

temperature the fever has been immediately brought down by the removal of the septic material by the permanganate or carbolic acid solution, which I sometimes use when the permanganate is not at hand. There is still a growing feeling that the less the parturient woman is examined the better, even by the doctor, still more is it absolutely necessary that the patient be warned not to allow herself to be examined by the mid-wife or nurse, who has no idea of the germ theory and the value of nail-brushes.

From inquiries which I have been making among my confrères, both in town and country, I have reason to believe that the death rate in mid-wifery in private practice has very greatly decreased during the last year or two, although in lying in hospitals it is still much larger than it should be, owing, no doubt, to the difficulty in making student nurses or pupils believe in the existence of disease germs. Many of the best teachers on the continent are beginning to employ external palpation alone for diagnosing the position of the fetus.

I had the pleasure a few weeks ago of assisting Dr. Gardner at a Tait operation for laceration of the perineum. Until I had seen it I could not have believed that it could have been so simple, and that the result could be so satisfactory. It consists simply in splitting up the rectal and vaginal flaps of the recto vaginal septum to a depth of half an inch or so, and extending upwards to the last myriform caruncle on either side. The two sides are then brought together with three or four silk worm gut sutures, which are left in for ten or eleven days. By introducing them a line inside the edge of the skin, the patient is saved the pain which would be caused by the traction on the skin. She should especially abstain from drinking any milk for two weeks after the operation, because it always causes large, solid stools. Her principal nourishment should be thin gruel and beef tea, which leave almost no residue.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF
MONTREAL.

Stated Meeting, May 4th, 1888.

JAMES PERRIGO, M.D., PRESIDENT, IN THE
CHAIR.

Dr. W. G. Stewart was elected a member of the Society.

Hemiglossitis.—Dr. SHEPHERD described a case of hemiglossitis which had recently been under his care in the General Hospital. The patient was a young man, 30 years of age, and the glossitis was limited to the right half of the tongue. The attack was ushered in by fever and malaise, and the case rapidly recovered. Dr. Shepherd remarked that this was a very rare affection, and much less severe than ordinary glossitis. It usually occurs in the left half of the tongue.

Severe Burns treated by Skin-grafting.—Dr. BELL exhibited a case of severe burn of the forearm treated by skin-grafting. Patient, aged 24, had both forearms severely burnt with boiling beer. After a couple of weeks' treatment both forearms and arms from the wrists to two inches above the elbow joints were found to be deprived of skin and covered with granulations, with the exception of a narrow, irregular patch on the posterior surface of each forearm where vesication only had occurred. On the 6th of January, 1888, the granulating surfaces were scraped with Volkman's spoons, thoroughly cleansed with sublimate solution, and covered with skin transplanted from the thighs by Thiersch's method. The dressings were removed at the end of three weeks, when it was found that the skin had taken everywhere with the exception of a few small isolated spots. These were afterwards transplanted in the same manner, and the skin completely reproduced. The patient has now been at work for over a month, and his arms remain perfectly well, the skin remaining unbroken and free from contraction.

PATHOLOGICAL SPECIMENS.

Parenchymatous Nephritis.—Dr. H. A. LAFLEUR exhibited for Dr. R. L. MacDonnell specimens from a case of chronic parenchymatous nephritis. Both kidneys were enlarged, soft, and of a mottled, reddish-yellow color. The capsules were non-adherent. The cortex was thickened and its striation indistinct. Under the microscope some of the tubules were found denuded of epithelium, while in others the lumen was occupied by a fatty granular detritus. The glomeruli showed commencing amyloid change.

Epithelioma of Inferior Maxilla.—Dr. LAFLEUR exhibited for Dr. Shepherd half of the inferior maxilla, removed for epithelioma, secondary to disease of the lower lip. The mass of new growth was situated at angle of the jaw, and contained in its central portion a yellowish grumous