

failed to find any evidence as to the point of obstruction; the hernial openings were clear, there was no point of tenderness, no tumor, the abdomen was quite tympanitic. He was treated by sulphate of magnesia, repeated clysters through a rectal tube introduced as far as possible into the bowel, and sufficient morphine to control extreme pain. This treatment was continued for two days with no benefit the tympanites increasing, vomiting becoming stercoraceous, and the patient much prostrated. The administration of sweet oil was then begun; a pint was taken within a few hours, most of which was retained, although he had before been vomiting everything. Three hours after beginning the oil the bowels began to move, and a good recovery ensued.

Dr. Langdon mentions in the same journal eight cases where relief had been obtained from large doses of olive oil.—*Cincinnati Lancet-Clinic*.

INSOMNIA IN INFANTS.—Dr Jules Simon considers insomnia a symptom of much importance in infants. In many diseases it is a symptom of minor importance, and of no special interest. In others it is one of the chief manifestations of the disease. The influence of dentition has been greatly exaggerated. Unless congestion of the gums or surrounding parts is present, it causes but little disturbances of the sleep. Dyspepsia and indigestion are the most common and universal causes of disturbed sleep, even without the definite symptoms of vomiting, diarrhoea, or marked constipation. A discussion of the treatment would involve a review of the whole subject of dietetics. Causes referable to the nervous system probably occur next in frequency. All young infants may, even in the first year, present evidences of acute cerebral congestion. Extremes of either cold or heat may produce the same result. A child that has been exposed to a strong wind during its daily airing, or one that has had insufficient protection from the sun, may pass a restless and uncomfortable night. This condition must be distinguished from the insomnia of meningitis, which, in some cases, is for many days the only sign. In older children, headache due to overtaking of the brain is not uncommon. Anæmia and rapid growth in conjunction with over-study, is a fruitful cause of insomnia. In children, of rheumatic parents this tendency is especially marked. Among the nervous causes in these older children, hysteria, chorea, and epilepsy are the most common. The young hysterical subject is always liable to insomnia, with or without headache. Some attribute all headaches of this period to hysteria, but the author believes that the distinction should be carefully made between such headaches and those due simply to rapid growth and over-study. The insomnia of epilepsy is peculiar to itself, and is sometimes the only symptom for a con-

siderable period. The child suddenly wakes from profound sleep, sits up, and begins to cry, but soon lies back as if exhausted, and falls into a deep sleep. These attacks are accompanied by incontinence of urine. Insomnia complicating chorea is an exceedingly grave symptom. Earache is always followed by insomnia, and usually by continuous crying. Hernia is a cause of pain and sleeplessness that is frequently over-looked. Intermittent fever is in some cases marked by wakefulness at a definitely recurring period. Insomnia and headache are prominent and early symptoms of albuminuria.—*New York Med. Jour.*

TREATMENT OF EFFUSION IN THE KNEE-JOINT.

—In the *London Practitioner* for February, 1891, Owen describes his treatment for effusion into the knee-joint. He says:

In some instances the aspirator was employed, but in others the distended joint was dealt with by a hydrocele canula of about the gauge of a No. 1 English catheter. In the use of either instrument the surgeon must take care that it is aseptic, and that the skin through which it is to be introduced is not only "cleansed" but clean. Moreover, he must not operate with "unwashed hands." Another point to be attended to when using the canula is that just as the fluid is ceasing to flow the surgeon should block the end of the instrument with his finger, and so withdraw it that he does not introduce air into the joint.

A canula thus used is as safe as an aspirator, and it has this recommendation, that it is sure to be in working order. If an ordinary canula and trocar cannot be used with security, peritoneal cavities, ovarian cysts, and vaginal tunics should have been in the habit of suppurating. This we know is not the case. It is very much the fashion now, however, to drop the simple word "tapping," or its equivalent "paracentesis," and, with a homage to euphemism, to employ the term "aspiration."

To the practitioner it matters not whether the fluid is blood or sero synovia. He has merely to obey the indication. If the joint has begun to swell up directly after the injury, the distending fluid must be blood; but if a day or more have intervened between the hurt and the swelling, the fluid has been poured out by the inflamed synovial membrane. Such fluid is a mixture of synovia with serum; often it is stained with blood.

Dr. Owen has never known any trouble to follow the tapping of a joint; he adopts it as a routine treatment in the case of fracture of the patella as well as in the more simple variety of distention.

As a rule, the puncture is made to one side of the patella. When withdrawing the canula the track is obliterated by firm pressure with the finger. The skin punctured is covered with a