and emesis, which ceased at once upon changing the regimen to one comprised principally of two quarts of coagulated milk per day. Milk in this form caused no fermentation in the digestive tract and no pain followed its ingestion; the patient became so much improved that an exploratory operation was undertaken, with the result of confirming the diagnosis.—*La Presse médicale*, 1906, No. 18, p. 140.

Camphorated Phenol in Acute Suppuration.—Dr. C. EHRLICH employs the formula suggested by Chlinsky, which consists of phenol 30 parts, camphor 60 parts, alcohol 10 parts. This mixture is used as a wet dressing and abscesses are packed with gauze impregnated with it. In acute inflammation the symptoms are relieved in a few hours by this treatment and if suppuration has taken place it remains localized at its original focus, consequently small incisions suffice when drainage becomes necessary. The technique of treatment consists in enveloping the affected area in gauze moistened in the solution, covering this with sterile cotton, and applying a bandage. Often one such dressing will cause a disappearance of the inflammatory redness and swelling; incision is not necessary unless the presence of pus, as indicated by fluctuation, is evident; long incisions into the tendon sheaths are not essential in phlegmonous infections of these structures, and all infected wounds respond rapidly to this form of treatment. The pain is quickly relieved and there are no untoward effects whatever. Ehrlich has employed the camphorated phenol in panaris, phlegmonous conditions, leg ulcers, fissure ani, tuberculous fistulas, furuncles, erysipelas, and all kinds of infected wounds.—*Münchener medizinische Wochenschrift*, 1906, No. 11, p. 491.

OBSTETRICS.

UNDER THE CHARGE OF

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Ectopic Gestation.—The June number of the *Journal of Obstetrics of the British Empire*, 1906, is entirely devoted to ectopic gestation. In addition to the original papers and abstracts, MILLIGAN contributes a very good review of the symptoms and diagnostic points in this condition. MacLean reports an abdominal pregnancy in which a foetus was removed six months after spurious labor at term. Marsh reports from an Indian hospital a case of abdominal pregnancy continuing to term, in which the foetus died; swelling of the abdomen disappeared and menstruation returned. She finally developed foul-smelling discharge from the rectum and a native midwife pulled out from the bowel the greater portion of the foetus. A portion of the foetal skull was delivered from the rectum after her admission to the hospital. On examination this was found to be the occipital and the two parietal bones. This occurred twenty-seven months after pregnancy began. The patient made a tedious recovery.