

## Selections.

### TWO CASES OF INGUINAL HERNIA IN INFANTS CURED BY REGULATION OF DIET ALONE.

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The following cases appear worth recording on account of one lesson which they teach :

CASE 1.—H. M., æt. 11 weeks, seen first on 15th March, 1889. A delicate, feeble infant, with a small right inguinal hernia, which had appeared three weeks previously. His mother was in the habit of giving him the breast constantly night and day, and feeding him with "biscuit meat" twice daily. He was always crying and slept very little. Some cough. Extreme phimosis, but no pain on micturition.

*Treatment*: Local treatment of the rupture and circumcision were deferred on account of the child's weakness. The mother was told to stop the "biscuit meat," to supplement her breast-milk with diluted cow's milk, and to give the breast and bottle at regular intervals.

*Progress*: 22nd March: Has cried much less; sleeps better; hernia as before.

5th April, 1889: Keeping better; hernia quite gone.

May, 1891: No return of the hernia has taken place. Some weeks after last note the child was circumcised on account of pain on passing water.

CASE 2.—J. C., æt. 4 months, seen first on 30th March, 1889. A poorly developed, emaciated baby, with an inguinal hernia on the right side (the size of a large hazel-nut), and extreme phimosis. Cries day and night continually when not sucking the breast; gruel given regularly; no pain on micturition; constipation.

*Treatment*: Stop gruel and give milk and barley water at regular intervals. Application of truss and circumcision deferred on account of weakness.

*Progress*: 10th April: Cries very much less; rupture has been away for a week, but returned to day.

19th April: Hernia seen again to-day for the first time since last note.

September, 1890: No return of hernia since last note. The phimosis remains as before.

May, 1891: The hernia has never returned, and as the phimosis has not caused any symptoms it has not been operated on.

*Remarks*: In these two cases the usual surgical treatment by trusses and circumcision was deferred until the patients should recover from the wretchedly weak condition in which they were, and so become able to bear it. In both, surgical proceedings were found unnecessary (as far as the hernia was concerned) owing to the rapid disappearance of the condition which followed recovery from dyspepsia and consequent cessation of crying. They are, I think, interesting as enforcing the importance of not neglecting the regulation of the diet as a subsidiary part of the treatment in ordinary cases of hernia in babies.—*Edinburgh Medical Journal*.

BELLADONNA IN LABOR.—Dr. Asher, of Lithgow, New South Wales, advises the use of belladonna in the early stages of labor, having found it of immeasurable benefit, saving considerable pain to the patient and materially diminishing the expected period of the labor. In primiparæ, after a prolonged period of pains of more or less intensity, and with but little dilatation of the os, as well as in the more intense condition of a completely rigid os, where, with extreme contractions, no dilation whatever occurs, he has given large doses of belladonna with marked effect. He usually prescribes a reliable tincture of belladonna in doses of twenty to thirty minims every hour, or oftener; and satisfactory dilatation usually follows the first or second draught.—*The Australasian Medical Gazette*.

VIRCHOW'S SEVENTIETH BIRTHDAY.—Several of the pupils and admirers of Rudolph Virchow have united in appealing to the medical profession of the United States and Canada for contributions to the fund which is being raised in Germany, England, and, it may be said, throughout the world, as a testimonial to be given to Professor Virchow on his seventieth birthday. The German committee proposes that the fund shall be used in procuring a large, gold portrait medal to be presented to Professor Virchow.—*New York Medical Record*.

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