the ureter. (4) The saving of time. The author further points out that the combined method is applicable more especially to cases where the disease involves the cervix and a portion of the vaginal mucous membrane, and to cases in which the uterine body is large and fixed.—Med. Times and Reg.

THE RELATION OF SYPHILIS TO GENERAL PARESIS.—Dr. Frederick Peterson states that his study of this subject leads him to submit the following brief conclusions:

1.—A history of syphilis is found in sixty to seventy per cent. of cases of

general paralysis of the insane.

2.—The fact must not be lost sight of that in thirty to forty per cent. of these cases no history of syphilis, congental or acquired, is to be found.

3.—Antecedent syphilis is seven to ten times more frequent in general paralysis than in other forms of insanity.

4.—Syphilis is therefore to be looked upon as a frequent but not constant

factor in its production.

5.—But paralytic dementia is not a form of specific disease, not a late syphilitic manifestation, nor is it a form of degeneration depending upon

syphilitic poison for its origin.

6.—The relationship of syphilis to general paresis lies in the fact that it is a wide spread disorder in all communities, that it weakens the constitution and vitiates the blood in many whom it infects, and that the system is thus prepared in many cases for the direct operation of the final etiology factors of general paresis, viz: alcoholism, excessive venery, heredity, and mental overstrain and excitement.—Ex.

THE PRESENT STATUS OF THORACIC SURGERY.—Dr. J. McF. Gaston (Journal of the American Medical Association) says:

All penetrating wounds of the thorax may be closed hermetically, by suture or otherwise, after allowing the discharge of fluid blood from the opening.

Foreign bodies lodged in the bronchi may be removed by incision of the trachea at the lowest available point.

Experiments for reaching the bronchi through the chest-wall afford little encouragement in undertaking operation upon the human subject.

Medication as a preventive and a curative agency in pleuritic effusion is worthy of trial, before proceeding to

the recourse of aspiration.

Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumothorax, but cannot be relied upon for the relief of purulent collections.

Partial resection of ribs is attended with better results in some cases of empyema than the complete removal of

the segments of several ribs.

The excision of a small portion of one rib, with the introduction of drainage tubes, has been generally attended with good results.

Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage gauze.

Tumors of the mediastinum may admit of interference, but further developments are requisite—American

Lancet.

THE CAT AND THE CAUL.—Mrs. Ella Johnson, who lives in Philadelphia, recently became the mother of a bouncing baby boy, and when it became noised about that the lusty youngster had come into the world decorated with a caul the happy mother was indulged with congratulations, which she received with becoming modesty, satisfied with the knowledge that her offspring, because of his lucky face covering, would be free from most of the ills and dangers of ordinary mortals. But in a few days Mrs. Johnson's joy was turned to mourning The caul had disappeared. Suspicion fell upon a neigh-