stitutes for ichthyol have been placed upon the market. As these are always as costly as ichthyol, and should, therefore, be just as good, I have sometimes tried them in my practice; but I have always gone back to ichthyol, for I do not find these other preparations so effective and reliable, and besides, they seem to vary in strength."—*The Post-Graduate.*

Diagnosis and Therapy of the Disease of Hirschsprung.

Dr. Friedrich Neugebauer, in Archiv fur Klinische Chirurgie.

The author cites two cases of a disease first described by Hirschsprung, which occurs in children.

The disease consists chiefly in an extreme dilatation of the sigmoid flexure, sometimes extending to the rectum in one direction and involving the ascending colon and partially the transverse colon.

The common symptoms are: Occurring in children from less than a year upwards. Patient may be fairly well nourished; but there is never a stool without enema, and if not given, patient would go a week, when by lying in a certain position in bed there would be expulsion of gases followed by hardened masses of feces.

When a rectal tube is inserted high and enema is given, then after that if the abdomen is pressed there will be a great abundance of feces expelled; though this should not be done too energetically, as it has been found that when too much evacuation has taken place at one time there would follow a collapse, and in one reported case where by voluntary effort the child passed a stool as long as itself and as thick as its arm, death followed immediately. Liver dullness is very high, heart is located between the second and fourth rib, large belly with much tympany, and through the usually thin belly the intestinal peristalsis may be seen distinctly.

As a means of diagnosis a metal sound devised by Kuhn is inserted into the rectum, which can be passed far up, so that by means of a radiogram its position can be plainly seen to be as high as the epigastrium.

Almost the entire abdominal cavity is occupied by this enormous gut.

Another means of diagnosis used is the injection of bismuth in the proportion of about one to three of oil. This is allowed to run high up and then by means of a radiogram the outline of the bowel can be made out.

As treatment the author recommends anastomosis of some part