munication between the pancreas and the small intestine. The chief difficulty at present is the impossibility of diagnosing with certainty obstructive dilatation of the pancreatic duct. The presence of fat in the stools, though suggestive of such a morbid condition, cannot prove more than failure of the duodenal digestion due to disturbance of the biliary or pancreatic digestion. author anticipates that future clinical investigation will enable physicians to diagnose with certainty obstruction of the duct, so that, even if a swelling cannot be made out, the surgeon may confidently practise laparotomy, not as an exploratory measure, but as the first stage of an operation having for its aim the formation of a fistula between the dilated duct and the small intestine. The best way of doing this, he holds, would be to use Murphy's button, which has recently been advocated by Terrier as suitable in all attempts to establish visceral anastomosis. It may be found advisable, sooner or later, to take advantage of the close connection between the pancreas and the duodenum to establish a direct fistula between these two organs, either by opening the intestine at first, and then puncturing the gland in the direction of the dilated duct, or by opening this first and passing a drainage tube from the cyst into the duodenum.—

British Medical Journal.

TREATMENT OF DIPHTHERIA.—Olson (quoted by the *Universal Medical Journal*) orders the following dissolved in spray in diphtheria:

Ł	Oil of eucalyptus	Бii.
	Benzoate of sodium.	.;i.
	Bicarbonote of sodium	Ξii.
	Glycerin	Зii.
	Lime water, enough for a quart.	

Sig.—Spray on the membranes for from three to five minutes every half hour.

PULMONARY TUBERCULOSIS WITH DIARRHOA AND NIGHT SWEATS:

Four to six pills a day. - Medical and Surguan Reporter.

ROTHERHAM HOUSE.

HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

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