

answer to the President, Dr. Pitt thought that, although the artery was probably damaged by the injury, the chief damage was inflicted on the vein.
—*Archives of Pediatrics.*

Convulsions.—"It is also true that, now and then, there are slight muscular twitchings; and now and then, when the child is half asleep, the eyes will roll. There may even be slight twitchings of the extremities. There is sleeplessness, but we must not forget that peripheral irritability increases from the fifth to the ninth month considerably, and that the inhibitory centres do not perform all their functions as in the adult. Thus it is even possible that, now and then, a convulsion will occur, but so far as I am concerned, I have not seen convulsions dependent upon difficult dentition in the course of the last ten years."—A. JACOB, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

The Treatment of Constipation and some Affections of the Bowels with Large Enemas of Oil.—Professor Fleischer thinks that atonic and spastic constipation are too often treated without discrimination. He regards oil as the best article to use in the treatment of spastic constipation. For a grown person from thirteen and a-half to seventeen fluid ounces should be given as an enema, the patient lying on his back with a stiff cushion, from eight to ten inches high, under the pelvis. The oil should be warmed and allowed to flow into the bowel slowly at slight pressure.

Professor Fleischer does not expect a single enema of oil to suffice, but has it repeated on several succeeding days. Sometimes the oil acts upon the cæcum the second day, but more frequently not until the third day or later. This maximum having been reached, the oil enemas need no longer be used daily, and the quantity of oil used may be reduced to one-half.

The quality and chemical preparation of the oils are so varied that care must be taken to make use of as pure and clean an oil as possible. Either pure olive oil or poppy or sesame oil may be used.

The action of the oil on the large bowel may be briefly summed up:

1. Softening and loosening the fæces.
2. Quietening and non-irritating, but after a long stay in the bowel,
3. Exerting peristalsis and evacuation.
- 4 Preventing absorption.—*Therapeutic Gazette.*

SURGERY.

Thiol.—In skin troubles the powder is used as an absorbent upon moist surfaces. It may be beneficially spread upon the surface in acute eczema, in cases where vesicles have ruptured and discharged their contents, or where, as sometimes happens, the epidermis has been rapidly exfoliated, leaving exposed a raw and exuding corium. After the bullæ have been opened or have spontaneously ruptured, thiol forms a good dressing in pemphigus. In the erythematous and bullous varieties of burns, thiol also constitutes a good dressing, relieving the heat of the surface in the former, and taking up the discharge in the latter form. Thiol-powder is a good local application in erysipelas, especially in those cases where vesicles or bullæ develop. This itching and burning of erythema multiforme are alleviated by sprinkling the surface with thiol-powder. A ten per cent. watery solution of thiol painted twice daily upon the affected surface has been found very useful in herpes zoster by Professor Schwimmer. The same authority reports especially good results in dermatitis herpetiformis from the use of a ten per cent. solution of thiol. The solution has likewise proved effective in the treatment of papular and pustular eczema, acne and rosacea.—Shoemaker, *Medical Bulletin.*

The Radical Cure of Hernia by Implantation of Bone.—Thiriart, in *Le Mercredi Médical*, May 24th, 1893, describes his method of radical cure for hernia by the implantation of a decalcified plate of bone. After carefully isolating the sac to above the internal ring, he then ligates and resects it. On being released the stump disappears within the abdomen. Between the peritoneum and abdominal wall a plate of decalcified bone is inserted; this is well held in place by the sutures which pass through the edges of the orifice and unite the pillars. The size of this plate is larger than that of the opening, and varies from three to five centimetres long, the same in breadth, and eight to twelve millimetres in thickness. The canal is sutured shut with catgut, and then the skin drainage being put in if desired. The author states that he has practised the operation twenty-five times in the past eight months, and as yet has had no relapses, and thus notwithstanding he has done