

acting well, but patient complains of more pain in defæcation and micturition. Internal examination reveals the tumour still hard and somewhat lower down. She is exceedingly pleased with the effect of the chloral in giving her good sleep at night. Ordered quinine and acid mixture for the night sweats.

I introduced a curved bistoury along with the finger, and made four incisions in the posterior aspect of the cervix which was almost horizontal with the os; they bled freely for a few seconds.

August 11th.—Has been free from pain during the last two days, swelling more defined around the cervix, pulse gaining strength.

August 13th.—Still continues free from pain, is gaining strength, sleeps well, has a good appetite, induration disappearing on the right side.

August 31st.—Since last report has improved rapidly; has been out for a drive, the swelling has almost entirely disappeared; has had a couple of boils in each axilla and several styes, but is now free from them.

Cervix still somewhat indurated, patient is able to stand erect, but walking causes a bearing down pain.

September 18th.—Called at the office to day, feels well and hearty, but walking fatigues her, especially in the effort of going up stairs.

Medical Items and News.

MODIFICATION OF THE OPERATION FOR HARE-LIP BY SIR WILLIAM FERGUSON.—On two successive Saturdays, Sir William Ferguson has recently demonstrated to the students of King's College a novel modification of the ordinary operation for hare-lip. The cases in which he carried out this plan were of the usual type, the fissure being, as in the majority of instances, on the left side; and in both it was considered advisable to take away the intermaxillary bone. This adds to the success of the operation, not only by removing an occasional obstacle to primary union, but because the teeth, which are subsequently developed from the projecting knob, are worse than useless, by reason of their deficient development and faulty position. Instead, however, of removing the portion of the bone readily with the knife or bone forceps, it had occurred to Sir William that it would be much better to operate subcutaneously, so to speak, by stripping off and retaining the mucous membrane; and accordingly this was done with perfect success, the

bone shelling out readily from its investment; not only will this procedure greatly accelerate the subsequent process of healing, but the advantage is obvious, of retaining a thick and firm mucous surface in preference to the more artificial substitute of cicatricial tissue.—*Brit. Med. Journal*.

CLINICAL THERMOMETRY.—Dr. Lawrie, who has recently conducted a rather extensive series of clinical thermometric observations in India, which are published in the *Indian Medical Gazette*, has arrived at the conclusion that, if accuracy of observation is aimed at in clinical thermometry, the unloaded rectum is the only place in which this can be attained satisfactorily and with certainty. To obtain an accurate observation in the axilla, necessitates keeping the thermometer in position, with numerous precautions, for fully fifteen minutes; and this is no less irksome to the patient than to the physician. In the rectum, five minutes are amply sufficient. Taking the temperature under the tongue, means, as a rule, taking the temperature of the cavity of the mouth; as patients, especially if very sick, cannot be depended on to keep the thermometer in the proper place. Moreover, unless people like to submit to sucking a thermometer, which has shortly before been in another person's mouth or armpit, a separate one must be kept for each patient. No objection can be made to placing an oiled thermometer for a few minutes in the rectum, except that it is indecent; but with regard to females, to whom alone this objection can apply, the indecency vanishes if the operation be entrusted to the nurse—the medical man taking the reading. Dr. Lawrie has never yet, in hospital or private practice, found any patient to object to it.—*Brit. Med. Journal*.

NEURALGIA OF THE TESTICLES.—In a number of the *Wiener Medizinische Press*, Dr. Lazarus investigates the condition called "painful testicle," "neuralgic testicle," &c., and sets down the following plan of treatment, which he states has been very successful: Sulphate of zinc internally (four grains of the solution of sulphate of zinc in seven ounces of water, a tablespoonful three times daily); and subcutaneous injections behind the scrotum (with the needle syringe) of a solution of ten grains of sulphate of zinc to two and a half or three drachms of water.

A STRANGE SUGGESTION.—The *St. Louis New Era* makes the following strange suggestion. We hardly think it will be carried into effect. It would be a fatal advertisement for some M.D.'s: "In marriage notices it is usual to give the name of the clergyman who performed the ceremony; and with usual propriety, in obituary notices, the name of the attending physician should be given."—*The Doctor*, Nov. 1, 1873.