

smaller. With coaptation splints the boy manages to get around a good deal.

Pathological Specimens.—From a patient who had been subject to epileptoid fits for many years. The last attack was followed by grumous vomiting, great pain, with tympanitis and death in two days.

Dr. McPhedran, who reported this interesting case, believed death to have resulted from bowel trouble.

Oct. 20th., 1887.

The President, Dr. Nevitt, read a very interesting paper on several complicated cases of labour in his own practice, referring to short cord, unusual presentations, peculiarity in pains, administering of anæsthetics, with applying of instruments, etc.

This paper evoked considerable discussion; Dr. Carson leading off by saying he thought it impossible to diagnose a short cord previous to the

rupture of the membranes, and advised when instruments were deemed necessary, medical assistance should be obtained.

Dr. Atherton said his practice had been to give the anæsthetic and apply the instruments alone. He accounted for occipito-posterior position from mal-position of the placental site or a faulty-formed pelvis, the child naturally settling down when labor begins, in the most comfortable position. As a means of controlling a relaxed uterus, he used a bowl or saucer containing a folded napkin applied to fundus with the concave surface downwards.

Dr. Ferguson advocated help in every case of instruments excepting when it was one of a purely slow labor.

Dr. Graham thought that early death of infant might be owing to traction of abdominal organs of child owing to short cord.

STATE MEDICINE

OUTBREAKS IN FOREIGN COUNTRIES.

Scarlatina in London.

This disease has in recent years shown in Great Britain, so notable a decrease in prevalence and in mortality that it had in some ways ceased to create the same terror as in former times. This same notable decrease has been seen in Ontario. For instance there were, in 1871, 630 deaths, while, in 1885, there were only 314 returned. English, and notably London, experience at present shews that there is the same tendency as ever for it to recur, whenever a new susceptible generation of children is exposed to its ravages. So far, although there have been at one time 1,500 cases in the London fever hospitals, the epidemic has not approached, judging from the mortality returns, the extended proportions of previous epidemics. Still its extent, in some instances, is enormous; the city of Dundee, Scotland (138,000 pop., having had reported in August 658 cases and 28 deaths.

Smallpox in South America.

This disease is raging in Rio Janeiro and Buenos Ayres, there having been in Rio (300,000 pop.) over 500 deaths in August, and a similar prevalence, judging from the June report (226 deaths), in Buenos Ayres. The commercial intercourse be-

tween these ports and New Orleans, New York and Lower Province ports makes this disease, as seen in the recent case of the *Aeronaut* at Montreal, a constant menace to the public health of this continent.

Typhus in Newcastle-on-Tyne.

The Medical Health Officer has just issued his report regarding its outbreak, and states that had there not been compulsory notification it would have been raging. Its virulence is illustrated by a case where, the patient having refused to go to the hospital, two bakers supplying bread to the house took the disease, one dying.

Cholera in Italy.

The continued prevalence of this disease there may be judged from the fact that Palermo (250,000 pop.) had 47 deaths during the week ending Sept. 11th and 35 Sept. 18th. The *Alesia* has well illustrated the danger of its introduction to America. Still during the coming months we have much more to fear from British scarlatina and South American smallpox.

La Svette Miliare in France—(translated).

Brouardel has just given to the Académie de Médecine (Paris) the report of a commission ap-