

where nothing of this kind occurs. If it is not in the interests of the public generally or his own family, that the outer clothing be changed after visiting an infected house, the average country doctor, at least, would be spared no little inconvenience if assured of this fact; while I, for one, would prefer to go clothed in the primitive fig-leaf costume, to running the risk of spreading disease.

2. Will you or any of your readers give your views on the treatment of diphtheria by the internal administration of hydrarg. bichlor.? I may add that a limited experience with this drug has given me a favorable impression of its usefulness.

A COUNTRY DOCTOR.

[It is not considered necessary, in ordinary cases, to change the clothing after visiting a case of diphtheria. Competent authorities deny that the disease is carried in the clothes at all; thus Goodhart (*Diseases of Children*) says: "It is not communicated to other children or patients in a building, or carried about in clothing like measles or scarlatina." His American editor, however, gives a footnote to the above, in which he says: "Many authorities hold that diphtheria is contagious, in the ordinary sense of the term." The question, therefore, as to its being contagious, is an open one].—ED. LANCET.

To the Editor of the CANADA LANCET.

SIR,—I am called to a case of midwifery, and after careful examination, come to the conclusion that it is utterly impossible to save the mother without destroying the child. Two other medical men are called, and they come to the same conclusion. The nature of the operation is explained to the friends, but (being Roman Catholics) they refuse to allow us to proceed. Now what is our duty in this case? Should we allow the woman to die, without any effort to remove the fœtus by means of craniotomy? Would we be in any way responsible, after an operation had been refused?

Yours, etc.,

JUNIOR PRACTITIONER.

[Under the circumstances, cæsarian section should have been performed. This would have given both mother and child a chance of life. There are a sufficient number of recoveries to justify that operation, and when skilfully performed, it is claimed by some good authorities to be no

more fatal to the mother than craniotomy. Among Roman Catholics this is the operation to be performed at all events, whatever may be the practice among Protestants. We are not justified in allowing both mother and child to perish].—ED. LANCET.

Reports of Societies.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

March 11th, 1887.

A regular meeting of the Society was held this evening; Dr. Sweetland, President, in the chair.

Dr. Prevost read a paper on gonorrhœa.

He commenced by quoting the words of Lisfranc, to the effect that out of 100 individuals 80 have had, have, or will have, gonorrhœa. He then went on to enumerate the seat and characteristic symptoms of the disease, and to show that it was now conclusively established that it was a specific disease produced by the contact of a special virus, and could not originate from ordinary sources of irritation. He observed that, while there were those who still considered it possible for gonorrhœa in the male to originate from excesses in eating and drinking, leucorrhœal discharge and performance of the sexual act with too much violence or during the menstrual period, these could not now be accepted as causes of gonorrhœa—a disease which could only originate from a specific virus and in turn give rise to a specific disease. After taking up each of these supposed causes of the disease, and showing the difficulties pending on the acceptance of them as the true origin of the affection, he went on to point out how gonorrhœa in the female might be overlooked, and the difficulties attending its diagnosis when present.

He stated that the authority of Ricord, Cullerier, Rollet, Lardien, Guerin and Martineau, went to show that spontaneous or traumatic purulent urethritis did not exist in women—and that if with an inflammation of the vulva or vagina there co-existed urethritis, we could affirm the contagious nature of the vulvo-vagino-urethral inflammation. He then went on to give a means of establishing the existence or otherwise of urethritis in the female, as dysuria and strangury were rare as a symptom of that disease in women, which was as follows: The subject for examination being laid on