

conscious, temperature 99°. The swelling was considerably diminished, and had completely disappeared 5 days afterwards, although the urine at that time still contained a trace of albumen but no casts.

The author considers both cases as results of uræmic poisoning, contingent upon parenchymatous nephritis, which he is disposed to believe had become developed during pregnancy. The treatment with pilocarpine he considers to have been very essential as a diaphoretic and diuretic agent, while he expresses doubt about its action as an oxytocic. He also mentions having employed the pilocarpin in six primiparous cases, as well as in two multiparæ between the sixth and ninth month of gestation, all suffering from dropsical effusions consequent upon chronic parenchymatous nephritis with diminished excretion of urine, containing cylindrical casts and a very large quantity of albumen. He used two injections of thirty-two minims of a two per cent. solution twice a day, and in nearly all cases did he succeed in completely curing the patient after using five injections within from 8 to 14 days. Three women gave birth to dead fœti of 6 to 7 months gestation, from 6 to 8 days after the last injection. One was admitted to the hospital unconscious, after having aborted in the seventh month of her pregnancy during violent convulsions. The remaining four cases went to full term and bore living children.

The usual effect of pilocarpine is first to cause a general warmth of the whole body, followed a few minutes afterwards by increased secretion of saliva; then the perspiration would commence, first on the forehead, breast and limbs, sometimes very profuse, so that it would flow drop after drop, frequently with an increase of the secretion of tears. The unpleasant consequences of the injections consisted in sickness of the stomach, vomiting, rarely dizziness and headache, and only once, 15 minutes after the injection, irregular action of the heart. It even ceased to beat for a moment, the features became cyanosed, and the pulse slow and intermittent. These symptoms passed away, however, as suddenly as they came. This patient suffered from mitral insufficiency with hypertrophy of the right ventricle. After the lapse of six to eight hours all these symptoms would usually disappear. Urine would be excreted freely, and the bowels move repeatedly. Occasionally diarrhœa would supervene. The albumen and casts would frequently disappear in four to five days.—*Holland Journal of Medicine.*—*Norw. Med. Jour.*

RECENT PROGRESS IN THE TREATMENT OF DISEASES OF CHILDREN.

BY D. H. HAYDEN, M.D.

CONSTIPATION IN CHILDREN.

Dr. J. Lewis Smith contributes a paper on this subject in the January number of the *American*

Journal of Obstetrics and Diseases of Women and Children. After considering the various kinds of so-called symptomatic and idiopathic constipation and their causes, the author refers to a peculiar class of cases where there seems to be a constitutional tendency to constipation,—a tendency quite independent of the usual conditions (obstruction, disease, sluggish muscular contractility, improper diet), and co-existing with perfect health, where defæcation takes place every second, third, or even fourth day, unless produced by measures employed.

These cases are the exception, however, and a largemajority of children require a daily evacuation of the bowels to do well.

In the treatment of this complaint the author dwells largely on the idiopathic form. The importance of establishing a daily habit at the same hour is insisted upon.

Chicken tea and to a certain extent beef and mutton tea are laxative, and when made plainly are useful in connection with other articles. The various kinds of berries and fruits have also a decidedly stimulating effect on the intestinal surface, and aid in removing constipation. The apple scraped or baked, or apple sauce, may be given to quite young children; and for those that are older currants, cherries, and, among dried fruits, prunes and figs are laxative. Unfermented cider in its season, which has been found so useful for adults, may also be given to children in moderate quantity, at least to those who have reached the age of two or three years.

It is generally believed that the small size of the salivary glands in the first months of infancy prevents the conversion of starch into glucose, except in very inadequate quantity. It appears, however, highly probable that there is an epithelial ferment which converts starch into sugar, * so that young infants can digest starchy food. Nevertheless, the theory that the infantile digestion up to a certain age is incompetent to effect the change led to the preparation of food for infants in which the change of starch into glucose was accomplished by a chemical process. Now glucose, administered in considerable quantity, is laxative, and Dr. Smith has found it necessary to give it sparingly or not at all during the hot months, when infants are so prone to diarrhœa. This laxative effect renders the glucose preparations of the shops very useful in the treatment of habitual constipation of infants, whether we employ the "maltose" or "granulated sugar of malt," or the preparations of Liebig's food. Of four constipated infants in the New York Infant Asylum to whom Horlick's "sugar of malt" was administered, three were relieved. Any of the glucose preparations can be given quite freely to a constipated infant, without impairing the digestive function or producing other ill-effects, so long as no more than the normal evacuations follow. Dr. Smith considers them among the best and safest of

* See Chemical Phenomena of Digestion, by Charles Richet. *Revue des Sciences médicales*, October, 1878.