

Foot, especially Enucleation of the Astragalus. Dr. V. P. Gibney, of New York.

23. Treatment of Resistant Club-Foot. Dr. E. H. Bradford, Boston.

Discussion to be opened by Dr. L. A. Sayre and Dr. J. B. Bryant, of New York.

THIRD DAY—THURSDAY.

24. An Easy Way to hold the Operated-on Club Foot in the Correct Position while the Plaster-of-Paris splint Sets. Dr. H. M. Sherman, San Francisco.

25. Means for the Prevention of Relapse in the Treatment of Club-Foot. Dr. B. E. McKenzie, Toronto.

26. Necessity for Mechanical Treatment after Operations for Club-Foot. Dr. W. R. Townsend, New York.

27. A Case of Club-Foot with Rare Complications. Dr. A. J. Steele, St. Louis.

28. Paper on Club-Foot; title not announced. Dr. T. Halsted Myers, New York.

29. Paper on Pott's Disease; title not announced. Dr. R. H. Sayre, New York.

30. Paper; title not announced. Dr. H. L. Burrell, Boston.

31. Paper; title not announced. Dr. J. C. Schapps, Brooklyn.

President, Benjamin Lee, M.D.; Vice-Presidents, R. H. Sayre, M.D., and H. L. Taylor, M.D.; Corresponding Secretary, Royal Whitman, M.D.; Secretary and Treasurer, John Ridlon, M.D., 34 Washington street, Chicago. Committee on Membership, E. H. Bradford, M.D., A. J. Gillette, M.D., Samuel Ketch, M.D., DeForrest Willard, M.D., and L. E. Weigel, M.D.

Progress of Science.

ARTIFICIAL PRODUCTION OF ABSCESSES IN CONDITIONS TENDING TO SUPPURATION.

FOCHIER (*Lyon Méd.*, August 23rd, 1891), having several times observed that in cases of puerperal fever improvement at once set in as soon as signs of localized suppuration—as, for example, abscess of the breast or of the iliac fossa—appeared, and that cases in which no definite abscess formed often proved fatal, conceived the idea of artificially inducing the formation of subcutaneous abscesses in cases of serious puerperal infection. He effects this object by injecting essence of turpentine (about 1 centigramme at a time) in three or four different places, and he believes that in this manner he saved several patients from all but certain death. He therefore recommends the method in infectious diseases in which sup-

uration is likely to occur spontaneously. He mentions pyæmia as the type of such affections, but all simple or complex septicæmias, erysipelas, and acute osteomyelitis may be grouped in the same category, inasmuch as in all of them the formation of multiple abscesses may be a part of the process. The same thing may, according to Fochier, be said of certain diseases in which, as a rule, there is no tendency to suppuration, but which, under certain conditions, may become "generalized pyogenic infections," such as influenza, typhoid fever, and pneumonia. Acting on this point, Lépine (*Sem. Méd.*, February 27, 1892) adopted the treatment in a case of pneumonia, in which the patient, a man, aged 36, seemed to be almost beyond recovery. The expectoration had become purulent, large *rales* had taken the place of tubular breathing, and though the temperature had fallen, there was no true resolution of defervescence, and the patient was in a condition of extreme adynamia. In short, the stage of "grey hepatization" was impending or had already commenced. On the twelfth day 1 cubic centimetre of essence of turpentine was injected subcutaneously with a Pravaz syringe into each of the four limbs. The temperature rose slightly, and oscillated between 38.5° C. and 39° C. till the eighteenth day of the disease, when they were opened. Almost immediately the temperature became normal, the physical signs began to clear up, and complete resolution rapidly took place. Even before the abscesses were opened the patient had to some extent recovered his appetite, and he soon regained the weight he had lost. Lépine states that, as regards both the general and the local condition, cure was complete. He is careful to guard himself against generalizing from a single fact, but, believing that it was solely owing to the treatment described that the patient recovered, he thinks it worth while to call attention to the method as worthy of trial in cases of "an affection which is almost always fatal—grey hepatization."—*British Medical Journal*.

OVULATION WITHOUT MENSTRUATION: PREGNANCY.

LOVIOT (*Arch. de Tocol. et de Gynéc.*, January, 1892) related at a recent meeting of the Paris Obstetrical and Gynecological Society, the case of a woman who had not seen a monthly period for fourteen months. Rheumatic pains set in and the abdomen became swollen. He discovered pregnancy between the sixth and seventh month. The mother did not believe in this diagnosis; nevertheless she was afterwards delivered of a very small child.—*British Medical Journal*.