tric pain. Elderly patients often complain of a cramp just below the ensiform cartilage, coming on usually after meals when any exercise is indulged in. Even slow walking suffices to rouse the pain, which ceases as soon as the patients stand still or sit down. The peculiarities of this pain are that it occurs in those of advanced years, is most pronounced in the two or three hours following the ingestion of food, and is not accompanied by local tenderness. *Medicine.*

PNEUMONIA.

No routine treatment for pneumonia exists, but there are many approved therapeutic measures. Among these Crook (Phil. Med. Jour.) mentions the patient's surroundings, a cheerful, well-ventilated room with temperature between 65 and 72 degrees, digestible liquid food and cold applications to the chest. Poultices are not much advocated of late, blood-letting is coming more in favour in florid cases and where the heart is seriously embarrassed by the pulmonary obstruction, or cyanosis or dyspnoea prevails. The hypodermic injection of saline solution in connection with the blood-letting is advised by Michel. Arterial sedatives are less favoured than formerly, though they still have some advocates. Routine purgation and antipyretics are generally condemned, and the profession is still at variance to some extent as regards the use of opiates. Crook thinks that on the whole they should not be resorted to until insomnia, pain or restlessness renders them necessary. Alcohol is losing favour, and the weight of opinion is against the use of digitalis. Oxygen inhalations are safe, but their usefulness is disputed. As regards specific medication to destroy the pneumococcus in the blood, there is some evidence of the value of the salicylates, creosotal and the silver salts internally. Serumtherapy of the disease is still in the experimental stage, a standardized serum is not yet available, and the progress in this direction during 1900 has been very slight.