

past year contains reports, more or less complete, of two cases of pancreatic hemorrhage, two of hemorrhagic pancreatitis, three, probably four, of gangrenous pancreatitis, in addition to the five cases of acute pancreatitis of earlier occurrence and publicly alluded to for the first time by Revers and Hausemann, a total of ten or eleven cases of acute pancreatitis, in two of which a correct ante-mortem diagnosis was more or less definitely made. This statement is confirmatory of the conclusion, that acute inflammation of the pancreas is much more frequent than is generally thought. It is to be hoped

whom he advised the resident physician in charge of the case, to dilate the cervical canal with his fingers, insert his hand and do a version followed by immediate extraction, surmising, as it proved, correctly, that the tissues of the dying woman could offer no resistance to these manoeuvres. The child was born in less than five minutes. He adds that, where the procedure just described is at all possible, he believes it should always be preferred to post-mortem Caesarean section. By waiting for the mother's death one may loose the infant as well; the post-mortem section is a disfiguring and bloody operation which would horrify the friends of the patient, and for which their consent could not ways be obtained, and, finally, there is the alarming suspicion entertained by the bystanders, if not by the physician, that the woman might not have been dead but was killed by the operation. On the other hand, version and extraction are as quickly done as section, if one can judge by this single experience; the child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.

stituted physically and physiologically like him. Others must ascertain for themselves the regimen best suited to develop their powers of intellectual labor and be governed in the quantity, quality and time for taking of food by the demands of their own organism.

In studying the THERAPEUTICS OF INTESTINAL ABSORPTION, Dr. Leubuscher (*La Médecine Moderne*, in *Ther. Gazette*, June 16th) arrived at the following conclusions: Quinine and morphine, even in a weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcohol in very weak solution (one-half to two per cent.) increases absorption, but it rapidly diminishes it when the solution is made stronger. Glycerine has no action in this respect. Chloride of sodium in small doses increases absorption. Carlsbad water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerin, water, or milk, the iodide is less rapidly eliminated by the urine.

Prof. Barton Cooke Hirst describes in the *Med. News*, May 24th, the case of a dying woman in the LAST STAGE OF GESTATION, for

Dr. Galloway, of Xenia, Ohio, reported in the *Cinn. Lancet-Clinic* a case of hour-glass contraction which followed a case of instrumental delivery. A stream of water, hot as the patient could bear, was thrown against the constricted uterus for a period of fifteen minutes, causing speedy and easy delivery of the placenta, with entire absence of hemorrhage. The idea is advanced that in conjunction with the above, a valuable aid might be found in these troublesome cases in flushing the bowels with two or three quarts of hot water.

As much difficulty has been found in the satisfactory administration, when in the form of fluid media, of such insoluble crystalline substances as benzoic acid, antipyrin, sulphonal, naphthol, etc., a writer in a recent issue of *Répertoire de Pharmacie* recommends that they be powdered with sugar or gum, and then suspended in the form of an emulsion in water.

A writer in the *British Med. Journal* mentions a new remedy for sea-sickness, the seeds of the kola-nut, of which half a drachm should be chewed slowly. Most persons would prefer, first to know how the kola-nut agreed with them when taken before going to sea. Probably the action is that of a kola-gogue!

For Frostbite, an ointment of 45 grains of camphor oil to the ounce of lanolin has been suggested.

Salicylated oil, prepared by dissolving one part of salicylic acid in 35 to 40 of oil, by means of gentle heat, is a most valuable application to itch and kindred affections.