

Klinik, who had for some time previous been suffering from a series of abscesses that had been persistently forming about the neck and right scapula. After coming into the hospital several new sacs of pus were opened, but no permanent improvement resulted. After careful observation Rosa concluded that the source of the pus was deep, and diagnosed mediastinal abscess; removed a portion of two ribs in front, found his diagnosis correct, the abscess being so deep that Professor Rosa's finger, which is exceptionally long, could with difficulty reach its farthest limit. He thought, and still thinks, that the abscess originated in the lung. Rapid recovery from the peripheral abscesses followed operation; the central abscess was carefully washed out and free drainage maintained. The patient is now well nourished, and able to go about the street, and the abscess cavity is gradually closing. The case is one of great interest, but requires no special comment.

The University here is large and important; over one thousand students are at present in attendance.

J. H. DUNCAN,
(of Thamesville.)

Marburg, May 5th, 1886.

To the Editor of the CANADIAN PRACTITIONER.

SIR,—My attention having been called to a recently introduced hypnotic, bromidia, I find the taste of chloral hydrate unmistakably present in it. On the addition of liquor potassae the odor of chloroform may be observed. I thought it well to point out in your columns one of the vehicles of this drug, so assiduous and dangerous in its habitual use, however serviceable its occasional and judicious administration may be.

I am, yours sincerely,

WM. OLDRIGHT.

Mr. Addison, in the House of Commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member, after the third attempt, arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting held at the Royal Hotel, May 4th. Dr. Stark, President, in the chair. After the routine business, the following interesting case was brought before the society:

STRANGULATED AND RUPTURED OVARIAN CYST.

—PERITONITIS.—FATAL.

Dr. Malloch exhibited a strangulated multi locular ovarian cyst, and gave a history of the case, which unfortunately proved fatal.

When called to see the case the patient had been suffering from Friday till Monday morning, and there was general peritonitis, a tense, acutely painful tumor was to be felt on the left side of the abdomen, stretching up from the left iliac fossa to near the false ribs. He advised operative interference as the only means offering a chance of life. When the peritoneum was opened masses of thick, tenacious, jelly-like substance escaped with blood-clots. The tumor lay so far to the left that it could not be touched. The wound was then enlarged to five inches; the tumor could not be brought into view until some of the inflamed and distended bowels had escaped. A trocar was passed into the black tense cyst when brought to the wound, but nothing flowed through it. The tumor was then slowly drawn out, and in doing so a cyst upon the anterior and superior surface of the tumor was seen discharging its contents, which were similar to that which had escaped from the abdominal wound. The pedicle was then untwisted, and a ligature applied with the Staffordshire knot; the tumor was then cut away. The first ligature broke, and had to be replaced by three separate ligatures; sponge after sponge was then removed loaded with jelly-like substance and blood. The patient showed signs of collapse, and washing out of the abdominal cavity could not be done. Some difficulty was experienced in returning the distended bowels. A drainage tube was left in and the wound closed with stitches very closely applied. The patient recovered from the shock, but died in