recently performed Humphrey's operation, as described in Holmes' surgery, in amputation of the penis. After removing the organ the scrotum was transfixed, the urethra dissected out an inch and a half back and brought out in the perineum. The end was then split and stitched to the sides of the incision in the perineum. The scrotum was carried up and stitched to the integument of the pubes, covering in the stump of the penis. A new dressing for wounds, termed "wood-wool," has been introduced by Prof. Bruns (*Klin. Woch.*, 20). Pine wood shavings are reduced to a state of fine division, by being rubbed through a wire sieve, after which they are dyed and impregnated with antiseptic substances. The advantages claimed for wood-wool are that it is soft, pliable and elastic, and has extraordinary power of absorbing fluids, greatly superior in this respect to any known dressing. Quite recently, Prof. Lister has reported several cases of transverse fracture of the patella successfully treated by wiring the fragments together and inserting a drainage tube at the lower and outer part of the knee-joint. In the discussion that followed the reading of his paper, it was maintained that although this treatment was successful in Lister's hands, it would not be safe practice as a general rule. Dr. Davy, of the Westminster Hospital, has also been experimenting on the knee-joint, by way of devising a new method of resection, which he calls "tibio-femoral impaction." He forms a sort of tenon on the end of the femur, which he fits into a mortice cut in the head of the tibia. Osseous anchylosis is more rapidly obtained by this process. The immediate treatment of fractures by plaster of Paris splints has attracted some attention. Christopher Heath has given the weight of his testimony in its favor, in a paper read at the last meeting of the Brit. Med. Association. Other good authorities also bear testimony to its value in suitable cases.

Estlander's operation of excision of the ribs in a case of chronic empyema has been recently performed in the Toronto General Hospital, by Prof. Fulton, of Trinity Medical College. A portion of the 8th and 9th ribs, three inches in length, was removed, in order on the one hand, to make a larger opening for the escape of pus, and on the other, to allow of the retrocession of the chest wall at that point. The patient did well, and complete recovery is confidently anticipated. Some further attention has been given to the important subject of anæsthetics. M. Guillot (*Progrès Medical*) gives some points in his experience of the various anæsthetic mixtures. He obtained, as many others have, good results from the a.c.e. mixture, viz., alcohol, 1 part; chloroform, 2 parts, and ether, 3 parts (a.c.e.=1, 2, 3). Subsequently he experimented with a mixture proposed by Lennox Browne, consisting of one part alcohol and two of chloroform. This he found more rapid and satisfactory than the a.c.e. mixture. In order to make the mixture more agreeable, eau de cologne was substituted for alcohol. This combination is called "chloractherine."

In the domain of obstetrics and gynæcology much good work has been accomplished, and the success has been most encouraging. Lawson Tait's operation for the removal of the ovaries and Fallopian tubes has been three times successfully performed in Canada during the past year, twice by Dr. Trenholme, and once by Dr. Gardner of Montreal. Antiseptic precautions were used in all three cases, and the patients recovered without a bad symptom. The operation has also been performed by Dr. Thomas and others with successful results. The latter, who has performed it in three cases, speaks of it, however, as sometimes a very difficult and dangerous operation, by reason of the adhesions from repeated inflammations, and the quantity of inflammatory lymph by which they are sometimes surrounded. Dr. Barret, of St. Louis, (*Courier of Medicine*) proposes a new method for the treatment of laceration of the perineum. He stitches the mucous membrane of the vagina together from above downwards, and then the integument along the raphe, using no deep stitches whatever. The stitches are inserted very closely, so as to prevent any of the discharges from entering the wound. A new operation for the reduction of chronic inversion of the uterus has been performed by Dr. Brown, of Baltimore (*N. Y. Med. Journal*). It consisted in drawing down the inverted uterus as far as possible, making an incision one inch and a half in length through the posterior wall, then introducing a Sims' dilator into the cervix, and dilating it to the fullest extent. The incision in the uterus was then closed with carbolized silk-worm gut, and the fundus replaced through the dilated cervix. The patient made an excellent and rapid recovery. Solutions of corrosive subli-