

About Dec. 27th, he became helpless ; urine almost entirely suppressed ; the small amount secreted was removed by catheter ; eyes protruding ; partly delirious.

Dec. 30th. Evident uræmic poisoning ; comatose ; died in that condition, Dec. 31st.

It was the intention to have held a *post mortem* examination, but the friends claiming the body, the diagnosis unfortunately could not be thus confirmed.]

CASE II.—Dr. Thorburn also drew the attention of the class to a case of heart disease, which formed a very instructive contrast to the case detailed above.

T. S.— had also been rheumatic, and showed general anasarca. This was due, however, to the condition of the heart, which, on auscultation showed well-marked indications of valvular disease. The mitral valves were chiefly involved, the murmur being regurgitant.

EXTENSIVE VENEREAL WARTS.

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On the 1st of December last a patient presented herself, saying she had "the chancres." The history of the case, however, pointed to gonorrhœa, which she said she had contracted six months ago. On making an examination, the whole circumference of the vagina, from the labia minora backwards for an inch and a half, was completely studded with venereal warts, while above these these growths were scattered here and there up to within a few lines of the cervix uteri. These vegetations so packed the anterior portion of the vagina that when the labia were separated the direction of the canal could not be made out at all, and it was with considerable difficulty that the finger could be introduced.

They varied in size from a pin's head to that of a good-sized pea, but the greater number of them were flat and smooth, and frequently three or four could be seen attached to one pedicle.

Nitric acid was applied a few times at intervals of three days ; then the remainder were clipped off with the scissors at a couple of sittings, and the acid applied to the base of the pedicles. Result good.

THE TREATMENT OF SPRAINED ANKLE.

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According to most writers of text-books, the management of a sprained ankle is a simple affair indeed. An evaporating lotion, perhaps iced applications, a few days in the house, and the surgeon's duties are over. Some writers mention that starched bandages may be applied in very severe cases. Every one will acknowledge, I think, that a sprained ankle may turn out a very troublesome accident ; that sometimes its effects last for months, that usually the unlucky patient must stay in bed or upon the sofa for at least a week, and that upon resuming his occupations the joint will be for a long time weak, and prone to turn under, when the weight of the body is unexpectedly thrown upon it. The object of this communication is an attempt to show that all these unpleasant consequences may be in a great measure obviated by the use of some fixed apparatus, whether of plaster of Paris or of any other similar material. The application of a splint of this kind relieves pain, reduces swelling, and enables the patient not only to walk about his house soon after the application of the splint, but in those cases where the business of the patient demands his immediate presence he is enabled, with his foot encased in a hard shell, to go to his office and perform the duties required of him.

Latterly I have used these appliances with great satisfaction, and, as I relate the following cases, shall point out a few "tips" in the application and removal of the apparatus. There are many ways of using the plaster of Paris, but I think the following the most suitable plan : The limb should be encased in a large, thick, porous woollen stocking. A roller of book muslin, the coarser the better, about 2½ inches wide, should be wetted and applied around the leg in the ordinary way. There should, however, be no "reverses" made in the bandage. At every third or fourth turn, water and dry plaster should be alternately rubbed over the limb. This process is to be continued until a thick layer of bandage