

REMOVAL OF A WOUNDED KIDNEY.—M. Marvaud, Surgeon-Major in an Algerian regiment, relates (*Rev. de Méd. Militaire*, October) the case of a young Arab woman who had been severely wounded in the right lumbar region by means of a long knife or yataghan. The instrument, cutting only on one edge, had a thick back, and on withdrawing it the right kidney was also drawn out of the wound, between the lips of which it remained strangulated. There was considerable hemorrhage, but this soon stopped. A silk ligature was passed around the pedicle of the extruded organ, and at the end of some weeks the kidney was separated—the patient continuing in good health the whole time, and the secretion of urine being normal. She was discharged perfectly well two months after admission.

MEDICO-LEGAL ASPECTS OF ABORTION.—Dr. Leblonde (in *Ann. de Gynécolog.*, August, 1875) has collected a series of eleven cases from which he endeavours to prove the medico-legal value of the integrity of the membranes in abortions in the early months of pregnancy.

His conclusions are thus stated:—

1st. When abortion occurs "en bloc"—*i.e.*, the embryo is contained in the sound membranes, which are unbroken—abortion is probably spontaneous, or at least has not been produced by agents which determine the expulsion of the ovum without implicating the membranes.

2d. When the membranes are ruptured, but healthy, in all probability abortion has been provoked.

3d. When the membranes present pathological alterations, we can form no conclusion from an examination of the expelled product, though probably the abortion results from disease of the ovum, and that it is due to spontaneous production.—*Obstetrical Journal of Great Britain.*

PERSONAL.—Dr. Buller, M.R.C.S.E., late Resident Surgeon, Royal London Ophthalmic Hospital, has located himself in Montreal, with the intention of practising as an oculist and aurist.

CERATUM CHLORALI.—Pavesi recommends as a substitute for emp. diachylon co., and as particularly appropriate for an antiseptic dressing, the following cerate:—Emp. diachyl. co., 100.0; glycerine pur., 10.0; chloral hydrate, 15.0 parts. The plaster is melted in a porcelain dish by a gentle heat, removed from the fire, and the glycerine and chloral hydrate mixed intimately with it. The cerate may be shaped into tablets or rolls. Spread upon linen it is of a yellowish white colour, has a faint odour of chloral, and is strongly adhesive. Pavesi recommends the introduction of this cerate into hospitals, in which, in consequence of overfilling, pyæmia and similar affections are common. The plaster develops ozone, by which the microscopic fungi which are to be considered the cause of the malacæies named are destroyed. How far this at present depends on experience or on theory is not evident. Pavesi is also of opinion that by reason of its anæsthetic properties the cerate merits trial in rheumatism.

RADICAL CURE FOR PILES.—Dr. A. B. Bowen, writes in a recent number of *The Record*: "My attention was directed to the treatment for nævus by hypodermic injection. From the similarity of the anatomical structure of nævus to hæmorrhoidal tumours, I was induced to try the remedy. In the latter I used carbolic acid and ergot (fl. ext.) in equal parts, injecting from ten to fifteen minims of the solution into the spongy, vascular hæmorrhoidal tumour. This was repeated about once a week for five or six times, when the tumour had entirely disappeared. I have tried this in several cases, and it acts like a specific."

It is generally understood in the insurance offices of the United States that the average length of life in that country is greater than in England, as shown by the English tables; and this accounts for what would be otherwise unexplainable—the immense profits realized by the life-insurance offices there—the rates of insurance being chiefly based upon the English tabular estimates of life—another proof of the smartness of our cousins across the Atlantic.—*Medical Times and Gazette.*