

is either not ascertained or of such a nature as not to admit of immediate removal, then such remedies should be employed as control reflex action as chloroform, ether, chloral, bromide of potassium, &c., to put as it were a splint on the nervous system, while an effort is made to allay the exciting cause and repair any mischief that may have been produced. A large majority of the causes of convulsions in children are situated in the digestive tract, so that it is always advisable to carefully enquire into the condition of the whole alimentary canal. If the gums are inflamed, as in teething, they should be lanced, indigestible food or other irritation, as whole currants, raisins, worms, &c., in the stomach and bowels should be got rid of, and the physician should carefully inspect the egesta for himself, for it is a great thing to be satisfied that he has discovered the true cause. Some one has said, with a good deal of truth I believe, "that the most successful practitioner is he who is continually looking into the pot." It is frequently noticed that the irritation of teething is accompanied with looseness of the bowels, and an erythematous condition of the rectum and fundus, and it has occurred to my mind as a query, whether or not this secondary irritation, and not the teething, causes the convulsions, for it is proverbial that the bowels are the seat of melancholy, and we know that nothing causes melancholy and low spirits more than hemorrhoids or disease of the colon.

I have simply indicated in a general way my idea of the treatment of eclampsia, and will not do more at present having already occupied a fair share of your time. At some future date, if agreeable to the association, I may take up the subject of treatment in detail.

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#### CASE OF IMPERFORATE ANUS.

BY S. L. NASH, M.D., PICTON, ONT.

On November 19th, 1879, I was called to see a male child, a few hours old. Found the child well nourished, healthy and perfect in all its parts and functions, with the exception of an entire absence of the anus.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating. Visited the child next day in company with Dr. Dafoe, of Madoc, the patient then being thirty-

eight hours old; active and healthy; nurses well; urine normal, and child to all appearance in perfect health; no bulging in anal region. I commenced the operation by making an incision one and one-fourth inches in length along the median line, from the coccyx nearly to the scrotum. I then carried the dissection backwards and upwards following the curve of the sacrum; by passing a probe in the urethra as a guide, I found it to approximate abnormally near the coccyx.

Although Dr. Dafoe and myself very carefully examined the region along the curve of the sacrum, posterior to the urethra and bladder, to the extent of two inches, we failed to feel anything like the distended gut.

The narrowness of the pubic arch, together with the close approximation of the tuber-ischii, forced us to use a probe, instead of the finger, for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther, when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it.

The child lived eighty hours, and before death passed with the urine by the urethra, a black fluid like meconium. A post mortem revealed entire absence of the rectum, the descending colon having a pouch-like enlargement one inch in diameter, occupying the ordinary site of the sigmoid flexure. This pouch was connected to the posterior part of the fundus of the bladder, by a small tube three-fourths of an inch long, by about one-fourth of an inch in diameter, admitting a small probe one line in diameter. The probe passed readily from the colon to the bladder, but could not be passed in the opposite direction, as there was a valve guarding the vesical orifice.

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#### EARLY SEXUAL PRECOCITY.

(Translation from the Spanish of the "Enciclopedia Medico-Farmacutica," of Barcelona).

BY J. WORKMAN, M.D., TORONTO, ONT.

The following details of a case of sexual precocity have been furnished by Drs. Codina, Pons, Planellas, Comet, Badia and Alborna, and under so respectable a sponsorship we may assume their full credibility.