

the stomach or to the region between the sternum and the umbilicus, and the greatest tenderness may be in the centre of the epigastrium. The pain may radiate into the back, between the shoulders or toward the left shoulder. Vomiting is more frequent than in simple lithiasis. In one personal case the vomiting was almost uncontrollable. The syndrome is that of pancreatic colic superposed on the gallstone colic. In only ten cases was a tumor to be palpated, and in some it was supposed to be an invagination. In two cases the tumor was palpated under the false ribs on the left. Functional tests of the pancreas are more instructive than the other findings. The urine or the feces, or both, can be examined. In 21 of the cases of acute pancreatitis an operation was undertaken, with 13 deaths. None of the five patients with hemorrhagic pancreatitis operated on survived. The cases with suppuration or necrosis terminated fatally in 45 per cent. All but eight recovered in the 62 patients with chronic pancreatitis treated by operation and ample drainage. The particulars of the total material are summarized and the four personal cases are described in detail.—*J.A.M.A.*

Treatment of Abortion.

H. J. Boldt, of New York, considers the induction of an abortion justifiable in pernicious hyperemesis, in some cases of chorea, in certain forms of convulsive seizures, nephritis preceding or manifesting itself early in pregnancy, and in certain cases of contracted *pe. vis.* If the well-known bougie method does not bring about the desired result in from twenty-four to forty-eight hours, it may be supplanted with a tampon of gauze carried into the uterine interior.

The treatment of abortion he considers under four heads: (1) Imminent abortion may be prevented by absolute rest in bed and the use of drugs like codeine and *viburnum prunifolium*; (2) progressing abortion, and (3) incomplete abortion may be assisted to a spontaneous termination by a hot vaginal antiseptic douche and vaginal gauze packing. An oxytocic should be administered internally. If the result is not satisfactory, after twenty-four hours the partially dilated cervical canal should be packed with gauze, and the vagina below tightly filled with the same material. Uterine contraction will thus be usually incited and everything expelled. If too much bleeding is going on, the uterus may be emptied with the finger or placenta forceps, and ergot administered, two or three doses usually sufficing. The author prefers to give the expectant plan of treatment the widest possible range. In cases of post-abortive persistent bleeding, digital exploration of the uterine cavity (if necessary with the