

measurement can only be taken after the conclusion of labour.

In the third lecture, catarrh of the cervix uteri, is discussed in his usual clear and decisive manner. He very justly disapproves of the term "ulceration of the womb" as applied to that red granular state of the os uteri so often associated with chronic inflammation of the lining membrane of the cervix. He is very graphic in his account of the disease and its symptoms, although a little indefinite when he says, "a glairy albuminous crystalline, or slightly opaline discharge, is scarcely to be called morbid." In regard to the treatment, he justly disapproves of strong vaginal injections, but gives an implied approval of the solid nitrate of silver, which is to be passed into the cervix every third or fourth day; but he says, "If after say about ten such applications the case is not cured, the practitioner should give it up as not amenable to the method," and we heartily agree with him. He recommends zinc-alum for the milder, and caustic potash for the more severe cases, and sometimes the actual cautery, and with these his catalogue of remedies is complete. We only hope our readers will always find them sufficient. He very properly says that a little redness on one hip or around the os may often be disregarded, as it is not always pathological.

The fourth lecture is on ovaritis; but it would be heresy to doubt his estimate of the relative frequency of that disease with perimetritis and parametritis, although we think it will hardly hold true in either private or hospital practice in this country. The lecture is well worth the careful attention of all practitioners, especially that portion which deals with examinations of the ovary.

Lectures V., VI., and VII. are devoted to different forms of perimetritis and panametrinitis; and although they are results of a vast experience, yet they are not so clear as the writings of some of our American authors; and for our own part, we prefer the American terms of pelvic cellulitis and pelvic peritonitis, as being more intelligible to the majority of medical students.

The remaining lectures on Painful Sitting, Aching Kidney, Irritable Bladder, Vaginismus, Spasmodic Dysmenorrhœa, Hepatic Disease in Obstetrics, Fibrous Tumour of the Uterus, Cancer of the Body of the Uterus, Uterine Hæmatocele, Parovarian Dropsy, Rupture of Ovarian Cystoma, and Procidentia Uteri, we recommend to the careful attention of all our readers, as they will be found most delightful and instructive reading, and embody the opinions and teachings of one of the most popular and experienced gynecologists of this age.

Miscellaneous.

TORONTO SCHOOL OF MEDICINE.—The annual distribution of prizes given by the Toronto School of Medicine took place at the school buildings. 4th year.—P. H. Bryce, B.A., Mount Pleasant; 3rd year.—I. H. Duncan, Goderich; 2nd year.—I. T. Duncan, Goderich; 1st year.—W. J. Robinson, Fergus.

PARAPHIMOSIS—Simple Mode of Reduction.—(*Le Praticien*).—In very difficult cases, where ordinary means fail, Bardinet proceeds as follows: he takes a hair-pin, presses the points together somewhat, and inserts the curved end under the strangulation back of the gland. He then applies a second and a third at intervals around the gland; then drawing the prepuce forward, reduces it with great facility, the skin sliding over the three bridges without obstruction.—*Chicago Medical Journal*.

TO CHECK DENTAL HEMORRHAGE.—Dr. E. H. Danforth gives these directions in the *Dental Cosmos*.—I keep a piece of the very softest, finest sponge, which I wet, and dry under pressure. In a case of hemorrhage after the extraction of a tooth, I cut off a piece about one-half the size of the crown of the tooth, and having first rubbed the side to be inserted with a little nitrate of silver, I dip it into tannin; then with the point of an instrument press it into the socket, and hold it there until it is saturated. It immediately adheres to the walls of the cavity, and if properly inserted will remain until it needs to be taken out. I have used this treatment over twenty years.

TO GET LEECHES TO FASTEN.—Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy: Put the animals into a small glass vessel half filled with water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the