mitted. 2. That of all inflammatory lesions of the ovary, those involving destruction to the whole organ are very rare, while the most numerous, and therefore the most important, may be ascribed to a disease that may be called either chronic or subacute ovaritis. 3. That as a rule pelvic diseases of women radiate from morbid ovulation. 4. That morbid ovulation is the most frequent cause of ovaritis. 5. That ovaritis frequently causes pelvic peritonitis. 6. That blood is frequently poured out from the ovary and the oviducts into the peritoneum. 7. That subacute ovaritis not unfrequently causes and prolongs metritis. 8. That ovaritis generally leads to considerable and varied disturbance of menstruation. 9. That some chronic ovarian tumours may be considered as aberrations from the normal structure of the Graafian cells. Dr. Tilt pointed out that the teaching embodied in these propositions was now to a great extent accepted, notwithstanding the adverse criticisms of Dr. Rigby, Dr. West, Dr. Henry Bennet, and Dr. Fleetwood Churchill; and the author claimed that what he had taught in 1850 had been amply demonstrated, clinically and necroscopically, in the subsequently published writings of Aran, Bernutz, Negrier, Gallard, and Siredy. Dr. Tilt particularly noticed the vast importance of peritonitis as cause, sequel, or factor in many pelvic diseases; and he thought we had still to find the origin of that acute peritonitis sometimes met with in connection with salpingitis, and in absence of any disease of the ovaries. Adhesive bands, the result of pelvic peritonitis, firmly binding down the womb to the rectum, or elsewhere, were represented as frequent and remediable unless they encountered the gradually increasing strain of a pregnant womb; and Dr. Tilt inferred that these strong adhesive bands would render useless, if not dangerous, any long-continued attempt to restore the womb to its right position by intra-uterine pessaries.

FRENCH UTERINE SURGERY.

A late sitting of the Paris Society of Surgery was taken up by two interesting discussions on subjects of uterine surgery. Dr. Courty, of Montpellier, first read a paper on the Surgical Treatment of Stricture of the Cervix Uteri. He stated that forcible or slow dilatation was not sufficient to dilate in a permanent manner the vaginal orifice of the cervix uteri, and that surgical means were necessary for stopping dysmenorrhœa of a special mechanical character, and in some cases, removing sterility. Dr. Courty has employed three methods—1. Instantaneous bilateral loosening by means of the knife or double hysterotome. Dr. Courty prefers, however, a tenotome with a blunt point, a narrow blade, and a long handle. Cicatricial tissue soon narrows again the cervical canal, so that Dr. Courty employs this proceeding only in cases where a folded mucous membrane shows that there is tissue enough for providing for the process of retraction. 2. In order to prevent cicatricial retraction of the angles, M. Courty makes use of a special instrument, which consists of two metallic rings passed trough the substance of the cervix, one on the right and the other on the left, like rings of the lobule of the ear. Both of the rings cut, and the result of the section is added to the normal orifice. 3. When the preceding methods are insufficient, the author has recourse to autoplasty, for performing which he has adopted three different procedures. The first consists in making an incision on each side of the cervix, and a suture of the external mucous membrane with the internal one, when they are loose enough to be brought together. By the second procedure, M. Courty cuts a quadrilateral mucous flap in front and another behind; he dissects the two flaps and excises the prominent part of the cervix uteri; he then concludes with a suture. Thirdly, instead of cutting out anterior and posterior flaps, M. Courty cuts two lateral flaps of a triangular or quadrangular shape. Into each bleeding commissure of the uterine tissue he introduces a flap of mucous membrane, which he maintains by means of a suture. This last proceeding he has employed twelve times during the last four years with excellent results. Out of his twelve cases of operation he had not lost one patient. In all the cases the symptoms had disappeared after the operation. Of course there were other causes of sterility besides narrowness of the orifice. In one of his cases, however, with an excessively conical cervix and a very narrow orifice, fecundation took place so speedily after the operation that it was difficult not to ascribe it to the procedure.

