

childbed. According to Wechsellmann, it has been found twenty-two times on the right side, seventeen on the left, and in two cases on both sides. Lamert has observed this condition in a nullipara, aged 39. It formed an enormous swelling, as big as a man's fist, in the left groin, pyriform, elastic, transparent and fluctuating. It was irreducible, and there was no impulse on coughing; it reached as far as the labium. On incision a pint of serum escaped: the parts were explored, and the hydrocele was found ending as a blind pouch at the internal abdominal ring.—*British Medical Journal*.

Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye.—Janot's work is based on the following conclusions:

1. Certain ocular troubles exist in relation with different physiological and pathological conditions of the uterus.
2. In order to institute an efficacious treatment it is important to establish their origin.
3. These ocular lesions are much more tenacious

when the uterine troubles have persisted for a long time.

4. In a large share of cases they are attributable to infection.

5. The treatment should be addressed to the local condition of the uterus and the vagina, to the local state of the eye, and to the general condition of the patient.—*N. Y. Med. Times.—Epitome of Medicine*.

Personals.

Dr. S. A. Metherell, Victoria, B.C., is spending a short time in Toronto.

Dr. R. D. Sanson, of Calgary, N.W.T., was married to Miss Webber, of 29 Gwynne Street, Toronto.

Dr. J. O. Orr has been appointed Clinical Assistant to Dr. Lennox Browne in the Central Throat Hospital, Gray's Inn Road.

At a meeting of the governors of the Protestant Hospital, in Ottawa, a resolution was passed to appoint a specialist to the staff. Dr. Alfred Horsey

[OVER.]

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