serious in their effects upon infantile mortality. They may be restricted by isolating the sick and disinfecting clothing and rooms. 4. About three-eights of the total deaths from pneumonia occur among those under five years of age. Proper clothing and lessened exposure to extremes of temperature will do much to protect against this disease.

OPEN ABDOMINAL WOUNDS.—A singular plan of treating open abdominal wounds has been described by Dr. R. E. Hadra. The treatment is employed in severe septic peritonitis.

He makes an incision about twelve or fourteen inches long in the median line of the abdomen. The bowels protrude and are carefully held to one side of the wound while the clean hands of the operator are passed into the cavity and the adherent intestines loosened. The patient is then turned on his side and the bowels thoroughly flushed, sponged dry and returned. A strip of gutta-percha tissue is fastened to the skin and folded over the intestines, iodoform plugs are introduced deep in the cavity before it is closed with the gutta percha. Gauze and absorbent cotton are then applied in the usual way, a support of some kind is placed over the abdomen to keep clothes from pressing on the wound or bowels that protrude through the open wound. It is claimed that the distended bowels will gradually return to their normal calibre and then return slowly into the cavity of the peritoneum. When this is accomplished without pressure, the abdomen is closed in the usual way.

THE TIME FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.—In the paper on intestinal obstruction in this month's issue, Dr. Keene insists on the necessity for earlier surgical interference than has usually been practised, especially in country districts. Dr. Richardson, (*Br. Med. Jour.*), summarizes his views on this subject as follows :

1. In all cases the use of milder measures, such as purgatives, enemata and massage, may be safely carried out until the supervention of fæcal vomiting. 2. As soon as this is established an exploratory incision into the abdomen should be made without delay. 3. Obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation. 4. Clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be performed. 5. Symptoms of collapse are not a contraindication to operative interference.

NON-OPERATIVE TREATMENT OF ANAL FISTULA.—Professor Grayon lately read a paper (Paris correspondent *Jour. Am. Med. Assoc.*) before the Société de Chirurgie on the non-operative treatment of anal fistula. The author advises that fistulæ which do not give rise to distressing symptoms ought not to be operated upon. The non-operative treatment consists in rendering the stools soft and regular, and in insisting upon scrupulous cleanliness. The constitutional treatment consists in th administration of iron associated with the brom ides, and he recommends the following formula Potassii bromid, 10 grams ; fer. ammon. cit., 50 centigrams ; syrup-aurant. 100 grams. One tablespoonful to be taken twice a day. After each motion one of the following suppositories should be introduced into the rectum : Iodoform, 10 centigrams ; ext. belladon., 2 centigrams ; ol. theobrom., 180 centigrams.

NEW TREATMENT OF URETHRAL STRICTURE.—Dr. Gueterback, of Germany, recommends the introduction of a small bougie in cases of stricture. A filiform bougie may be used if a larger one cannot be easily introduced. The instrument should be small enough to allow the urine to escape at its sides, and should be retained in position for two days. It is claimed that at the end of two days the cicatricial tissue will be softened by means of the continued localized irritation. The treatment is not applicable to very close strictures, nor to strictures accompanied by purulent condition of the urine. The treatment is simple and easily accomplished, and may be good in selected cases.

ONTARIO MEDICAL ELECTIONS.—Of the representatives to the Ontario Medical Council the following gentlemen were elected by acclamation :—Dr. Bray, Chatham ; Dr. Ruttan, Napanee ; Dr. Orr, Maple ; Dr. Day, Trenton ; Dr. Williams, Ingersoll ; Dr. Phillip, Brantford ; Dr. Bergin, M.P., Cornwall, and Dr. Henry, Orangeville. In the other divisions, elections took ploce, resulting in the return of, Dr. Rogers, Arnprior ; Dr. A. J.