into a dish, whence it is taken up upon a camel's-hair pencil and brushed upon the parts, back and forth, until the whole dose has been absorbed. This will take ten, fifteen or more minutes. Then the part is rubbed dry with the hand, after which it is covered with a layer of cotton protected by paraffin paper or oiled silk. In many cases the temperature drops a degree or more before the rubbing is completed, and two degrees within thirty minutes of commencing the application. When the patient is near death, and the temperature elevated in consequence of the approach of dissolution, guaiacol in the doses in which we have applied it had no effect in arresting continuous rising of the temperature. It may be concluded that the endermatic use of guaiacol, when carefully employed, often promotes the comfort of the patient in a manner which cannot be obtained from its use by ingestion, by subcutaneous injection, or by direct injection thr' gh the air passages.—J. SOLIS-COHEN in *Medical News.*

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**Cardiac Syphilis and Angina Pectoris.**—At the Berlin Medical Society, Dr. Fraenkel recently demonstrated a specimen of cardiac syphilis from a woman, thirty-six years of age. When first seen last year, she had aortic regurgitation, and suffered from frequent headaches, which were occasionally associated with fainting attacks. The heart disease was supposed to be consequent on acute rheumatism. The husband was syphilitic, and the woman herself had suffered from swellings on the head, which had ulcerated and left scars. She improved at first and left the hospital, but was re-admitted this year with severe attacks of angina pectoris, in one of which she died. At the necropsy, the left coronary artery was found quite permeable, but the orifice of the right coronary was completely obliterated by a process of arterio-sclerosis (much in excess of the patient's years), and its proper position could only be determined by probing backward along the lumen of the artery. There was a gummatous tumor, 4½ ctm. long, in the septum ventriculorum, and Fraenkel thinks this shows that the arterial changes were really of syphilitic nature. The arterio-sclerotic changes in the aorta reached down to the bifurcation. Fraenkel, moreover, remarks on the part played by syphilis in the etiology of aneurisms. Walsh thought that sixty per cent. of true aneurisms were due to syphilis, others think still more. Fraenkel himself, during the last four years, has seen nineteen cases of aneurism of the thoracic aorta in which there were necropsies; three cases were in women, sixteen in men. Of the nineteen patients, nine, that is, forty-seven per cent., had had syphilis, and these were all under fifty years of age. The case illustrates the relation of precocious arterio-sclerosis and syphilis.—*Berliner klinische Wochenscrift.*

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**Hepatic Colic without Gall-stones.**—Lépine (*Intern. klin. Rundschau*) contends that hepatic colic may result from simple spasmodic contraction of the gall-bladder or biliary ducts. This opinion is based on both clinical, pathologico-anatomic and experimental evidence. From the clinical point of view reference is made to the hepatic colic observed in hysterical individuals as a result of emotion, without discoverable cause in the intestinal evacuations. In some individuals the ingestion of certain articles of food is followed by hepatic colic. A case is cited in which after death no concretions were found in the choledochus duct, although a few small grains were present, together with active contraction of the walls of the duct. In dogs spasmodic contraction of the lower portion of the choledochus duct may be induced artificially. It is maintained that contraction of the biliary canals may be induced reflexly.—*Med. News.*

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**Pancreatic Colic.**—Dr. Minnich has observed a case of this kind in a man sixty-eight years of age. At the age of forty he became troubled with attacks of colic which were attended with jaundice, and continued during a period of three months, but disappeared upon treatment. In the stools were found typical biliary calculi. There then followed a period of freedom from attacks for ten years and a half, when attacks of colic recurred. These again yielded to suitable treatment. Seventeen years later the man was suddenly awakened at night by an attack of colic resembling previous attacks. A second attack took place on the next day, and a third several months later. At this time there appeared a sense of oppression in the epigastrium, together with loss of appetite and distaste for