

pathological and bacteriological examination of the specimen. This certainly is a higher standpoint than that occupied by Lawson Tait, to whom the removal of the uterine appendages is the chief thing, and who, neither before nor after the operation, concerns himself with the nature of the disease treated. He admits, himself, that in every fifth case he made an error in diagnosis. In a man like Lawson Tait, so great in his own estimation, it seems rather small to attempt to conceal his ignorance by resorting to insulting and scurrilous remarks in regard to German scientists. I advise Mr. Lawson Tait to learn German and to read the works of German gynecologists: he may then perhaps come to the conclusion that there is much which he might profitably study.

Here in Germany, Lawson Tait is held in high esteem, as he deserves to be, on account of his brilliant practical results. We have long since, however, ceased to regard as serious his theoretical utterances, which pretend to be scientific. The tone which he adopts in his polemic writings does not prevail with us in Germany, and it is certainly looked upon as undignified by every gentlemanly Englishman. I am, sir, etc.,
 DR. M. SAENGER,
Privatdocent at the University of Leipsic, President of the Obstetrical Society of Leipsic.

DR. EDWARD B. WESTON, on presentation of a thesis entitled

METRITIS,

read by the SECRETARY, was elected Fellow of the Society.

DOMESTIC CORRESPONDENCE

ONE OF THE "ITINERANT SYSTEMS" OF RECTAL SURGERY.

Dear Sir:—In a recent number of THE JOURNAL I described the amusing instrumental outfit of the itinerant practitioners upon piles, fistulæ, and fissures. The following is a condensed statement of the oldest of these secret "systems" so far as it relates to rectal ulcers. The information is from a trustworthy source, but I am not at liberty to use the name at present:

Once or twice a month, as the itinerant comes around on his circuit, he inserts his little speculum, cleans out the ulcer, and applies to it a solution of nitrate of silver, 40 grains to the ounce. Between the applications, the patient uses a morning and evening treatment himself. Each morning he is to evacuate the bowels, then inject the rectum with lukewarm water, and finally insert into it a little ointment consisting of 3 grains of carbolic acid and 8 grains of sulphur to the ounce of vaseline or lard.

For evening treatment he uses "Brinkerhoff's Ulcer Remedy," having the following composition:

R. Extract of hamamelis (distilled)..... fl. ℥v.
 Solution of persulphate of iron..... " ℥j.
 Cryst. carbolic acid..... grs. ij.
 Glycerine..... fl. ℥ij. ℥.

Add half a teaspoonful of this to the same quantity of starch, and about an ounce and a half of water. Inject into the rectum every evening.

This energetic use of nitrate of silver will of itself often cure a fissure, as has long been well known to us. I find, however, that if the ulcer is situated upon the sensitive verge of the anus, as it usually is, the application is atrociously painful, causing suffering equal to that of an incision. I am now experimenting upon the plan of daily unfolding the fissure, washing it out with mild antiseptics, and then packing it with dry iodol. I am not prepared yet to state final conclusions, but there is reason to think that many fissures may be cured in this way without incision, and with little or no pain.

EDMUND ANDREWS, M.D.

No. 6 Sixteenth St., Chicago, February 10, 1887.

COCAINE IN URETHRAL CARUNCLE.

Dear Sir:—In the *British Medical Journal* of January 1, 1887, is a query regarding the use of cocaine in urethral caruncle, as to strength of solution, pain during and after operation, and whether the caruncle is removed by excision or cautery.

In August, 1886, I was called to see Miss W., æt. 16, who had been lying helpless for one month with a urethral caruncle. She was lying on her back with the legs crossed, and unable to move on account of the pain. I applied a 5 per cent. solution of cocaine on absorbent cotton, and having no scissors with me, I trimmed a small twig flat, pushed it up under the caruncle to steady it, and removed the growth with one sweep of my pen-knife. The cocaine acted within five minutes, rendering the caruncle painless, and before I left the house the patient was out of bed and walking about the house. There was no pain during or after the operation, and the hæmorrhage was inconsiderable. Very truly yours,

J. D. EGGLESTON, M.D.

Worsham, Va., February 1, 1887.

INTERNATIONAL CONGRESS.

NINTH INTERNATIONAL MEDICAL CONGRESS. Section IV--Obstetrics.

The attention of gentlemen who desire to contribute papers to the Section of Obstetrics, is respectfully invited to the following extracts from the Rules of the Preliminary Organization:

"Brief abstracts of Papers to be read in the Sections shall be forwarded to the Secretaries of the proper Section on or before *April 30, 1887*. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the Sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress. The titular officers of each Section shall decide as to the acceptance of such proposed communications, and the time for their presentation.