

was not so common, since out of 70 cases 37 had incompetency. A pressure of more than 3 metres was dangerous, being liable to rupture the gut or disorganize the valve. It is, therefore, evident from this study that in children under one year fluid may be expected to reach the small intestine in three-fourths, and in older children in one-half of the cases. Therefore, in every suitable case an effort should be made to reach the small intestine with the irrigating fluid. Besides the numerous morbid conditions admitting of this treatment (dyspepsia, koprostasis, entero-colitis, cholera infantum, dysentery, etc.), the possibility of intestinal feeding, as Muselli has suggested, must not be overlooked. This is especially valuable in such conditions as trismus, laryngeal diseases or palsy of laryngeal muscles, dysphagia from stenosis of œsophagus, and diseases of the stomach where rest of the organ is demanded.

THE DIGESTIBILITY OF STERILIZED AND UNSTERILIZED MILK.

BENDIX (*Jahrbuch f. Kinderheilkunde*, Bd. xxxviii. S. 393) has made the following interesting conclusions based upon experiments in feeding three children (aged one and three-quarters, two, and two and a half years) for equal periods (four days, six days, and seven days respectively) upon two dietaries differing only in the employment of Pasteurized or sterilized milk, the most rigorous estimation of ingesta and excreta being made in each case.

With a child in good health there is no difference in the assimilation of nitrogen or fat in favor of Pasteurized over sterilized milk, whence it follows that sterilized milk is as well digested and as completely absorbed as non-sterilized milk. But with a child whose digestion is weakened by diminished secretion of bile, assimilation is diminished, as compared with the normal, in the proportion of 0.9 to 2 per cent. for nitrogen, and 2.4 to 3.8 per cent. for fat; but it is diminished equally for the two varieties of milk. The taste and odor of milk remain good after sterilization, though differing decidedly from that of raw milk; but it is taken as readily as Pasteurized milk.

Contrary to the opinion of Kalischer, the author has never found that the brownish color of sterilized milk is liable to cause young children to refuse it. He has never seen sterilized milk produce the slightest disturbance of digestion; on the contrary, the general condition and appetite have been good, the stools normal, growth regular, and vomiting never occurred.

On the other hand, since sterilization prevents every danger of transmitting grave diseases by destruction of pathogenic microbes, while it prevents other diseases, especially of the intestines, by destroying the germs of fermentation and decomposition, the physician should insist upon its use in preparing milk for the artificial rearing of infants. Sterilization is preferable to Pasteurization, since the latter does not insure so completely the destruction of bacteria, especially the spores.

A FLOATING KIDNEY IN AN INFANT.

In the course of a paper on floating kidney WILLIAM W. STEWART (*Medical Record*, February 9, 1895, p. 163) reports a case accidentally encountered in an infant of eight months. The child had swallowed some pieces of plaster,

end intestinal obstruction followed. After thirty-six hours of ineffectual treatment the author was called upon to operate. Though the abdomen was quite tympanitic, a distinct movable tumor could be felt on the right side halfway between the crest of the ilium and the umbilicus. Its exact consistency and shape could not be made out. This tumor was believed to be the obstructed gut. The mother was questioned carefully, but stated she had never before noticed the tumor, which she could now feel with the greatest ease. Upon opening the abdomen the tumor was found to be a floating kidney, while the obstruction was located in an intussusception in the left hypogastric region. The child had never suffered any inconvenience from the kidney. The author believes this to be the youngest case of floating kidney yet reported.

TRIONAL AS A HYPNOTIC FOR CHILDREN.

CLAUDE (*Internationale klinische Rundschau*, 1894, No. 45, p. 1613) makes a report of his experience with trional as a hypnotic for children. Given in doses of three grains to twenty two and one-half grains, according to the age of the child, he has found this drug a reliable hypnotic, producing a physiological sleep and leaving no headache or heaviness on the following morning. The patient does not become accustomed to its effects. Sleep is usually produced ten to fifteen minutes after ingestion. In painful conditions its influence is not very satisfactory. Upon the intellectual, respiratory, and circulatory functions its action is negative. One instance, however, is mentioned in which, in a case of broncho-pneumonia in a child of five years, a single dose of eleven grains produced ataxic symptoms. The most satisfactory results were obtained in cases of chorea and pavor nocturnus, and in insomnia from disturbances of dentition or of digestion. In several cases of the latter class the influence of the drug upon the digestive functions seemed beneficial. This agrees with previous experience in the use of trional among the insane. The dose from one month to one year is three to six grains; from one to two years, six to twelve grains; from two to six years, twelve to eighteen grains; and from six to ten years, eighteen to twenty-two and one-half grains. It is best given half an hour after the evening meal, or fifteen minutes before bedtime. It can be given in hot milk, or in confection or honey.

BURSAL ENLARGEMENTS AS INDICATIONS OF INCIPIENT TUBERCULOUS ARTHRITIS.

D'ARCY POWER (*British Medical Journal*, 1894, ii. p. 412) calls attention to the importance of bursal enlargements in the neighborhood of the hip-joint in children. Such cases at the time show no evidence of affection of the joint. There is no limp, no pain, no muscular fixation, and the head of the bone moves freely in the acetabulum. Yet such bursal enlargements are of very serious import and are of great diagnostic value, for they frequently are the first indications of tuberculous mischief occurring in a patient who otherwise appears sound. The tuberculous trouble thus starting in the bursa will spread rapidly to the joint, unless care be taken to prevent it. In support of this six cases are reported, taken from the records of the Victoria