A HELP TO DIAGNOSIS IN CASES OF ABDOMINAL OBSTRUCTION. [BRYANT]

—	ACUTE— Obstruction or Strangulation.	CHRONIC OBSTRUCTION— From Disease of Large Intestine.	CHRONIC OBSTRUCTION— From Disease of Small Intestine.	ACUTE OR CHRONIC— Intussusception.
Previous condition of subject.	In good health	Ailing for some time with abdominal symptoms.	Ailing, with previous attacks of incomplete obstruction.	In good health.
Mode of attack	Very sudden and acute.	Symptoms gradually increasing in severity, or acute grafted upon old,	Paroxysms of colicky pain, upon old symptoms.	Sudden onset, and increasing when acute, subsiding when chronic.
Early symptoms : Pain	*Abdominal pain*—fixed, central, and paroxysmal.	*Pain* diffused and increasing with distension.	*Pain*—paroxysmal, with intervals of ease and hypogastric.	*Pain*—fixed, and often relieved by pressure.
Vomiting	*Vomiting* rapidly becoming fæcal.	Intermittent and fæcal towards the last.	Occasional during attack of pain.	Rapidly becoming fæcal in acute cases, absent or intermittent in chronic.
Collapse	*Collapse* very marked.	Absent till the end.	Absent till late.	Very marked in acute cases, not so in chronic.
Constipation.....	Absolute constipation, and inability to pass flatus.	Gradually increasing in severity.	Attacks of constipation, alternating with natural relief.	Occasionally present, but as a rule "dysenteric" symptoms, straining, tenesmus, muco-sanguineous stools, or hæmorrhage.
Abdominal distension,	Rapid and severe, central and hypogastric.	Gradually increasing, lumbar and epigastric.	Never great, increased during attack.	Rarely severe,
Manipular indications,	Tympanitic; distended coils at times to be felt.	A fixed swelling at times to be felt in either iliac fossa.	A doughy condition of bowel, becoming knotty during attack.	Distinct tumour often to be felt, its shape varying during attack.
Visible indications	Abdomen tense in umbilical and hypogastric regions, with visibly distended coils.	Abdomen broadly distended; coils of intestine visible.	Coils of intestine very visible.	Nothing marked to be seen.
Peristalsis	Rarely visible.	Marked.	Very marked.	Not visible.
Urine	Scanty or suppressed.	Natural in quantity.	Natural.	Natural.
Rectal examination ...	Lower bowel probably quite empty.	Stricture of bowel may be felt in rectum or in sigmoid flexure by manual examination.	Nothing abnormal.	Rectum may contain mucus or invaginated bowel.

—*London Lancet.*

ACUTE BRIGHT'S DISEASE CURED BY JABORANDI.—* * * * And now you will, of course, want to know what our treatment has been, how we have brought it about that in the course of two weeks after her admission the patient is entirely recovered. The general dropsy, albumen in her urine, and dyspnoea all gone together. I ascribe all my success in the treatment of this case to the free use of jaborandi. Five days after the jaborandi treatment was begun, the whole face of the case was changed. The dose I ordered was one drachm of the fluide xtract of jaborandi thrice daily. This dose produced excessive diuresis and diaphoresis. I am convinced that in jaborandi we possess a most valuable agent for combating the dropsical complications of Bright's disease. It should be given either in the form of the infusion, or the fluid extract. In cases where uræmic poisoning is a factor, and where the drug is consequently not well borne by the stomach, I have administered jaborandi by injecting it into the bowel. Though the effects of the drug when injected were not so striking as in the present case, I yet see no reason why it should not be given by the bowel as well as by the mouth. I have also tried the drug hypodermically, but I prefer not to speak positively at present of its effects when so used. In one instance I will say that it did produce considerable irritation of the skin. How are we treating this woman, now that the dropsy has all gone? She is taking dialyzed iron internally and hypodermically. This treatment is improving vastly her general health and nutrition. The origin of the disease in the present case is a very common one. It was brought on by cold and exposure. In children, acute Bright's disease generally follows scarlet fever. In adults it usually comes on immediately after exposure to dampness and vicissitudes of weather.—*Dr. DaCosta in Hospital Gazette.*