

he was ordered positively to quit the crutch. The trouble began by numbness down the back of the hand.

GASTRALGIA.

Dr. J. E. Graham related the history of a physician in the asylum service, who had attacks of gastralgia, which began four or five years ago, with periodical severe pain in the stomach and vomiting; not influenced by food. The vomited matter usually contained a large amount of mucus. The attacks became more frequent, occurring several times a day, and there was great emaciation. He went to the old country and consulted Gairdner, McAll Anderson, and others. Before going away it was thought that he had carcinoma, but the general opinion there was against this, though no definite diagnosis was made. There was no evidence of tumor by physical examination. He came home and got quite well, and continued so for a year. He then had some worry about a new building, and the excitement of a fire in the asylum caused a return of the symptoms, and he got worse and worse.

Dieting, quinine, arsenic, and massage were tried, but without effect. He then gave up the asylum. Being thus freed from all strain and worry, he became quite well, and has remained so now for two years.

During his second bad attack he had an outbreak of Herpes Zoster on both sides.

REFLEX GASTRALGIA.

Dr. W. Britton related the case of a young lady, who consulted him some two years ago, for pain in the stomach, at first not very severe; no vomiting or tenderness. Gastralgia was diagnosed, and various remedies used without effect. One day he asked if she had any bearing down. She said that she had had for several months. Examination revealed complete retroversion of the uterus. This was reduced, and the gastralgia, evidently reflex, disappeared.

Pathology.

THE PASSAGE OF BACTERIA THROUGH THE INTACT SKIN, AS A RESULT OF RUBBING.—Machnoff. (*Russkaje Medicina*) has shown: (1) That it is possible by rubbing to cause bacteria to pass through the unbroken skin. (2) That

the corneous layer of the skin is a reliable safeguard against the transmission of germs, but that the hair follicles afford a ready passage to the lower layers of the corium.

Hospital Reports.

INTESTINAL OBSTRUCTION—LAPAROTOMY—RECOVERY.

UNDER THE CARE OF J. ALGERNON TEMPLE,
M.D., M.R.C.S., ENG., IN THE TORONTO
GENERAL HOSPITAL.

Mrs. C., aged 36, a widow with two children, had always enjoyed good health, had always been free from headaches and constipation. For the past three months she had constantly been complaining of feeling tired and worn out; this she attributed to close confinement at her work, sewing furs. She was first seen by Dr. Parker on March 8th, suffering from pain in the stomach, in the small of the back, and in the left side just below the region of the spleen. These symptoms had existed for a week, and at first there had been slight vomiting; the temperature was slightly elevated; she exhibited marked distaste for food, and the pain in the stomach was increased by the ingestion of food. There was no abdominal tenderness. The temperature became normal after a few doses of quinine had been administered, and remained so; the pain in the back soon disappeared; the pain in the side lingered for a week or more, but subsequently disappeared also.

Poultices were applied to the epigastrium, and the diet restricted to milk with lime water, and the following pill prescribed:

R.—Res. Podophyl.	gr. $\frac{1}{4}$.
Ext. Hyoscyam.	gr. $\frac{1}{2}$.
Ext. Colocynth. Co.	gr. $\frac{1}{2}$.
Ext. Nuc. Vom.	gr. $\frac{1}{2}$.

She took one of these pills three nights in succession, then one each alternate night, and the bowels acted satisfactorily each day without pain. She gradually began to take a less restricted diet, and at the end of two weeks was able to leave her bed, and to go about her house. At the end of another week she took a walk out of doors, and the next day she complained of griping pains; the bowels had been