

buried in a groove to avoid skin irritation. Zinc splinting is applied over antiseptic dressing, and the whole leg immobilized by starch bandages. You will have observed the scrupulous care with which we have followed antiseptic rules for we have opened into a cavity as sensitive (or more sensitive) to infection as the peritoneal.

No. 3.—Our next case is one of inflammation of the vulvo vaginal glands (Bartholix's glands). The patient has been a victim to the constant gathering and breaking of these troublesome sacs for the past five years, and comes to us for radical cure, which we hope to accomplish by a complete excision of the vulvo glands. We incise along the muco-cutaneous line over the tumors, dissect off the skin and mucous covering and cut out the glands from the thickened tissues. It is always desirable but not always easy to completely excise the cystic enlargements of this gland so frequently met since the cystic wall may be extremely thin. Pozzi ingeniously suggests the aspiration of the sac and then the immediate filling with paraffine, which hardens on cooling, and is covered by sac wall. Abscess of the vulvo-vaginal glands is held to be almost exclusively gonorrhoeal in origin, and for its evacuation general anaesthesia is unnecessary, local cocaine being commonly enough to allow incision with packing to be done.

No. 4.—We have here a case of bubo which has reached the stage of suppuration and therefore, we think, demands excision. The inflammatory stage of bubo may frequently be aborted by the full use locally of iodine or ichthyol, and even when pus has formed some authorities recommend the tapping of the gathering,

with immediate injection into the cavity of a 5 per cent emulsion of iodoform in glycerine or sweet oil. In this case an incision is made parallel with Ponpart's ligament and the several enlarged glands removed.

No. 5.—This patient was operated upon nearly three weeks ago for what we believe to have been a post-typhoid necrosis of the rib, he is a Frenchman age 46 of sound constitution and free from any hereditary taint. In June 1897 he had a very severe attack of typhoid fever lasting nearly three months, in the latter part of his convalescence he noticed a gnawing, constant pain to the left of the lower segment of the sternum later a swelling appeared which was very tender. This was iodized and subsequently opened to give outlet to pus, a running has kept up ever since. At the operation we found a sinus leading from a point near the junction of the left sixth cartilage to the sternum to a cavity running along the course of sixth rib about two and a half or three inches. This we gouged out thoroughly, leaving only a shell of the compact bone of the rib. It has been dressed frequently since and is now on a fair way to becoming fully filled in. Osler mentions the frequent occurrence of this necrosis as a sequela of typhoid and the belief is established that Eberth's typhoid bacillus is the direct cause. The possibility of a mixed or secondary infection must be disproved before we can accept as final the theory of Eberth's bacillus. Dr. Bell, the Provincial Bacteriologist, will report on these specimens later.

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About 250,000 gallons of artificial wine are being made from barley every year in a large factory in Hamburg. The medical profession in Germany thinks very highly of the wine, and recommends it in the hospitals of that country.