In the debate which followed, Dr. Duprès made remarks on the rarity of strictures of the cervix; out of 4000 patients he had observed at Lourcine, he had only seen two cases of stricture.

SHORT NOTES.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM WITH HYDROCHLORATE OF TRIMETHYLAMIN.

An interesting case of the above is recorded by Dr. Martineau in the last number of the *Gazette Medicale de Paris*. Since the experiment of Dr. Dujardin-Baumetz with trimethylamin in the treatment of articular rheumatism the profession in France has been making trials of the salt, and Dr. Martineau in the above case was induced to try the hydrochlorate of trimethylamin as a more stable and trustworthy substance. The results were very remarkable. In three days a very severe attack of articular rheumatism was entirely cured without any critical phenomena or metastasis. The effect on the fever is especially worthy of being noted. The pulse, which was 89 on March 8th, fell to 69 on the 9th, 60 on the 10th, and to 51 on the 11th. Dr. Martineau thinks the action of the drug on the cardiac muscle more powerful than digitalin, or any other heart sedative, and considers that it is called upon to play a most important part in the treatment of fever. The drug was administered in the following form and doses:—Tilleul (linden-tree leaves) water, three and a half ounces; peppermint water, one ounce and a half; syrup of bitter-orange peel, one ounce; hydrochlorate of trimethylamin, ten grains; one tablespoonful every two hours. On the third day the dose was reduced to a tablespoonful every four hours, on account of the fall of the pulse.

TREATMENT OF CONSTIPATION BY ARSENIC.

Dr. Isnard of Marseilles has employed arsenical preparations for the treatment of constipation, with success. The preparation which he prefers to all others, as being especially easy to use and sure in its effects, is arsenious acid in doses of about three to four grains to one litre of distilled water. Each teaspoonful of the solution thus contains about one-sixty-sixth of the substance. The usual dose is from six to ten teaspoonfuls, taken in the course of the day, and preferably at meals with wine and water. In some individuals the dose must be less, according to special circumstances, in others the dose may be increased temporarily to twelve or fifteen teaspoonfuls, after which it must be lessened as soon as the constipation has lost its obstinate character.

PHOSPHORUS IN DISEASES OF THE NERVOUS SYSTEM.

Dr. Dickinson has been experimenting clinically with phosphorus in cases of affections of the nervous system characterized by deficiency of nervous energy, and has obtained decided evidence of the value of this remedy. He recommends a method by which phosphorus can be given in a form at once active and inoffensive, namely, dissolved in oil or lard, and enclosed in a gelatine capsule; the dose is about one-thirtieth of a grain, and it may be taken two or three times a day, always after food.

DISLOCATION OF THE FEMUR.

In the Canada Medical and Surgical Journal for May, Dr. A. Dixon Wagner relates a case of dislocation of the femur into the thyroid foramen in a girl ten years of age, in which reduction was effected, after three trials, eight weeks after the injury occurred. The reporter believes that in time the patient will regain the entire usefulness of the limb.

CONNECTION BETWEEN MENSTURATION AND SMALL-POX.

Dr. Otto Obermeier, after careful investigation of 104 cases of small-pox in women, has come to the following conclusions:—1. Menstruation generally coincides with the first period of small-pox (in three-fourths of the cases), and comes on generally at the time of the eruption. 2 The disorders of menstruation are not so frequent as is generally stated (only one-fourth of the cases); the supervention of the disease, especially the eruptive period, hastens the appearance of the menses, whilst their retardation is exceptional, as also their absence and suppression; and it is very seldom that small-pox brings on real hæmorrhage. 3. It is most common to observe a coincidence of normal, regular menstruation with the first period of small-pox (in more than one-half of the cases), and the fact probably depends on some physiological modification of the period of incubation. 4. The pathological influence of small-pox on menstruation depends less on febrile irritation, as suggested by Perroud, than on the morbid process itself (eruption). 5. The menstrual flux which comes on after the disease is generally weak and retarded.—Virchow's *Archiv*, Heft 1, 1873.