

fere with the easy passage of urine, the condition will be aggravated by some of this fluid being forced under the prepuce and increasing the congestion of the mucous membrane. The injury resulting from this cause may be productive of nothing more than slight peevishness of temper; but, on the other hand, may give rise to convulsive attacks terminating fatally, and, of course, to any effect intermediate between these extremes. I feel sure that many an unfortunate little boy is credited with bad temper and punished for naughtiness; whose irritability is due to neglected phimosis, and consequently entirely beyond his own control. There is also much reason for thinking that the habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs due to the same cause. Should no symptoms arise sufficiently severe to call attention to phimosis, and the child grow up to manhood with the defect unremedied, the liability to venereal diseases must be largely enhanced by the impossibility of effectual ablation of the penis. The operation of circumcision is, in infancy, almost entirely free from risk if ordinary care be exercised. The only objection to it of which I am aware is the æsthetic one, and this cannot have much force in a clothes-wearing community, especially when the advantages derived from it are fully considered. Circumcision may be performed by seizing the extremity of the prepuce between the finger and thumb of the left hand, drawing it well forwards so that the outlines of the glans can be clearly seen through the integument of the penis, and slicing it off diagonally downwards and forwards just in front of the glans with a sharp scalpel. The mucous membrane, which will be found still embracing the glans, should be split along the dorsum quite up to the cervix, turned back, and retained in position, by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint becomes saturated with blood, and, when this is dry, remains in position for from two to four days. On its removal the wound will generally be found completely healed, but, if any portion of it be granulating, it only requires the application of a little carbolyzed oil four or five times a day. I have

never seen a case in which the dry lint failed to prevent any excessive hemorrhage. The eighth day of life is a suitable time for the operation, as the organism of the child has by then become accommodated to its new environment.—*Dr. Geoffry Hett, in Lancet.*

PERITYPHLITIS EXCITED BY A QUINCE SEED IN THE VERMIFORM APPENDIX.—At a recent meeting of the New York Pathological Society, Dr. J. J. Reid presented a specimen from the body of a woman aged about twenty-three years. She first began to suffer from pain in the iliac region several weeks after confinement and before her entrance into the hospital. When the speaker saw her there was a swelling in the gluteal region, from which a hypodermic needle failed to withdraw pus. Poultices were applied, and within a few days there was pointing, pus escaped, and symptoms of peritonitis developed. An autopsy showed two perforations of the cæcum and a quince seed in the vermiform appendix, and also revealed the interesting fact that, had an opening been made at the crest of the ilium sufficiently early, the finger could have been introduced down to the cæcum. There had been no evidence of perityphlitis at his first visit.—*New York Medical Journal.*

A SUBSTITUTE FOR FEHLING'S SOLUTION.—Prof. Holland gives the following as a test for sugar; it is very efficient, easily prepared, and is not spoiled by keeping:

Cupric sulphate	ʒi
Glycerine	ʒi

To make the test add five drops of this solution to one drachm of liquor potassæ in a test-tube. Boil a few minutes to test the purity of the fluid. Should it remain clear, then add a few drops of urine. If glucose be present in quantity there is at once thrown down a red precipitate, just as in the ordinary Fehling test. To detect minute amounts of sugar, not shown by the above procedure, after making the test as above, add half a drachm of urine; boil and set aside. If sugar be present even in very minute quantities, the liquid as it cools will turn of an olive green color and become turbid.