

brane, but no rupture of any vessel; no enlargement of lymph glands; marrow of sternum red, but not increased in extent.

The differential diagnosis of this interesting case is discussed in the closing paragraphs.

"INFECTIOUS PNEUMONIA," by Dr. G. G. Campbell, gives the history of three cases of pneumonia in one family—a mother, and following her, two boys, they evidently having taken it from her, as they occupied the same room, one child sleeping with the mother. It is generally admitted that pneumonia is due to a specific micro-organism, but cases which can be definitely shown to depend upon others directly, are not numerous.

The next report is "SCIATICA AS A COMPLICATION OF CARCINOMA," by R. C. Kirkpatrick, Montreal. Two of the carcinomata were in the breast, and the third in the right pleura. So pressure was not the cause of the accompanying sciatica all had. It was possibly, the writer says, due to secondary deposits within the nerve itself, causing neuritis; or due to the cancerous poison in the blood.

"ANEURISM OF THE ASCENDING AORTA, WITH EROSION OF THE RIBS," is the title of a communication by E. F. Williams, M.D. History of rheumatism and malaria; family history good. November, 1892, sudden pain manifested itself in the right mammary region. January 1, 1893, a tumor showed itself there, gradually increasing in size, becoming covered with red and œdematous skin. Tracheal tugging present; heart sounds normal; pulse 72°, of low tension; eyes normal; temperature 101° to 104°. November 10, patient died in syncope. Post mortem: Clot extended from aortic ring into vessels of neck, and into orifice of aneurism; sac full of soft clot; arteries atheromatous. Three inches from aortic ring in the anterior wall of aorta was a cir-

cular, thick-edged orifice, $4\frac{1}{2}$ inches in circumference, communicating with a large aneurismal sac. The sac was attached to the ribs, which were eroded.

Dr. Wyatt Johnston gives "STATISTICS OF THE CORONER'S COURT FOR THE DISTRICT OF MONTREAL."

[*Maritime Medical News*.—March.]

The first item in the *Maritime Medical News* for March, is a biographic sketch of the life of John Hunter. From a cabinet-maker he became an anatomist and surgeon of the first rank. His best works are his treatises on the blood, inflammation, gun-shot wounds, venereal diseases; and his lectures on the principles of surgery, the first philosophic work of the kind published in Britain. He had the curiosity which stimulated him to enquiry, the energy to follow up what his curiosity prompted, and a determination to overcome every difficulty.

"STRANGULATED INGUINAL HERNIA, THREE DAYS OLD, IN A WOMAN SEVENTY SEVEN YEARS OLD—OPERATION AND RECOVERY," heads the next article, by Murdoch Chisholm. The patient presented the usual symptoms. The sac which had large vessels passing over it transversely, and sacular indentations made it difficult to recognize. A hypodermic was used to settle the matter. On opening sac a large fold of omentum presented, and underneath two folds of small bowel covered with a distinct fibrous envelope. Bowel was returned, omentum ligated, stitched to ring, and congested portion excised; sac ligated and cut off; wound interruptedly stitched and drained and dressed. Recovery good.

The three numbers of the *Canada Medical Record*, of Montreal, contain a description of the "FELL METHOD,—FORCED RESPIRATION," by Geo. E. Fell, of Buffalo.