

last, in rapidly failing health," he sailed for California, proceeding to Tucson, Arizona. He returned to Santa Barbara, accompanied by his brother, Dr. Francis J. Nelson, where his career closed at the early age of 26 years.

REVIEWS.

The Student's Manual of Chemistry. By R. A. WITTHAM, A.M., M.D., Professor of Chemistry in the University of Buffalo. New York, William Wood & Co.

This is just such a book as is needed by the class for which it is intended. General works on the subject of chemistry contain too much which is of little importance to medical students. In the work now before us special attention is paid to these portions of chemistry which are of direct interest to medical practitioners, while as far as possible those portions are excluded which are of purely technological interest. Descriptions of processes of manufacture are therefore very briefly dwelt upon, while chemical physiology and the chemistry of hygiene, therapeutics and toxicology, are fully explained. We strongly recommend this work to the attention of all teachers of chemistry in our medical school. No better text book can be selected.

The Physician's Visiting List. P. S. Blakiston, Publishers, Philadelphia.

This, the first visiting list in the field, maintains its reputation, in spite of many rivals. We cannot say more to recommend its use to our readers. It is prepared for 25, 50, 75 and 100 patients weekly.

AMERICAN JOURNAL OF OPHTHALMOLOGY.

This journal—the only one published on this continent in the interest of this specialty, is issued at St. Louis, Mo. It contains a large amount of interesting matter, and should receive the support of those for whose benefit it is published.

GLYCERINE AS A REMEDY IN INDIGESTION.

The editor of the *Medical Index* has found the exhibition of glycerine to be attended with satisfactory results in two forms of indigestion, particularly: 1st, in that form of irritative dyspepsia, which is the common result of rapid eating and imperfect mastication. The usual symptom in such cases is distress coming on half-an-hour or an hour after meals. There is also duodenal catarrh and dyspepsia, with perhaps, slight jaundice and other symptoms, referable to, and explained by, the irritated mucous membrane of the stomach and duodenum. The indications in such cases are well-defined. The food must be prevented from undergoing mischievous chemical changes before it can be acted upon by the enfeebled digestive organs, and a remedy must be given, which shall exert a local soothing effect upon the irritated mucous surface. Glycerine, theoretically, from its preserving and emollient properties, fulfils these indications, and in practice our contemporary has not been disappointed in its use. A somewhat similar condition to the above is met with among children shortly after birth, after a trial of feeding them solid food has been followed by colic and soothing syrup. In such cases the child is apt to have greenish discharges, occasionally specked with blood. Glycerine will be found an admirable remedy in these cases.

INTESTINAL OBSTRUCTION FROM CHARCOAL.

A patient who was lately under my care, suffering from chronic obstruction in the intestinal canal, probably in the descending colon, took, on his own account, freely of charcoal powder, often a drachm a day, to relieve flatulency. The result was an all but fatal obstruction. Fortunately, under the use of enemata, coupled with persistent but gentle abdominal friction, relief was obtained, although stercoraceous vomiting once occurred. The excretions causing the obstruction were coated with carbon, and portions of carbon also passed in the free state. This is the second case in my practice in which charcoal powder has caused intestinal obstruction.—*Asclepiad*, October, 1884.