.

Dr. Sheard, on the pathological changes in the blood or tissues wrought by bacteria.

Dr. Oldright, on the sections and sutures in bullet wounds of the intestines.

Advisory Committee, the members of which, members of the Association may consult in cases of unjust suits against them for mal-practice :

Dr. Thorburn, Toronto, Chairman ; Drs. Moore, Brockville ; Sullivan and Henderson, Kingston ; Day, Trenton ; Richardson and White, Toronto ; Malloch, Hamilton ; Harrison, Selkirk ; Eccles, London ; and Taylor, Goderich.

St. Louis Medical Society.

Dr. I. N. Love read the following paper on "The Practical Application of Glycerine :"

There is no one disturbance that superficially viewed, seems so trivial, and yet which may be the cause, directly or indirectly, of such positive injury to the human anatomy as constipation. In infantile life, and during all ages, particularly among women, it is a prevalent disorder. The number of cases of hæmorrhoids, prolapse of the rectum, fissure and fistula of the anus, not to speak of the cases of fever due to absorption of ptomaines, all traceable to constipation, cannot be reputed. Any procedure that promises relief for this dire disturbance should be thoroughly tested, and if efficacious, adopted.

In the *British Medical Journal*, of December 24, 1887, Dr. Julius Althaus reports, with the endorsement of his own experience, a procedure recommended by Anacker for the relief of habitual constipation, viz., the injection by means of a small glass, or hard rubber syringe, of a teaspoonful of glycerine into the rectum. An evacuation of the bowels usually occurs immediately, or within a few minutes.

The rationale of its action given by Anacker is that glycerine, in consequence of its pronounced affinity for water, when placed within the rectum, abstracts moisture from it, causing hyperæmia and irritation of the sentient nerves of the rectum, which leads reflexly to active and prompt peristaltic contractions, ending in defecation. The greater the accumulation of fecal matter in the rectum, the more decided the effect. There is no unpleas-

antness or pain, but the action takes place *cito, tuto et jucunda*. Sometimes a little fullness and throbbing is felt in the rectum for a few minutes afterwards.

Althaus expressed the opinion that this plan, on account of its simplicity and readiness, would be found to constitute a veritable improvement in the therapeutics of constipation. The simplicity and practical value of the idea impressed me the moment my eye fell upon the article of Althaus, and I demonstrated its value within an hour, and from that time to the present, a period of over six weeks. I have applied it many times daily where the conditions suggested it, and no matter what the age, or degree of constipation, the response has been uniform and prompt. In a large number of infants and mothers where habitual constipation had been present from the birth of the former the remedy produced instantaneous relief, and coupled with broken doses of the mild chloride to stimulate the secretory system, I believe it furnishes a key to unlock the constipated condition which can be depended upon. I have directed the use of the glycerine injection at a definite hour each day, and have succeeded in establishing regularity in almost every instance.

There is no question about the securement of an evacuation almost immediately after the glycerine injection. The main point in order to obtain a result that will be lasting in character is to impress the patient or attendant with the importance of giving the injection at a certain time each day. In a few cases of piles and severe rectal irritation accompanying constipation, both conditions were more satisfactorily relieved by the glycerine than they had been previously by purgatives and sedative ointments. This remedy is a valuable one in being efficient, simple, and convenient. It is surprising that some one had not thought of and applied it before.

Apropos to this subject, Dr. Edward R. Mayer, of Wilkesbarre, Pennsylvania, reports in the *Medical News*, of February 25, the use of an injection of two fluid ounces of warmed glycerine through a large flexible rectal tube, inserted at least seven inches, for the relief of intestinal obstruction due to paralysis of the muscular coat of the bowel, superinduced and accompanied by peritonitis. All other means for securing an evacuation of the bowel having failed. Dr. Mayer having been uni-