

rapid taking up of micro-organisms explains the uselessness of amputation in cases of anthrax of the extremities in mice. This resorption may be compared to the phenomena seen in fat embolism. It is of no importance in case of saprophytes, and of little moment in that of pyogenic micro-organisms which do not settle down in the blood, but in the case of septic diseases like anthrax, etc., it means the death of the individual.—*British Medical Journal*.

**Congenital Constipation.**—(A. Jacobi, in *New York Medical Record*). The ascending colon, after having been formed about the middle of utero-gestation is quite short in the newly born, as is the transverse portion. The whole length of the colon equals three times the length of the mature foetus, consequently the surplus must be found in the descending portion, mainly in the sigmoid flexure. In 25 per cent. of newly-born children this lower portion is bent upon itself in several sections and crowded out of the narrow pelvis, extending in more than one-quarter of all cases beyond the median line of the body; such abnormal elongation is a condition which must be looked upon as an arrest of development. It accounts for the constipation observed from the first day in a fair number of infants of normal size and weight, who enjoy healthy breast milk. These children never have an easy evacuation, the faeces form in hard round balls of different sizes sometimes unable to pass the sphincter, and some cannot be relieved without mechanical emptying of the rectum. Such cases Jacobi has described as *congenital constipation* (*Am. Jour. of Obstet.*, 1869, and *Intestinal Diseases of Infancy and Childhood*). When understood, the treatment is a simple one, and it can be reasonably expected that a normal relation of the parts will establish itself by the sixth or seventh year of life. In most cases one or two daily enemata suffice to empty the gut, which procedure should be continued year after year, until the natural conditions relieve the described anomaly. Purgative drugs are rarely required; indeed, they are mostly contra-indicated, and when given will do harm, resulting in overstimulation and consequent paralysis, with more costiveness. As the outcome of this congenital constipation we meet with ulceration; fætid diar-

rhœa; septic auto-infection or fevers, sailing through months under the flag of malaria and continued fever. These cases indicate a regulated diet; in rare instances only a purgative drug; the regular use of enemata; generally the avoidance of medicines.—*Archives of Pediatrics*.

**Treatment of Chronic Gastric Ulcer.**—Stepp (*Therap. Monats.*, November, 1893) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a 25 per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hæmatemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight or ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week, beef-tea could be administered; during the third, eggs; and afterwards selected meats could generally be added to the preceding foods.—*British Medical Journal*.

**Fever without Pyrexia.**—We have on previous occasions called attention to the apparent paradox of the occurrence of febrile conditions without elevation of temperature. In the course of a recent clinical lecture, Teissier (*Semaine Médicale*, No. 25; *Wiener med. Presse*, 1894, No. 23, p. 893) presented a case of pneumonia attended with a subnormal temperature, and made some interesting comments. He pointed out that the temperature may pursue a similar course in un-