

tongue, dry mucous membranes, tympanites, with suppression of the secretions of all the gastric and intestinal glands.

It is also indicated by a steady distress or dull grinding pain in the abdomen, a sensation of hardness across the abdomen, with tendency to constipation, with general inactivity of the entire glandular structure of the gastro-intestinal tract.

The specific indications for *crætgus oxyacantha* have not yet been very clearly determined. They would seem to be heart feebleness, with considerable functional disorder showing itself by angina, dyspnoea, palpitation with great weakness, intermittent pulse with deficiency of arterial tonus, especially if dropsy be present. These symptoms do not cover its entire field of action, as they are present usually in the heart disease of advanced life; while we have cured irregular heart action and pain in the heart with dyspnoea in hysterical young ladies, with this agent.

The external application of mustard is demanded where there is severe acute local pain, usually with coldness of the surface above it. It should be applied in these cases to obtain its immediate full physiological effect. It should induce redness with an intense burning sensation from four to eight minutes after its application, when it should be removed. Mustard mixed with flour and applied for a slow effect has no influence on acute pain. It has some beneficial effect on old standing inflammations. Soreness with dull and steady pain, slowly developing and persistent, is not greatly benefitted by the application of mustard.

The tingling sensation that occurs in the limbs after sleeping, more or less habitual with some parties, may be relieved by three grain doses of the iodide of ammonium given three or four times a day.—*Chicago Medical Times*.

AN EXCEEDINGLY RARE CASE OF IMPERFORATE ANUS.*

Chas. B. Kelsey, New York, reports the case as follows: The patient, a man of twenty-four, fairly well nourished, though weighing only one hundred and seven pounds at time of operation, was born with an imperforate anus. The history beyond this is exceedingly meagre from the fact that both his parents died in his childhood; but he knows that the opening was made in the perineum during the first few days of life, and that there has always been a free communication between the bladder and the rectum by which urine escaped per rectum and feces per urethram. He states that he has frequently gone for three months without any fecal evacuation of any sort; and that after such a period it is not unusual for him to fill two chamber utensils full of solid matter. On examination there is found a deep anal depression ending in a narrow, firm undilatable slit running antero-posteriorly, which admits the index finger with pain. The slit is surrounded by and located in fibrous tissue. Through this slit the finger impings upon an immense fecal impaction extending above the umbilicus and filling the entire lower abdomen, and

* St. Louis Med. Review.