An aseptic dressing, placed over a wound that is expected to unite by first intention, should be left undisturbed until it is time to remove the stitches, or until there is reason to believe that the case is not running the expected aseptic course.

If you find albumin in the urine before operating for pelvic trouble, remember that it may be due to cystitis and not to a nephritic condition. Investigate microscopically or by catheterization of the ureters if possible. Albumin does not signify much if casts are persistently absent.

Fishbones stuck in the pharynx are nearly always inserted upon the lateral walls a little above the aryepiglottic fold. It is often difficult to detect them with the mirror. Spray cocaine, and search with the finger: remove with forceps, and warn the patient that he may feel for a long time as if the bone were still in position.

Wherever large wet dressings are indicated for a long time, we often find that all of the antiseptics now in use may cause an eczematous condition of the skin, unless so diluted that their antiseptic power is more than doubtful. In such cases the employment of simple saline solution is frequently of the greatest value: cutaneous irritation seldom follows its use, and wounds do as well as with any of the antiseptics.

Do not cauterize infected wounds unless it is to obtain a moral effect on a scared patient. It was shown more than fifty years ago that when horses were inoculated with glanders, and sheep with pox, cauterization with red hot iron, applied ten minutes after inoculation, failed to check the disease. An infected wound should simply be well laid open and covered with a wet dressing. The use of nitrate of silver to cauterize wounds is a harmful absurdity.

In cystitis due to stricture it is well to dilate it if we can do so; but if it is of very small caliber and very resistant urethrotomy should be resorted to by means of the Otis or Maisonneuve urethrotome, if it is anterior or, by an external perineal operation, if it is deep. The drainage following an external perineal operation is of the greatest value in cases of cystitis.—*R. Guiteras.*

Some surgeons have asserted that, if urine can be discharged through the canal, it ought to be possible by skill and perseverance for an instrument of some kind to be introduced through the stricture into the bladder. I cannot, however, admit this statement, for the urethra may be absolutely impermeable to instruments, although the urine can be discharged in a tiny and tortuous stream.—*J. M. Cousins.*

In competent hands the surgery of the gall-bladder is to-day the most satisfactory in its results of all abdominal work, and when we reflect how often it could be made preventive of the dread consequences of calculus, it should urge us to a due appreciation of the great advantages to be derived from a recognition of gall-stones, if possible before jaundice has become a symptom.—*A. M. Gartledge.*

The one sign of malignant disease of the uterus which should always be investigated, and especially so when it occurs at or near the menopause, is hemorrhage. We may say, I think, that in all cases in which the menstrual period becomes prolonged, the flow more profuse, or the interval shortened, the most rigid examination, no matter what the conditions or age of the patient may be, is demanded. In all cases which I have observed bleeding has been the earliest symptom.—*L. G. Baldwin.*

VALUE OF BOVININE.

The accompanying from Dr. J. O. Todd one of the surgeons of the Winnipeg General Hospital and St. Boniface Hospital, speaks for itself.—Ed.

Winnipeg, Oct., 21st, 1898.

Dear doctor,

At your request I used Bovinine in four cases of ulcer of the leg and as far as the results in these go I can speak most favorably of it. Two cases were old varicose ulcers and were treated with the patient going about ordinary occupation. The other two were chronic, inflamed ulcers in hospital practice and after a preliminary fomentaing were rapidly healed by the bovinine used locally.

Yours truly.

J. O. Todd.