

ARISTOL IN SKIN DISEASE.—Aristol is made by combining iodine and thymol, *i.e.*, a solution of iodine in iodide of potassium is mixed with an alkaline solution of thymol. A reddish brown precipitate is formed, which is amorphous—aristol. It is insoluble in alcohol, glycerine, water; slightly soluble in ether and in oils. The advantages which this remedy possesses are an absence of toxic action, no odor, and easily applied. It is said to work well in cases of psoriasis, although its action is slow. The author claims for it a quicker and safer action in mycotic diseases; and it is particularly valuable in tertiary syphilitic ulcerations. In lupus its action is more thorough than that of any other remedy. If the foregoing be correct, there is a great future for this remedy, as the great advantage it possesses is its want of toxic properties. It may be used in the form of ointment, in the strength of 10 per cent. or more. Care should be taken to keep the drug itself in black glass bottles. In chancroid, the use of aristol has proven a signal failure.—*St. Louis Med. and Surg. Jour.*

A PECULIAR CASE OF EXTRA-UTERINE PREGNANCY.—A few days ago, Dr. Rosthorn, assistant at Professor Chrobak's gynecological clinic, operated on a case of apparent ovarian cyst. Eight weeks before, the woman had been delivered of an eight months' child, normal labor, and had been perfectly well until three weeks previous to the operation. The operation was made in the ordinary way, and the supposed cyst removed. At one portion of it a peculiar cord-like process was attached. Rosthorn examined the other ovary—it was normal—but, while examining it, a small hand slipped out from between the intestines. This was seized, and a full-sized child was removed from the abdomen, and to its umbilicus was attached a cord exactly similar to that found on the cyst. They then looked for the foetal membranes, and found them very deep and everywhere adherent to the intestines and peritoneum. The child's skin was nearly normal, though slightly macerated. Then the membranous sac was brought up and sewed to the peritoneum, just as the stump is treated in extra-peritoneal amputation of the uterus; the abdominal walls were united, and the sac dusted with salicyltannin.

The woman rallied, and now, seven days after the operation, is doing very well. A careful examination of the removed cyst showed that the tumor was merely the placenta coiled up, where it had been fastened to the left Fallopian tube, and the case now resolves itself as follows: There was an extra-uterine pregnancy, with the foetus in the left Fallopian tube, and this foetus was carried beyond term, and died. Throughout the time there were no symptoms from this extra-uterine pregnancy, and an intra-uterine pregnancy went on nearly normally at the same time. It cannot be established, though it is probable, according to the authorities here, that the two children were really twins, and one developed within, the other outside of, the uterus. Thus it stands without a parallel in the history of obstetrics, and the full report by Rosthorn will be looked forward to with great interest.—*Medical News, Vienna Letter.*

TUMOR OF THE PANCREAS, LAPAROTOMY, RECOVERY.—Patient, German, 45 years of age, mother of five children; good family record. About a year ago she was attacked with occasional spasms of the stomach, and one unusually severe attack was followed by gastric inflammation and then chronic gastritis. The latter was accompanied by constant vomiting of food, tinged with blood. Clotted blood occasionally passed from the bowels. For some weeks no notable change from the above symptoms occurred, except increasing emaciation. Six or eight months after the first symptoms the abdomen gradually swelled, until the body was enormously enlarged. At this time I, in my casual examination, thought it a case of ascites, dependent upon organic changes. Later, finding the heart sounds normal and the urine healthy, I examined her more closely, and diagnosed an abdominal tumor, probably from the pancreas, and concluded to tap her to verify the diagnosis.

After withdrawing the fluid, which was of a dark coffee color, containing numerous small bodies resembling hydatid degeneration, I found a growth in the epigastric region, extending over into the left hypochondrium. The tumor was hard, smooth, and globular, and could be freely moved about, but on respiration there was only slight movement of the growth.