

tion. The circumstance that the immediate attack was apparently induced by some palpable and known cause, such as an error in diet, or exposure to cold, may here deceive the practitioner, and cause him to overlook the fecal accumulation, without whose removal recovery cannot take place. I and two other practitioners were several times deceived in the case of a gentleman, of a robust constitution and great strength of body; and the true cause of the sudden and dangerous colics to which he was subject, was not discovered until he happened to mention, that when a young man, he seldom went to stool more than once a week. This led to the suspicion of an enlarged colon, and ever since the attacks have readily yielded to large injections administered by means of a Read's syringe, without which instrument he now never ventures to travel. The practical point that strictly claims our attention is, that the period of life at which the patient becomes subject to these attacks, is often long subsequent to the cessation or diminution of the habit of constipation, and consequently the physician will not perceive the true cause of the complaint unless he questions the patient very accurately.—*Dublin Journal of Medical and Chemical Science.*

15. *On the Exhibition of Opium in Large Doses in certain Diseases.*—The second No. of the *Dublin Journal of Medical and Chemical Science*, contains some interesting remarks by Dr. STOKES on this subject. From the facts he has recorded, he deems the following conclusions justifiable.

1st. That in certain cases of inflammation of serous and mucous membranes, where depletion by blood-letting, or other antiphlogistic measures, are inadmissible, and the system in a state of collapse, the exhibition of opium has a powerful effect in controlling the disease.

2d. That under these circumstances the remedy may be given in very large doses, with great benefit and safety.

3d. That its effect then is to raise the powers of life, and remove the local disease.

4th. That the poisonous effects of opium are rarely observed in these cases; the collapse and debility of the patient appearing to cause a tolerance of the remedy.

5th. The cases in which the utility of this practice has been ascertained are as follows:

Simple peritonitis, in a stage where bleeding cannot be performed. Low puerperal peritonitis. Peritonitis from perforation of the intestine; from the opening of an abscess into the sac; or lastly, after the operation of paracentesis in debilitated subjects. Violent diarrhœa, supervening in exhausted subjects. Phagedenic ulceration of the throat, in similar individuals. And cases of chronic gastritis, and gastro-duodenitis in patients exhausted by the long continuance of the disease.

6th. The cases in which this mode of treatment would be probably useful are, peritonitis from rupture of the bladder, or uterus, traumatic rupture of the intestine, or after the operation for strangulated hernia.

The last observation which I shall make here is, that in most of these cases, particularly in those of diseases of serous membranes, wine was given in conjunction with the opium, and in all the patients were supported by a lightly nutritious diet.

16. *Dropsy cured by Muriate of Gold.*—Dr. WENDT relates in *Rust's Magazin*, B. XXV. eight cases of dropsy, of which seven were cured by the muriate of gold; the eighth case was complicated with consumption. This remedy has been employed for several years in the hospital at Breslau, and with success. Most of the cases were the sequelæ of intermittent fever.

17. *On the Cure of Amenorrhœa by Leeches applied to the Mammæ.* By CHARLES LONDON, M. D. of Leamington Spa.—There are but few of the sympathies which