under observation at the Western Hospital, where, about two months later, labor came on and there was a discharge of liquor amnii. As the os did not dilate, it was artificially dilated, when the uterus proved to be empty, but an opening was found at the left horn through which eventually the child was born. The latter died, but the mother made a good recovery.

Dr. Lapthorn Smith said that Dr. Armstrong's case was precisely the same as one reported by Dr. Rodger some years ago. He wished to ask three questions:

What was the amount of hemorrhage?

How many minutes was the patient under the influence of the anæsthetic?

Were there any symptoms of peritonitis?

He also wished to ask a question which he did not think that anyone could answer: How could an impregnated ovum get out of the peritoneal cavity unless by breaking through the fallopian tube at the hilum of the broad ligament? In this case it must at first have been a tubal pregnancy, which had gradually separated the folds of the peritoneum.

Dr. Gardner adopted the view of Dr. Lapthorn Smith, which was also the opinion of Lawson Tait, in all cases of ectopic gestation, that it was due to the rupture of a tubal pregnancy. He thought that it would have been better to have left the placenta for some time to become gradually detached, and thus avoid the serious bleeding which Dr. Trenholme must have had. He also thought that a glass drainage tube would have been more satisfactory than the antiseptic gauze.

Dr. George Ross asked whether Dr. Trenholme had any proof that his case was not a similar one to that of Dr. Ross and that of Dr. Rodger? The reason why he asked this question was because he had read the report of a case occurring to no less an authority than Goodell, in which the latter had been so sure that he had to deal with a case of extra uterine fœtation that a notice of the operation was posted for a certain day. But when the class met for the purpose of witnessing it, he was obliged to inform them that the patient had delivered herself the night before.

Dr. Trenholme replied that he knew that this was not a case of mural pregnancy. 1st. Because delivery had not come on although the child had been dead nearly a month. 2nd. Because the sound would have gone in to the handle instead of three inches. 3rd. Because he had held the perfectly normal uterus in his hand after the operation, which latter was conclusive.

In reply to Dr. Lapthorn Smith, he said that although there had been a large amount of venous oozing there had been very little arterial hemorrhage, and the anæsthesia lasted exactly 45 minutes. He could not explain how the ovum got out of the peritoneum.

Dr. Trenholme also exhibited a large fibroid tumor which he had removed nearly a week ago from a lady who had been sent to him with a supposed ovarian tumor. There were no adhesions and the growth was easily lifted out of the abdomen, and a hempen snare was passed around the pedicle in order to control the hemorrhage, which it did effectually. The tumor had grown from the left cornu of the uterus. He sutured the pedicle at the lower angle of the of the wound and left the snare on so that he might control any after bleeding. About three hours after the operation bleeding did come on, but it was easily controled by tightening the ligature. The patient is doing well, her pulse this seventh day being only 90 and her temperature 100.

Dr. Gardner said he preferred in these cases to place a rubber band around the cervix and transfix it with pins, and then to remove the uterus and all together.

Progress of Science.

SULPHONAL IN THE NIGHT SWEATS OF PHTHISIS.

Dr. A. Martin recommends sulphonal in the night sweats of phthisis. He gives it in doses of seven and one-half grains taken before going to bed. He says it has proved very helpful, securing a quiet natural sleep lasting from four to six hours.—*Wiener med. Presse*, July 22, 1888.

PAINLESS TOOTH EXTRACTION.

Drs. Hénoque and Frédel, in a communication made to the Biographical Society of Paris, state that the extraction of a tooth may be rendered painless by spraying the neighborhood of the external ear with ether. The anæsthesia of the trigeminus so produced extends to the dental nerves, and thus renders the production of general anæsthesia needless.—*Med. Record.*

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

The members of the Philadelphia County Medical Society are informed that any member who has an appointment to read a paper before the Society will have it set up in type and two galley-proofs furnished him on or before the day of the meeting, provided his copy is placed in the hands of the Editor of the Transactions at least a week before the time it is to be read. This regulation must prove of great convenience to the authors of papers.—*Ed. Med. and Surg. Reporter.*