to health, and often forms the most vital factor in the treatment of disease. And yet regarding the physiology of sleep we remain practically in the dark. Even what we may term the pathology of sleep throws but meagre light on its mechanism. A recent writer in our brilliant contemporary, *The Academy and Literature*, attempts to show that sleep is dependent on certain chemical processes, where through the agency of carbonic acid, the nerves are anæsthetised or reduced to immobility. Such a view has certainly much to support it, and what we know of the action of anæsthetics would not lessen the possibility of such being in some measure a probable explanation. The physiology and pathology of sleep stand in need of serious investigation. Accurate knowledge as to the best means of procuring sleep might then be expected to release us from the grasp of a limiting empiricism.—*Medical Press and Circular.*

Observations Concerning Cholelithiasis.

Boas, Berlin (*Muenchener Medicinische Wochenschrift.*—Much has been accomplished in recent years in determining the etiological factors involved in the development of gall-stones. Based upon animal experimentation and careful observation, these new theories are apt to be lasting. Unfortunately, progress in the diagnosis of cholelithiasis has not gone hand in hand with the pathogenesis. Atypical cases of gall-stones are still very rarely diagnosed by those moderately skilled in diagnosis. The author calls attention again to a point in diagnosis to which he referred several years ago, and which has not received proper consideration. At that time he stated that in cholelithiasis there is marked pain upon pressure in the region of the twelfth dorsal vertebra, two or three finger-breadths to the right of the spinal column, extending sometimes to the posterior axillary line, etc. The same exists in acute attacks, and continues for a long period after the acute period has passed. It can even exist for years during the latent period. The pain in the marginal and vesical region may have long since disappeared, while the dorsal pains remain. There are cases, however, in which this sign is absent. In determining the sensitiveness of the liver in inflammatory conditions, attention should be given to the following three regions:—(*a*) the border of the liver and the region of the gall-bladder; (*b*) the subcostal portion of the liver; (*c*) and the posterior surface.

In the differential diagnosis, duodenal ulcer, gastric ulcer and hyperchlorhydria, intestinal neuroses, etc., must be duly considered.

In the discussion of the treatment, the author touches upon the use of Carlsbad water, the proper diet, forced breathing and massage.—*Inter-State Medical Journal.*