A patient subject to dysmenorrhea and hysterical fits married and bore five children. The menstrual pain never reappeared after the first pregnancy, but the fits still occur.

Lewers. "A Case of Symphysiotomy." (Lancet, August 5th, 1893.) The patient, aged 20, secundipara, was admitted into the London Hospital. External conjugate measured six Presentation occipito posterior. Forceps were tried, ineffectually, so the author decided to perform symphysiotomy. Considerable difficulty was experienced in the division of the symphysis, owing partly to the fact that the head was so firmly engaged that there was little room for the guiding finger, and partly to the actual section, in which the bistoury failed, and an Adam's saw had to be used. A large sound was held in the urethra the while. After separation extraction was asily made with the forceps. Convalescence was prolonged, as besides suppuration in the wound followed by necrosis, there was for some time incontinence of urine, which resulted in a bed sore. Eventually patient made a good recovery. The child was also well.

The case illustrates the value of symphysiotomy in increasing the available space for the head: the suitable cases for the operation are the rather common ones of slight contraction. From subsequent experience in the post mortem room, the author concludes that as a rule a probe-pointed bistoury should be quite sufficient for the division. He also points out that observations of the dead bodies of women who have died, apart from pregnancy or childbirth, support the proposition that the available space is not usefully increased by dividing the symphysis; but that observations on the bodies of those who have died in childbirth show that the space is usefully increased. The only previous symphysiotomy in England was performed at Kingston in 1782, for osteomalacia the feetus was putrid, and the woman died. ARTHUR E. Giles, in Manch, Med. Chronicle.

BURNS:

Lersonals.

- Dr. A. Montgomery, Trinity '92, is in Berlin.
- Dr. D. McAlpine, Toronto '93, is in Edinburgh.
- Drs. Cleghorn and Quay, Trinity '91, have passed the Edinburgh triple.
- Dr. J. H. Austen, Toronto '93, has passed the double examination in London.
- Dr. Richardson, Trinity '91, has passed the triple examination at Edinburgh.
- Drs. Minnes, Sullivan and McLellan, of Kingston, are attending the hospitals in London.
- Dr. J. O. Orr, is working in the Bacteriological laboratory of King's College, under Professor Crookshank.
- Dr. Arthur, of Toronto '91, has passed the triple Edinburgh, and has gone for a trip as Shipsurgeon to Japan.
- Dr. H. Hamilton, late of Woodhill, is studying pathology under Drs. Horsley and Boyce, at University College.
- Dr. E. P. Gordon, late of the C.P.R. Pacific Steamship Service, has taken up practice on Bathurst Street, Toronto.
- A. F. Rykert, M.D., Toronto '93 (son of C. Rykert, Esq., Q.C., St. Catharines), is in London, doing general work in the hospitals
- J. A. C. Grant, M.D., Toronto '92, and Dr. H. C. Elliott, Trinity '92, have passed the Edinburgh triple qualification, and are now attending the Rotunda Hospital in Dublin.
- Dr. Hutt, Toronto '91, has gone to Berlin; so also has A. H. Nichol, Toronto '93, after passing the Edinburgh triple qualification, where he is now studying diseases of women under Dr. Martin.
- Dr. Davidson, of Cainsville, while driving into Brantford recently, met with a serious injury. His team was struck by a train and one of the horses killed, while the doctor had an arm broken and was badly bruised.
- Dr. Westbrook, of Winnipeg, has succeeded in capturing the Research Scholarship in Bacteriology, and is now working in the Research laboratory of Cambridge University under John Lucas Walker. The scholarship consists of two years' tuition in the laboratory and £300 per annum. Dr. Westbrook is one of the most promising bacteriologists in England, and is the author of some very important contributions on the subject. He is another example of the pluck and ability of the sturdy Canadian race.