

it produced a sedative effect, which had seemed to him to be safe and beneficial. He would be more afraid to use chloral than opium.

With reference to cases of mild bronchitis he thought one of the best remedies was to put the child to bed at the outset, and when this was done the large majority of children would get well without special treatment.

Dr. J. H. Fruitnight spoke of the use of iodide of potassium in the second stage of the disease, especially when the secretion was viscid, administered in doses of one-fourth to two grains, according to the age of the child. He favored the use of oil of turpentine combined with balsam of fir. —*Therapeutic Gazette*.

IRRIGATION IN BOWEL DISEASES IN CHILDREN.

An eminently practical article on the therapeutic value of irrigation in treating diseases of the bowels in children is contained in the *Archiv fuer Kinderheilkunde*, written by Monti, the well-known Vienna clinician and specialist in children's diseases. The article is contained in the *Manchester Medical Chronicle* for April and deserves special reference at this season, when we are on the threshold of all the anxieties and perplexities incident to summer diarrhoeas and enteric difficulties.

As regards the method of executing the operation nothing special is said. An ordinary fountain syringe, holding from two to four pints, with a soft tube one or two yards long, and a hard rubber nozzle and a stop-cock is used. Soft tubes or gum-elastic catheters can be fitted on. If the fluid is to be retained an obturator is added, consisting of a truncated cone or soft gutta-percha, which is perforated in its long axis in order to let pass the catheter. This cone is oiled and passed into the rectum, where by its expansion it occludes the passage. A low pressure is advised, and suspension if straining is apparent. About 2-2½ inches of soft catheter may be pushed into the rectum in the new-born. Experiment justifies us in saying that practically the whole of the large intestine can be irrigated. The ileo-colic valve may be passed, but only in such cases where abdominal pressure and peristalsis are inoperative.

In speaking of the application of the measure in the special diseases, Monti says, that in dyspepsia the irrigation at once removes tympanites and undigested caseine, half decomposed masses of fat or amylacea in acid fermentation. Colicky pains that prevent sleep and cause convulsions are at once stopped. Simple enemata never accomplish the desired result. The author rejects as useless the much-lauded aromatics, such as camomile, aniseed and fennel water, that only increase acid fermentations. The quantities of water used should be adequate to fill the whole bowel up to the ileo-cecal valve, and vary with the age and weight of the child. In the new-born, weighing

under 6½ pounds, seven to ten ounces are enough; in heavier children, ten to fifteen ounces; in sucklings in the first four months, seventeen to twenty ounces, and so on up to forty ounces. Percussion of the colon tells us when the bowel is filled. If colic comes on, allow the fluid with the gas and solid ingesta to escape; then resume and finish the operation. In chronic dyspepsia the proceeding may be practised twice daily for some time.

In coprostasis the accumulations come away by irrigation, properly done. Some laxative may be injected with the water.

In habitual constipation, not alone accumulated faeces are removed, but also the inertia of the bowel is overcome. The irrigation should be made at a fixed hour and a large quantity of water used. And the temperature of the water becomes an important factor. In the beginning of this methodical treatment the water should be about 86° F., and gradually a temperature as low as 55° F. is to be reached.

The value of the practice in enteritis follicularis is denied by Hensch, but Monti is emphatic in favorable recommendation. He says: "Thorough irrigations of the large intestine are indicated in all cases of enteritis without exception, mild or severe, acute or chronic. The regulation of the diet on definite principles, and the irrigation of the bowel, either with water or medicated fluid, chosen according to the indications present, are the only rational measures that can be taken in all cases of enteritis. I treat all my cases of enteritis with nothing but suitable diet, and locally with carefully managed irrigations of the intestine, and only in exceptional cases do I ever give internal medicine. The irrigations must be commenced at once, whether the symptoms are local or general; waiting till the case is more serious is only depriving ourselves of a valuable mode of treatment. There are really no difficulties in the way of any one carrying out this treatment. Large quantities of fluid must be injected. Mere clysters are useless. I begin the treatment of acute enteritis with an irrigation of water. The temperature of the water should vary with the severity of the disease. In slight cases, where the stools are just slimy where the tenesmus is moderate and there is no fever I use water at 72° F., in severe cases I take fresh water from the tap. The first washing out, if properly done, is generally followed by good results; straining ceases, and there is no motion for several hours. As soon as the straining and characteristic dejections disappear an astringent irrigation should be given. One or two per cent solutions of tannin or alum may be used, or a half per cent. solution of acetate of lead. Disinfecting solutions, carbolic, salicylic, or resorcin, do not do good in acute cases. These injections should be given twice a day until the pathognomonic stools disappear. In all cases of chronic enteritis, with putrid dejections, disinfecting solutions of benzoate of soda, boracic acid, resorcin or salicylate of soda should be used, and after the dejections have