complaint under consideration—the definite *interscapular* pain, the "sinking," etc.—although familiar to those whose work is among the lower orders, is but rarely made by the more well-to-do, whose many and variegated dyspeptic maladies are directly traceable to what and how they eat and drink. Such cases of indigestion, on the other hand, and such troublesome cases—from the point of view of treatment—as are so often met with anong the higher classes, occur but rarely among the lower, where, in the few instances taking place outside the circle of tea—and alcohol.dyspepsia, and often in these as well, a cure can generally soon be wrought. But it is by the lower classes, and by women especially, that the definite complaint of interscapular or epigastric pain is so often made; and among them too is admittedly found the greatest incidence of gastric ulcer, as evidenced by unquestionably marked symptoms during life or by examination after death. It may be interesting, perhaps, to remember in this context that the greater frequency of pain between the shoulders than "at the pit of the stomach" may have some connection with the more favourite seat of gastric ulcer on the posterior aspect of the organ, and that the locality of the cause of the pain may be hinted at by the frequently beneficial effect of a sinapism placed *in situ*.

These remarks may be applied as well to cases where no history of hæmatemesis can be obtained, or even where it can be excluded. Many instances of gastric ulcer undoubtedly occur without hæmorrhage, as especially shown by the rapidly perforating ulcers in the anterior wall of the stomach, unchecked in their fatal course by any adhesions to other organs. One practical and additional aid in the diagnosis of the obscurer cases of this affection is the condition of the tongue, which is but rarely coated or furred as it would be were the gastric affection, if accompanied by equal pain, either diffuse inflammation or malignant growth. The reasonable hypothesis of the great clinical frequency of gastric ulcer will often lead to success in treatment after many dietetic changes and many drugs have failed; for it points to as near an approach to *perfect rest* of the stomach as possible—to semi-starvation sometimes for awhile, or even rectal feeding, in cases before any alarm of danger arises. Such treatment will occasionally work apparent wonders, and may serve also to support the diagnosis in the mind of the doubter, when he finds that on a speedy return to ordinary food the patient's pain may often be long in recurring, or may never be heard of again.—*Louis. Med. News.*

Bowel-Obstruction. — Mr. Jonathan Hutchinson says: "When a child becomes suddenly the subject of symptoms of bowel-obstruction, it is probably either intussusception or peritonitis. When an elderly person is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease. In middle life, the causes of obstruction may be various; but intussusception and malignant disease are now very unusual. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health it may be suspected that the patient is the subject of a chronic diverticulum, or has bands of adhesion, or that some part of the intestine is pouched, and liable to twist. If, in the early part of a case, the abdomen become distended and hard, it is almost certain that there is peritonitis. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration. The tendency to vomit will usually be relative to three conditions, and proportionate to them. These are, (1) the nearness of the impediment to the stomach; (2) the tightness of the constriction; and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth."—*Louis. Med. News.*

Enemata in Constipation.—I am afraid our profession does not adequately appreciate the immense advantages to be derived in the treatment of many of the severer forms of constipation and intestinal obstruction from the efficient use of the enema. In France, I understand the enema is the routine domestic aperient. We do these things better in England. The custom of relieving slight constipation by an immediate resort to an enema has never become popular on this side of the Channel, and it is well it is so. My experience has led me to discountenance decidedly the systematic use of rectal injections in the ordinary domestic treatment of the slighter forms of