

[*Canadian Practitioner*].

The first article is "THE STUDY OF ANATOMY BY FROZEN SECTIONS," by A. Primrose, M.B., Toronto. A number of photographs of frozen sections, made by Dr. E. E. King, are shown, which show the relations of the various structures. In such a way the anatomy may be learned better than by many other methods. This sort of work was first done by Professor Pirogoff, of St. Petersburg.

Dr. E. E. King, of Toronto, writes the next paper; subject, CHRONIC URETHRAL DISCHARGES." After pointing out the various pathological modifications of this disease, and the method of discovering them by means of various instruments, he discusses, at considerable length, his treatment. He places little reliance on internal medication, a great deal on rational local treatment through endoscopic tubes. For disease of the anterior part of the canal he adopts the Otis treatment, applications of argent. nit., cupri sulph., or a mixture of iodine, pot. iodid., and glycerine. For the posterior urethra he recommends irrigation through Ultzman's irrigating catheter, with ac. carbol. (1-500), or pot permang. solution (1-5,000), used while warm. In addition, the patient's diet should be attended to, and the urine should be kept bland and slightly acid.

[*Montreal Medical Journal*.]

Dr. James Bell reports a series of cases of "STREPTOCOCCUS INFECTION." The first case was a fatal one in a puerperal patient. In the neighbourhood from which the patient came there was scarletina.

The second case was that of a house-surgeon who, after assisting in the autopsy, and, before washing his hands, got a finger jammed in a door. Recovered.

The third was that of a student who pricked his finger while assisting at the

autopsy. The lymphatic absorption at the axilla caused so much swelling that he was anæsthetized and the tumour increased, but no pus was got.

Dr. Bell proceeded to operate on a club-foot case after the above, and this patient made the fourth infected case, although the usual cleansing precautions were taken.

Drs. Finley and Adami, of Montreal, present the next article, "CASE OF MULTIPLE ABSCESS OF THE BRAIN ASSOCIATED WITH PULMONARY DISEASE." The patient was taken with a severe cold, accompanied with a pronounced cough, and expectoration, and frontal headache, followed by blood-stained expectoration, high fever and pain in the chest. Few crepitant rales made the only chest symptoms. Post mortem showed bronchitis, œdema and congestion of both lungs, dilated coronary arteries, vessels of the base of brain atheromatous, and around the roots of the anterior cranial nerves a purulent meningitis, pus in the lateral ventricles of the brain, an abscess in the substance of the left hemisphere, another in the white substance opposite to the ascending frontal convolution; another in the right optic thalamus; another in the right lobe of the cerebellum—these were the features of interest in the examination of this rare case.

FOR CHRONIC BRONCHITIS:—

R. Ammonii chloridi. . . . } āā gr. xv.
 Ammonii bromidi. . . . }
 Pulvis ipecacuanhæ. gr. iij.
 Morphinæ hydrochloratis. . gr. j.
 Mucilaginis acaciæ. q. s.
 M.

Ft. pil. no. x. S.—One night and morning.

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