

THE BOGUS DIPLOMA BUSINESS.—The manufacture and sale of bogus diplomas, of the American University of Philadelphia, is still being attempted, notwithstanding the fact that the Legislature of Pennsylvania has annulled the charter of that Institution. A short time ago 500 engrossed diplomas in blank, addressed to Dr. Buchanan, were seized by the Customs authorities in Philadelphia. They had been shipped to Liverpool, but something having interfered with preconcerted plans, they were returned to the consignor.

PERSONAL.—Dr. Eccles, of Arkona, has been on an extended tour through Great Britain during the past year. He remained some time in London, and successfully passed the examination for the M.R.C.S., and was admitted a member of the College. A letter written by him (Sept. 19th), descriptive of Edinburgh and its surroundings, appeared in the *Lambton Advocate* of the 19th ult.

ABORTIVE TREATMENT OF BUBOES.—Buboes may be prevented from suppurating and entirely removed, by promoting absorption through the aid of gentle pressure. This may be done by using an ordinary truss, and bathing frequently with Goulard's extract.

Toronto Hospital Reports.

TYPHOID FEVER—PERFORATION OF THE BOWEL.

S. N. æt. 28 years, was admitted into the hospital on the 4th of October, '77. Family history good. He had typhoid symptoms, and had been suffering from diarrhœa for about three weeks prior to his admission. There was tenderness in both iliac regions; anxious and pinched expression of countenance; pulse about 120; skin hot and dry. The fever seemed to be very mild, and the temperature was not taken; tongue coated but not dry. He was put upon quinine and nitro-muriatic acid, with astringents to restrain the diarrhœa. The diet consisted chiefly of eggs and milk. Stimulants were not used. On the 7th he complained of great pain in the abdomen, increased on the slightest pressure, and passed some blood by the bowels. Anodynes were administered; but he rapidly sank into a state of collapse, and died on the morning of the 8th.

Post mortem 8 hours after death. On opening

the chest, the heart appeared somewhat flabby, and was filled with dark fluid blood. There were old adhesions between the lungs and pleura costalis, especially on the left side. On opening the abdomen, it was found to contain a considerable quantity of grumous-looking serum, flakes of lymph, and some pus. The intestines and greater omentum were very much congested and softened, and upon a more careful examination, an opening was found in the ileum near its junction with the cæcum. Upon slitting open the intestines and examining the perforation, it was found to be surrounded by an ulcer an inch and a half in diameter, which was thickened at the margins and thinner towards the centre. Other portions, both above and below, were the seat of ulceration; but none were so thin as the former. The above case was interesting as showing that danger and sudden death may arise in cases in which the fever is very mild, and where disastrous results are entirely unlooked for.

INGUINAL HERNIA IN A FEMALE.

Mrs. E., æt. 55, native of England, of healthy parents, was admitted into the Hospital on the 9th Sept. She complained of a rupture "in her side," as she called it, and said that it came down and became large and painful at times, and that she was unable to put it back. The hernia was replaced by the assistant house-surgeon, and the patient was ordered to keep her bed until a truss could be obtained. A day or two elapsed during which time the bowels came down repeatedly after attacks of coughing. On examination the hernia was discovered to be right inguinal direct—a form very uncommon in women. She states that the rupture took place after a severe fit of vomiting, when she was pregnant with her second child. It was treated at the time by some sort of support and after her confinement it was better, but it troubled her more or less during gestation ever after, and within the last four years it has become very troublesome. A well fitting ordinary truss has been applied such as is worn by males for inguinal hernia, and she is now able to go about without any inconvenience.

VESICAL CALCULUS.—LITHOTRITY.

Mr. McN., æt. 70, native of Ireland, was admitted into the Hospital on the 20th, of August suffering from stricture of the urethra. Upon a