

and one hour and a half later a strong living male child was born. The cord was twisted once round its neck, but not tightly, and there were no signs of asphyxia. The left parietal bone was imperfectly ossified, one part crackling like parchment when pressed. On December 22nd, at 7 a.m., the baby passed blood freely from the rectum. Cold gruel enemata were thrown up, with a few minims of perchloride of iron. Next morning the child was very anæmic and cold; no more blood had been passed, and the abdomen was not swollen. At 10 a.m., blood was passed at stool, and also vomited. Collapse set in, and the child died at 11 a.m. The umbilicus and its vessels were healthy; the mouth was full of dark tea-colored blood, which was also found in the pharynx, œsophagus, trachea, bronchi and larger bronchial tubes, the stomach, the lower part of the ileum, and the large intestine. No ulceration of the intestinal mucosa could be detected. The duodenum, jejunum, and upper part of the ileum were empty. The lungs were very emphysematous. There were ecchymoses in the dura mater. The child died on the second day, as in the majority of cases. Schütze

refers to a valuable summary of cases of melæna neonatorum in Max Runge's *Krankheiten der ersten Lebensstage*, 1893.—*British Medical Journal*.

Protracted Anuria.—Kæfer (*Berliner klin. Wochen.*, 1894, No. 13, p. 319) reports the case of a man, sixty-eight years old, and previously in excellent health, who came under observation after not having passed urine for six days. He suffered no discomfort and, but for the consciousness of the failure of the renal function, would have had no concern. It was only after having been struck by the fact that he had passed no urine for more than twenty-four hours that the man found, on attempting to do so, that he was unable to evacuate a drop. There was a little abdominal pain, but there had been no attack of colic. On the eighth day, however, such an attack did occur, after which for a time the secretion of urine was resumed; the fluid was found to contain pus corpuscles, and epithelial cells, but no urates. A short time later a second attack of anuria occurred, lasting for five days, when death took place amid the manifestations of pulmonary edema. The post-

ROTHERHAM HOUSE.

HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street corners, is within ten minutes to centre of city, station or wharfs.



ELECTRICITY

in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a Masseuse for the administration of Massage to men.

For Terms, or other information desired, address

HOLFORD WALKER, M.D., Isabella St., TORONTO.