will find many useful hints regarding drugs in general, and especially will he learn of the composition, mode of administration, and therapeutics of many of the newer drugs. Among the number we will but mention a few that are coming into daily use: Ethyl chloride, as a local anæsthetic; bromoform, and how it is to be used in whooping cough; diuretin, which has been lauded so highly as a diuretic; piperazine, the much vaunted solvent of uric acid, etc.

Then there is a section taken up with an account of remedial measures, other than drugs; another concise, but useful one, is devoted to "applied therapeutics."

There is a chapter, by I. W. England, on incompatibility in prescriptions, which will prove invaluable to the beginner.

Unfortunately, in the "table of doses," the old rule is followed instead of an endeavour being made to determine the dose by the body weight, which seems to be the more scientific method, though sometimes difficult of practical application.

The publishers are to be complimented on the style of the book, the printing, etc.

We can highly recommend this little work to our readers as being fully up to date.

AN EPITOME

OF

CURRENT MEDICAL LITERATURE.

MEDICINE.

Physical Diagnosis of Biliary Calculi.—C. Gerhart calls attention to the early symptoms of biliary colic. The attack begins often four to five hours after a hearty meal, or when the food passes into the duodenum, causing, by a reflex action, an expulsion of bile from the gall bladder. This will produce a temporary sensible enlargement of the sac (supposing that obstruction of the duct exists, and the gall cyst retains its distensibility). This enlargement subsides as soon as the stone has passed; the localized inflammation having produced some peritonitis, a circumscribed area of crepitant râles can be heard with the aid of the stethoscope. This, together with pain, may exist some little time after the stone has found its way into the intestine. This latter condition is often greatly ameliorated by applications of ice water. An extension of the peritoneal inflammation to the pleura is but rarely observed. As a most frequent complication, we have an appendicitis due to a mechanical or chronic obstruction. If the attack is prolonged, the liver becomes enlarged, and its edges can be easily palpated and often seen, if the patient is emaciated. Transient enlargement of the liver, one of the important symptoms, is also met with in cholelithiasis, or when the ductus communis is obstructed by ascaris lumbricoides, or other catarrhal inflammatory exudations. The head of the pancreas is also the seat of a new growth or swelling, thus producing mechanical pressure upon the duct; on the other hand, it is absent in cardalgia or purely nervous hepatic colics.

Cholelithiasis can be excluded if there be an absence of crepitation over the seat of the gall cyst—if there is no enlargement of the same, and if after several attacks there have been no calculi found in the fæces.—*Deut. Med. Wochen.*, No. 46, 1893.

Chronic Rheumatic Throat Diseases.—Dr. A. Hecht (*Wiener Medizinische Presse*, No. 1, 1894) directs attention to the existence of chronic rheumatic throat diseases and records of such a case. A woman of twenty-five years had suffered over two and a half months from difficulty in swallowing, which, however, was not constant. In the morning she could eat her breakfast without pain, but when she worked the whole day in the field, or was exposed to cold weather, pain increased considerably. The pain was not always of the same intensity and changed about, now being on the right and then on the left side. Examination of the throat and larynx revealed nothing, and hysteria could be excluded. She also complained of pain in the muscles of the back of the neck, and the lateral surfaces of the thyroid cartilage were also sensitive to pressure. As the pain was complained of in the one or the other side, the corresponding portion of the faucial arch was painful and reddened. Salicylic acid yielded no results. The disease was first described