Therapeutics.

The Treatment of Ulcerative Colitis.

There has been a notable increase in the number of cases of ulcerative colitis observed in London during the last three years. At one time it was a comparatively rare disease, and on consulting the records of the Westminster Hospital from 1884 to 1902, inclusive, I find there were only fifteen cases. To what the increase is due it is difficult to say; possibly it is associated in some way with the prevalence of appendicitis, or it may be connected with the convalescent dysenteric cases sent home from South Africa. In several of my cases there was a curious, although indefinite, history of contact with people who had suffered from intestinal disease during the war.

The term "ulcerative colitis" is admittedly a bad one, sanctioned only by long usuage, for ulceration of the large intestine may be in origin dysenteric, malignant, tuberculous, or enteric. Much difficulty is experienced in distinguishing between the different forms of inflammation affecting the colon, and *post mortem* it is impossible from an examination of the large intestime alone to differentiate between ulcerative colitis and chronic dysentery.

Ulcerative colitis attacks both sexes, but is slightly more common in men than in women. The majority of cases occur between the ages of twenty and thirty years; exceptionally it may occur in children. The clinical features of the disease are characteristic. The onset is insidious, there is no rigor, and nothing in the early stages to distinguish it from an attack of common diarrhea. Pain is not a prominent symptom, and tormina and tenesmus are absent. As a rule, no cause is assigned by the patient. The temperature is persistently high, varying for many months from 100° to 103° F.; sometimes it is but little elevated, and it is usually subnormal during the last forty-eight hours of life. Diarrhea is always a prominent symptom, and is practically unceasing, there being often from 60 to 100 motions in the twenty-four hours. The motions are liquid and offensive, rarely formed, consisting of mucus with or without blood. Microscopically they show torulæ, streptococci of various kinds, bacilli (the *B. Coli communis* and others), with pus, epithelial cells, and the *débris* of food. Vomiting may be persistent, but is sometimes absent, or occurs intermittently. The tongue is clean, red, and irritable, or covered with dirty brown fur. There is no loss of appetite, and the patient urgently demands more food, in spite of the fact that it increases the diarrhea. Loss of weight is always noted, and is usually at the rate of 3lbs. or 4lbs. a week. There is loss of