

required in diabetes mellitus, and the generally protracted duration of this disease, we are, I think, justified in asking for more clear evidence of its superiority over morphine than has as yet been produced."

In a recent paper by Professor Gerhardt in the Medical Press and Circular, noticed editorially in the Medical Record are included the following statements and views concerning the diagnosis and treatment of ulcer of the stomach.

He states that bleeding occurs in only forty-seven per cent.—much less frequently than according to the usually quoted statistics.

On the absence of any palpable tumor, as an important negative symptom of gastric ulcer, Prof. Gerhardt places little reliance. He mentions four kinds of tumors that may be associated with gastric ulcer, namely, 1. Old ulcers with indurated margins; 2. Pyloric muscular thickening; 3. Circumscribed exudation around perforations (very rare form), and, 4. A tumor caused by the crowding of neighbouring organs into a large gastric ulcer.

With reference to the commonly asserted hyperacidity of gastric juice in cases of gastric ulcer, Prof. Gerhardt has lately, in twenty-four cases found the reaction normal in seventeen cases, not so in seven.

He concludes that in some cases of ulcer, the increase of hydrochloric acid is wanting. Given a disease of the stomach lasting three years without formation of a tumor and we are justified in assuming the probability of an ulcer.

The seat may generally be determined by the situation of the pain which is rarely absent in fresh ulcers.

When a patient abstains from food because of pain in the stomach, and becomes thin and reduced in consequence, the disease is more probably ulcer, hardly carcinoma, rarely nervous dyspepsia. Emaciation is often seen in old cases, but rarely so in the case of recent ulcer. Ascertaining the weight of patients is important diagnostically.

The duration of the ulcer was sometimes as long as twenty-five to thirty years with intervals of good health intervening.

As to treatment.—Milk diet often suffices in recent cases, but in the case of old ulcers with structural changes is often not well borne.

The diet most to be recommended was one mainly animal; meat, milk and eggs.

FOLLOWING the example of some of his countrymen, especially M. G. See, Dr. Fanchon has tried the effect of subcutaneous injection of antipyrin and cocaine in labour. The following solution was injected into the tissues of the abdominal wall:—

Antipyrin	Grammes 2.00
Chlorhydrate of Cocaine	" 0.04
Distilled water	" 4.00

The result in three cases in which the method was adopted was that labour pains were lessened, the patient became patient and calm, the cries of the patient ceased, and labour terminated with no attendant pain. Nothing is said about the action of the drug on the dilation of the cervix uteri.—*British Gynaecological Journal.*

THE CAUSE OF HEAD DOWNWARD PRESENTATION.—By James Foulis, M. D., F. R. C. P., Edin. In an article on the "Cause of Head Downward Presentations in Pregnancy," the author concludes that the head downwards position of

the child in utero is the necessary and ultimate consequence of the continued extension of the child's lower limbs against the most resisting parts of the uterine sac. The first cranial position of the child's head is the necessary and ultimate consequence of the continued extension of the child's lower limbs against the most resisting part of the uterine sac in its upper part, viz., that which lies in the right hypochondrium, after the child has assumed the head downward position.—*The British Gynaecological Journal.*

Obituary.

It was with great surprise and regret that we received the intelligence of the sudden death of the late Dr. J. Simpson Lathern.

After receiving his medical education at McGill University, and taking the license of the Royal College of Physicians, London, Dr. Lathern settled in Halifax. He soon came to hold various important professional appointments, and had laid the foundation of a successful career. In their untimely loss his family have the deep sympathy of the late Dr.'s professional brethren.

Personal.

DR. A. F. EMERY has resigned his position as Resident Physician and Superintendent of the General Public Hospital at St. John, and has gone to New York where he has become associated in practice with a physician who does a large and lucrative business.

DR. F. S. KENNEY, a graduate of McGill University, and who took a good position at college, has been appointed to the vacancy. Before Dr. Emery left the visiting staff of the Hospital unanimously adopted the following resolution, which speaks for itself:—

Resolved, That the medical staff desire to express to Dr. A. F. Emery, house surgeon, on his departure, their entire satisfaction with his work during his residence of two years in the institution. His care of the patients and attention to his duties have been most commendable. They offer him their warmest wishes for his future success.

Books and Pamphlets Received.

HAND BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS.—By Cuthbert Bowen, M. D., B. A. Philadelphia; F. A. Davis, 1231 Filbert St. Price \$1.40 net.

THE INTERNATIONAL POCKET MEDICAL FORMULARY.—By C. Sumner Witherstine, M. S., M. D. Philadelphia; F. A. Davis, 1888. Price \$2.00 net.

PULMONARY CONSUMPTION CONSIDERED AS A NEUROSIS.—Being two of a series of evening lectures given at the Philadelphia Polyclinic in the course of 1888 and 1889. By Thos. J. Mays, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic. Publisher, George S. Davis, Detroit, Mich.

THE CORTICAL LOCALIZATION OF THE CUTANEOUS SENSATIONS.—By Charles L. Dana, A. M., M. D., of New York.

CONTRIBUTIONS TO THE ANATOMY AND PATHOLOGY OF THE THYMUS GLAND.—By A. Jacobi, M. D., Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons, New York; President of the New York Academy of Medicine.

OSTEOTOMY FOR ANTERIOR CURVES OF THE LEG.—By De Forest Willard, M. D., Lecturer on Orthopaedic Surgery, University of Pennsylvania, etc.