

when it has come on every two weeks ; clots and a profuse discharge of blood ; leucorrhœa. Had "inflammation" after her miscarriage ; ill for three weeks ; pain in the back, down sides, and in front of the lower part of the abdomen. Has been very tender since, and suffers much pain when menstruating. Attacks of pain and tenderness have been coming more frequently of late, accompanied by chills and fever ; confined to her bed most of her time ; losing flesh ; attacks come on whether in or out of bed ; at times cannot straighten her right leg.

When I saw her, the temperature and pulse were both elevated. On examination, I found uterus enlarged and pushed toward left side. A mass connected with the uterus felt on right side, evidently dilated tube or enlarged ovary. A very indefinite feeling. Pelvic organs seemed matted together. Operation advised ; husband consented.

April 4. In hospital. Chill last night ; temperature, 100.4 ; pulse, 107 ; severe pain over lower abdomen.

April 5. Herpes labialis ; temperature and pulse still elevated.

April 10. Operation ; chloroform given ; removed thickened tube filled with pus from left side ; adhesions very dense ; pelvic organs all matted together ; hemorrhage very severe ; right tube could be barely made out, but at last peeled from its bed with the corresponding ovary ; washed out with hot water ; hemorrhage ceased ; drained ; pus found in each tube, and each thickened to about $\frac{3}{4}$ in. ; ovaries not enlarged ; microscope showed loss of epithelium over villi of the tubes and small cell infiltration of the tube walls.

3 P.M. Tube emptied every $\frac{1}{4}$ hour ; 5 II each time chiefly serum.

9.30 P.M. Return of hemorrhage ; 5 II of pure blood every 15 minutes until 10.30 ; I was sent for, but on arrival found that the blood had again ceased flowing ; temperature, 100.8 ; pulse, 102 ; pain severe ; hypodermic, $\frac{1}{10}$ grain morphia sulph.

April 11, 1 P.M. Pulse, 100 ; temperature, 102.2 ; after this, severe distention came on, but was controlled ; patient made an excellent recovery.

July 14. Patient returned, looking hearty, and feeling entirely relieved.

Personal.

DR. W. G. BIGELOW (Tor. '90) has settled in Chicago, Ill.

Correspondence.

LETTER FROM BERLIN.

Editor of CANADIAN PRACTITIONER :

BERLIN, July 29th, 1890.

DEAR MR. EDITOR,—According to promise, I send you a few notes of my brief sojourn in Europe, hoping that some of the facts given may not be uninteresting to your readers.

Eight or ten day's time is too short for any one to form even a crude idea of the advantages of London as a place for medical education. When, however, one has previously spent some months as a medical student in that great city, he can more easily appreciate its present state, as well as any changes which may have been made. The London schools are at present, as they have been for years, noted for their eminently practical character. The physicians and surgeons are, if possible, more courteous, and every facility is given for the examining of patients. There still exists the same difficulty in the study of special branches. It is not easy to spend more than two or three hours each day in work at any one subject, and this can only be done by examining the various calendars, and carefully noting the lecture hours in each. The formation of a post-graduate faculty does not seem to have made much improvement in this respect. The lectures are given in different parts of the city, and much time is lost in going from one to the other. If one of the larger hospitals, for instance, St. Bartholomew's, Guy's, or the London, was given up entirely to post-graduate instruction, London would be without a rival as a centre for advanced medical education. The thorough and practical instruction given makes up for many defects. There is no "rule of thumb" diagnosis. The physician endeavors, both in the examination and treatment of patients, to grasp the whole case, so as to be of the greatest service to the patient. He is, at the same time, clear and thorough in his remarks to students, taking up the various bearings of the case, and the reasons for the treatment adopted. This, of course, needs much