RECTAL ULCERATION RESULTING FROM THE CARELESS ADMINISTRATION OF CLYSTERS.

We not unfrequently find in the rectum an ulcer, first mentioned by v. Recklinghausen, whose configuration and locality readily distinguish it from all other known forms of intestinal ulceration. Small, usually round, but frequently conical from below and within, upwards and outwards, with little or no inflammatory deposition about its borders, it is always situated on the anterior walls of the rectum; generally about two inches above the anus, but never less than one or more than three inches. Frequently the mucous membrane only is ulcerated, but the destruction of tissues sometimes extends through the entire rectal wall and in a few cases pelvic cellulitis and abscess result. Fatal peritonitis has on several occasions followed the rupture of such an abscess, and cases have been even observed in which a so-called puerperal peritonitis has been simply the extension of this rectal ulceration.

The form and locality of the ulcer leave no doubt of its traumatic nature, and it seems quite clear that the careless administration of clysters is the immediate cause. In many cases the origin of the difficulty can be traced directly to the time of such injections. It is just at this spot that the mucous folds of the intestine, the prostate, the uterus, or during labour, the descending head of the fœtus, presents an obstacle to the introduction of the syringe by pressing backwards the anterior rectal wall. Should the syringe be now forced forward—the patient being, as usual, in the horizontal posture—the nozzle may easily wound or even penetrate the mucous membrane. If the fluids be now injected, the sub-mucous or peri-rectal tissues become infiltrated and the further consequences are clear.

In a paper on this subject, Prof. Kœster, of Cologne, (*Correspondenz-Blatt d. ärztl Vereine von Rheinland*) calls attention to the circumstance that Ribes' investigations, as well as the opinions of all surgical authorities, unite in locating the orifices of internal rectal fistulæ at the very same point at which these clysmatic ulcers appear; these fistulous openings are never on the posterior wall and are never more than three inches above the anus. From these facts, as well as the actual history of many of the cases, he argues that a large proportion of fistulæ originate in injuries received during the administration of clysters.—*Clinic.*

SUGGESTIONS FOR THE TREATMENT OF SLEEPLESSNESS.

The following suggestions are taken from an article by Dr. W. A. Hollis, in the *Practitioner*:—One of the most efficient means of inducing natural sleep is by the application of mustard poultices to the abdomen. In cases where sleeplessness arises from natural worry, abdominal flatus, or other annoyances, this remedy is invaluable. Schüler states that large sinapisms applied in this way produce first dilatation and subsequently contraction of the vessels of the pia-mater in trephined animals. They may thus act as do pediluvia and warm compresses to the abdomen, by diminishing the amount of blood in the brain. The same writer says that cold abdominal compresses and the cold-pack produce at first dilatation of these vessels, and subsequently bring about an energetic contraction of the cerebral vessels, which lasts for some hours.

Where the insomnia depends upon brain exhaustion, I have found that the administration of a tumbler full of hot claret and water, to which has been added sugar and nutmeg, is of great value. Both the syrup and the spice, in this instance, are hypnotics, according to Preyer and Cullen. The mixture must be taken just before bedtime. In slight cases of wakefulness (as we all know) the reiteration of certain words sounds mentally, at the same time drawing a slow and deep inspiration between each word, is occasionally sufficient to produce sleep.

When sleeplessness is associated with acid dyspepsia, the alkalies and alkaline earths, especially the carbonate of magnesia and bicarbonate of soda, are very useful. In cases where the indigestion is owing to a sluggish peristalsis of the stomach and upper intestines, a full dose of Gregory's powder, or ten grains of the compound rhubarb pill, will remove the disagreeable epigastric sensation and induce sleep.

The posture of the sleeper is of some importance. Many persons can sleep in their armchairs by the fireside, who court the fickle god of sleep in vain when lying upon their beds, some few hours later. The posture of the dozer and the surroundings of such a fireside nap sufficiently account for his somnolence on