

(4) Chiari reports a case in August, 1884 (*Monatschrift für Ohrenheilkund*); (5) Schapringer another in 1884; (6) Clarborne another in the *American Journal of Medical Sciences* of 1888, one-sided. One-sided defects have also been noted by Schapringer and Tœplitz.

Dr. BIRKETT had seen a case referred to him by Dr. Buller where the congenital defects existed on one side only. There are a number of such cases on record, but as yet no explanation as to how they occur has been satisfactory.

Progress of Science.

WELL SIZED UP.

Rev. J. B. Hawthorne, of this city, said in his sermon, February 18th: "*If all the thieves were put into the chain-gang to-morrow,.....it would shut the doors of real estate offices and thin the ranks of the legal and medical fraternities.*" In regard to the real estate business, Dr. Hawthorne probably speaks by the card, because he has been interested in some land schemes himself in a quiet way as a "side line" to the sacred ministry. He therefore knows the tricks of the trade. We do not know what motive or experience prompted the good doctor in his stricture upon the medical fraternity. The only relation that we know of which he has sustained toward the medical profession has been to receive free medical attention for himself and family whenever occasion required. Such insinuations, therefore, as the above come with very poor grace, and savor of the meanest ingratitude. And all of this, too, from a man, a minister, who owns or did own a large part of the stock in a patent medicine humbug, King's Royal Germetur, which consists only of the addition of one pint of hydrochloric acid, costing twenty cents, to a barrel of water, costing nothing, the mixture selling for one dollar a quart! The doctor ironically selected for his text that morning, "*He that is without sin among you, let him cast the first stone.*" We think that this great evangel of all that is good and honest, who poses as the public censor, might make a personal application of his text with considerable advantage.—*Atlanta Medical and Surgical Journal*.

FORMS OF PERITONITIS.

Dr. Roswell Park (*Med. Age*) concludes:

First. There is no such thing as an idiopathic peritonitis. Every so-called case has a

definite origin, which, however, it may not always be possible to easily determine.

Second. Many cases of non-traumatic peritonitis have their origin in the female pelvic organs, and usually belong to the staphylococcus and streptococcus forms; but some of them are really cases of colon infection.

Third. Those cases which depend upon perforation after ulceration, escape of gallstone into the peritoneal cavity, and lesions of this general nature, fall into the septic or putrid forms.

Fourth. Peritonitis due to internal obstruction or strangulated hernia is usually due to colon infection.

Fifth. Cases of peritonitis which do not originate in the manner already referred to almost invariably proceed from the appendix vermiformis, and of all these a larger proportion are cases of pure colon infection.

Sixth. The larger proportion of these are fatal unless surgical procedures be used.

Seventh. In every case of peritonitis for which obvious cause is lacking, the ileo-cæcal region should be carefully examined, if suspected should be explored, and this exploration may well be made under an anæsthetic with all conveniences at hand for the most formidable kind of operative procedure.

SURGICAL ITEMS.

In parasitic affections of the skin, chronic eczema and the like, Dr. W. D. Cutter recommends the following: Chloral, carbolic acid and tincture of iodine, equal parts. It should be used cautiously owing to the danger of producing severe inflammation.—*Canada Lancet*.

Applied on lint or absorbent cotton to a bleeding surface, chloroform promptly stays the flow, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and reproduce hemorrhage.—*Medical Press and Circular*.

In inoperable cases of cancer of the uterus Depres (*Amer. Jour. Med. Sciences*) injects refined petroleum into the growth. These injections are painful, but cause speedy separation of sloughs, drying of ulcerated surfaces and cessation of odor. They are also of service in cases of abscess, and in acute vaginitis injections of three to five ounces produce a cure in six days.

"Many times," says Dr. F. Byron Robinson (*Med. Herald*), "I have watched Mr. Tait open an abdomen, explore and pronounce *malignant*, and then he would say to his nurse, 'Give me a needle and thread.' He would close the abdomen without attempting to remove a malignant growth, with a hopeless recovery. I