which were lined with fibrous deposits. There was first rupture of the aneurism hemorrhage into the posterior mediastinum which had torn through the œsophagus and then filled the stomach and intestines. There were also infarcts in the left lung, but the larynx was normal. The site of the rupture, which was a quarter of an inch in size and triangular in shape, was situated at the level of the bifurcation of the trachea. As regards treatment, the diagnosis of aneurism having been made by exclusion, iodide of potash in 15 gr. doses was given three times a day. Inhalation of chloroform was tried without relief. Bleeding might have relieved him, but was not tried. The reason why the symptom of tracheal tugging was absent was that the pressure was from behind and below, and not from above downwards.

Dr. Major then read the following paper on this case :

On being called in consultation had found the case as stated by Dr. Macdonell.

Intubation was decided upon but did not afford much relief. The tube was withdrawn and larynx examined. The left vocal cord was fixed at the middle line, showing left abductor paralysis with spasm of the antagonistic abductors. Right vocal cord movable but inclined to abduction. This pointed directly to pressure on the left pneumogastric In paralysis due to pressure on one recurrent laryngeal the vocal cord of the same side only is affected, whereas in pressure on the vagus or main trunk of the nerve abductor paralysis of both sides is observed.

The value of laryngoscopic examinations should not be disregarded, as it often happens that the laryngeal are the only signs available. In the throat department of the Montreal General Hospital ten or a dozen cases of aneurism are met with in the course of a year, whose only ailment has been a slight dyspnœa or loss of voice. Tracheotomy was not performed for the following reasons : 1st. Intubation failed to give the immediate relief it should have done if the case were one of pure obstruction. 2d. There was an absence of the usual signs of laryngeal dyspnœa.

Under certain conditions where you can exclude reduction of the lumen of the large air passages and are satisfied that laryngeal stenosis is the chief factor in the case, tracheotomy should be resorted to, not only for purposes of breathing but because the difficult breathing has a deleterious effect upon the aneurismal sac.

Dr. Mills asked what was the condition of the nerve fibres.

Dr. Lapthorn Smith asked what was the exact cause of death.

Dr. Macdonell replied that the nerve fibres had not been examined ; that the cause of death was undoubtedly a succession of hemorrhages from the aneurismal sac into the stomach and intestines.

Dr. Mills thought that the imperfect circulation through the lung was one of the causes of the rupture. He also thought that dyspnœa was due to pressure on the vagi. He remembered a case which was under the care of Dr. Geo. Ross with urgent symptoms of angina ; there was alteration of voice ; decided paralysis on left side, but the cause could not be found, although there was nervous cough and dullness of the arch of the aorta. As he did not improve he went to consult some New York specialist, who, however, did not diagnose aneurism, of which disease, however, the patient ultimately died.

Dr. Lapthorn Smith related a case in which he had seen the right pneumogastric ligatured accidentally by a great London surgeon, who ligatured the common carotid, and in which death ensued a few days later from pneumonia of the right lung. It was the opinion of the staff that the pneumonia was directly due to the injury to the vagus.

Dr. Mills was glad that Dr. Lapthorn Smith had mentioned this case, as it proved that section of the vagus caused trophic changes in the lungs.

THE ANTISEPTIC TREATMENT OF ACUTE GONORRHŒA.

Dr. Castle (*Gaz. des Hopitaux*) gives his opinion of the antiseptic treatment of gonorrhœa in the following conclusions :

1. Antisepsis always has the result of maintaining the urethra in that state of asepsis which modern surgery seeks to obtain in all cavities which suppurate, as a condition favorable to the cure of the suppuration.

2. In a certain number of cases the antiseptic treatment brings about a remarkably rapid cure.

3. It is exceptional that when well done it does not bring about a more prompt subsidence of inflammation and a shorter duration of the acute stage.

4. It hastens the time when balsams can be used with success, and thus shortens the whole course of the disease.

5. Begun early, it diminishes the chances of extension of the blennorrhœa to the deep urethra, and makes vesical, prostatic, and testicular complication less frequent.

In exceptional cases he advises an attempt at abortive treatment by the injection of nitrate of silver.

As a non-irritating and effective antiseptic, resorcin is recommended. After the inflammatory stage is passed he employs balsamics alone, or in conjunction with the injections.—*Journal Cutaneous and Genito-Urinary Diseases.*