

2. Many cases of non-traumatic peritonitis have their origin in the female pelvic organs, and are usually caused by the staphylococcus and streptococcus; but some of them are really cases of colon infection.

3. Those cases which depend upon perforation after ulceration, escape of gall-stone into the peritoneal cavity, and lesions of this general nature fall into the septic or putrid forms.

4. Peritonitis due to internal obstruction or strangulated hernia is usually due to infection by the colon bacillus.

5. Cases of peritonitis which do not originate in the manner already referred to, almost invariably proceed from the appendix vermiformis, and of all these a larger proportion are cases of pure infection by the colon bacillus.

6. The larger proportion of these are fatal unless surgical procedures are used.

7. In every case of peritonitis for which obvious cause is lacking, the ileo-cæcal region should be carefully examined, if suspected, should be explored, and this exploration may well be made under an anæsthetic with all conveniences at hand for the most formidable kind of operative procedure.

MEDICAL NOTES.—Never give ergot while there is anything inside the womb.

Hot water is an efficient, omni-present and reliable hæmostatic.

Sulphate of soda is a correct chemical antidote to carbolic acid poisoning.

In acute intestinal obstruction look to the small intestine; in chronic, to the large.

Repeated small rectal injections will relieve the intense thirst following abdominal operations.

Lavage of the stomach with pure water will often rouse the patient from the milder degrees of uremic coma.

Do not neglect the use of the arsenite of copper in the treatment of the acute watery diarrhoeas of infancy and childhood.—*Medical Summary.*

✦ **FATAL IVY POISONING.**—Five school boys (*N. Y. Med. Rec.*) died during the past week at Tarrytown, N.Y., the result of eating the root of *Rhus Toxicodendron*. The symptoms of the poisoning were: stupor, dilatation of pupils, nausea, thirst, feeble, irregular pulse, tremors, convulsions, and

finally collapse. We are not aware of any similar cases resulting in death.

MANAGEMENT OF SYCOSIS.—Clip the beard very close (*Medical Age*), when an excellent soothing application is Lassar's paste, made as follows: Starch and zinc oxide, each two drachms; salicylic acid, fifteen grains; vaseline, one ounce. Before application, the crust should be removed by soaking with oil and washing with soap and water.

LOCAL ANÆSTHESIA.—A mixture of ten parts (*Medical Age*) of chloroform, fifteen parts of ether, and one part of menthol, used as a spray, is recommended as an excellent and prompt means for obtaining local anæsthesia lasting for about five minutes.

FOR LARYNGISMUS STRIDULUS.—*Med. Press and Circular*—

R—Chloral hydratis, ʒss.
Potassii bromidi, ʒij.
Syr. toltan, f ʒiv.
Aquæ menthæ piper, f ʒss.—M.
Sig.—ʒj every hour.

INSECT BITES (*Medical Age*):

R—Ammonia water, 45 minims.
Collodion, 15 minims.
Salicylic acid, 1½ grains.
One drop to be applied to each spot affected.

Books and Pamphlets.

EXTRACTS FROM JOHNS HOPKINS' HOSPITAL REPORTS. By Wm. Osler, M.D., containing: I. A General Analysis of 229 cases of Typhoid Fever. II. The Treatment of Typhoid Fever. III. A Study of the Fatal cases. IV. Special Symptoms, Complications and Sequelæ. V. "The Typhoid Spine." VI. Typhoid Fever in Baltimore.

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THE ARMY SURGEON. By Wm. Osler, M.D.

TENOSUTURE AND TENDON ELONGATION AND SHORTENING BY OPEN INCISION; Advantages and Disadvantages of the various methods. Clinical lecture delivered at Jefferson Medical College Hospital, by H. Augustus Wilson, M.D.