

temperature rose to $101\frac{1}{2}^{\circ}$ and his improvement not continuing satisfactorily, further delay was deemed inadvisable.

For the remainder of the history I am indebted to Dr. Lambert, of the House Staff.

July 6th, Dr. I. H. Cameron, assisted by Dr. A. Primrose, opened the abdomen outside of the right rectus muscle. The opening entered the abscess cavity, which was irregular, and extended upwards over the surface of the liver, a probe passing up to the opening in the chest wall at the eighth intercostal space, although it could not be felt at this point, but water passed out at the chest opening on irrigating the abscess cavity. He recovered fairly well from the effect of the operation, and progressed favorably for a week. The discharge was abundant at first, but grew less in quantity, and the odor less offensive. At the end of a week he was seized with sudden pain and became collapsed, the abdomen became tympanitic. Death occurred on the 15th of July. There was no autopsy. There is little doubt, however, that the abscess opened somewhere into the general peritoneal cavity.

THE PATHOLOGY OF ITCHING AND ITS TREATMENT BY LARGE DOSES OF CALCIUM CHLORIDE, WITH ILLUSTRATIVE CASES.—After presenting very fully the symptoms and characteristic phenomena of pruritus, the author enlarges upon the success he has attained in the use of calcium chloride in the treatment of this most troublesome affection. It has been shown that this drug has a very marked effect on the blood,—namely, increasing its coagulability. The distinct success the author has met with in thus relieving primary pruritus confirms the idea that the irritated state of the nerve-endings and fibrils which exists in this complaint, manifested by itching and tingling, is due to some change in the quality and composition of the blood. The paper is accompanied by a very elaborate table of cases thus successfully treated, with the remedies previously used without effect. In each case either a cure was made or great benefit obtained. The doses must be considerable—not less than twenty grains three times a day—and should be gradually increased; thirty or even forty grains have often succeeded where less have failed. As thirst frequently follows the administration of the drug, it is best to cover the salt taste with a drachm of tincture of orange-peel and one ounce of chloroform-water, in which form it is really an agreeable medicine, and would be well borne by children. The diet during its use should be restricted, no beer, sugar or sweets being allowed, and meat only in moderate quantity. The recovery in some cases was retarded by neglecting this. The bowels should also be kept freely active. Although improvement is generally noted after the first dose, recovery sometimes does not take place until the blood has become saturated, the dosage being increased until this is accomplished. Upon recovery the dose should be gradually, not suddenly, reduced; in fact, the treatment should be continued for from one to three weeks after all symptoms have disappeared. In a few cases of long duration relief was obtained only during continuation of the drug; but a cure is more than probable, with persistence, even in these.—*International Medical Magazine*.