

two or three minutes, accompanied by an expression of fear in the face, and coming on regularly an hour or an hour and a half after the child has gone to sleep, is the expression of night-terrors. Quinine, given in a rather large dose one or two hours before bed-time, is an effectual remedy against this trouble. 2. Periodical crying-spells, of five or ten minutes' duration, coming on sometimes during the day but more frequently only at night, point to cramps in the bladder, provided that we can exclude intestinal or gastric colic. This is speedily cured by emulsion of lycodium with or without belladonna. 3. Crying while at stool and an evident dread of the act of defecation are signs pointing to fissure of the anus. 4. Hard, continuous crying, expressive of severe pain, together with frequent putting of the hands to the head or rolling of the head in the pillow, are evidences of otitis media or pain in the ear from some other cause. 5. When for days and weeks the child cries on being moved, and when there is also profuse sweating and an elevated temperature, the disease is rickets. 6. Frequent crying, with habitual sleeplessness during the first two years of life, are found in anæmic and poorly-nourished children, or in those with congenital syphilis. He also recounts some other single symptoms which aid in diagnosis. 1. The peculiar physiognomy of children suffering from congenital syphilis. The sinking in of the root of the nose, the sallow complexion, the scanty eyelashes, the yellowish edges of the eyelids, and the rhagades on the underlip are characteristic of hereditary syphilis. 2. A falling together of the alæ nasi, and an absence of all motion in them during inspiration, point to hypertrophy of the tonsils. 3. A weakness and loss of motion out of all proportion to the gravity or duration of the accompanying illness should raise a suspicion of infantile paralysis. 4. A partial loss of hearing after a sickness is often due to a circumscribed meningitis at the base of the fourth ventricle. 5. Depression of the mental faculties occurring after a severe infectious disease is frequently indicative of a beginning acquired idiocy. Strychnine exerts a favorable influence in these cases. 6. Retarded ossification of the skull may imply rachitis. 7. A stiff carriage of children in walking, standing, sitting down, or stooping, is observed in commencing Pott's disease. In children who do not walk there is a painful contraction of the features when they are lifted up or set down. 8. Constant vomiting of all ingesta, lasting for several weeks, in children with large heads but closed fontanelles, is a sign that an acute hydrocephalus is engrafted upon the chronic condition.

HODGKIN'S DISEASE AND INTERSTITIAL HEPATITIS.—Prof. Da Costa has under his care a patient who has had Hodgkin's disease for fifteen years. The disease has been kept in check by living in a

yacht, supplementary to treatment. He strongly urges arsenic, increased in dose until constitutional symptoms are manifested, and kept there, as the best medicinal treatment.

Prof. Da Costa also teaches that in the early stages (before contraction) of interstitial hepatitis (cirrhosis), a cure may be effected, but that after contraction nobody ever recovered. He has seen the disease in women who did not drink, and the worst case he ever had was in a boy four years old, in which the diagnosis was confirmed at the autopsy. Inherited syphilis is a cause of it. In the early stages the remedies are leeches, sulphate of magnesium, cream of tartar, iodide of potassium. —*Col. and Clin. Record.*

NEW OPERATION FOR CANCER OF THE RECTUM.

—At a meeting of the Société de Médecine of Lyons in May, (*Courier of Medicine*) M. Maurice Pollosson read a paper in which he proposed a modification of the operations hitherto practised for the relief or cure of cancer of the rectum. The establishment of an artificial anus as a palliative measure has long been recommended and practised. By this means the irritant effect of the fecal matter upon the cancerous mass is prevented; the patient is relieved from much suffering, and the cancerous mass being freed from irritation, grows less rapidly.

M. Pollosson adopts this procedure in a modified form as a preliminary step in his plan for radical treatment of this affection. He selects the left iliac region as the site for the operation, because there more readily than in the lumbar region can he close up the lower segment of the bowel, which he regards as a point of essential importance in the operation. This he does by invaginating some millimetres of the lower free end, after dividing the bowel clean across, and obliterating the opening completely by means of five or six cat-gut sutures which thus bring into close apposition the serous surfaces. The artificial anus is completed by suturing it carefully into the wound.

After the patient has recovered from this operation, he proposes to extirpate the cancerous mass which, by virtue of the preliminary operation, is practically removed from its relations as a part of the digestive tract and converted into a pelvic tumor. Operating under the conditions so brought about, it is possible to apply the principles of antiseptic surgery much more thoroughly and efficiently than in the condition existing without such a preliminary operation.

In most cases he believes that it would be advisable to allow the patient to recover from the effects of the first operation before performing the second, though he thinks that circumstances might be such as to make it better to go on at once and extirpate the cancerous mass at once after establishing the artificial anus.