

and April, there have been very few of these resurrections. M. Barthez, a great supporter of tracheotomy, has had thirteen cases in the two months, eleven of which have died. M. Bergeron, out of nine cases, has had three successful ones. M. Roger has lost all the seven cases in which he has operated; one of them, however, died from the effects of fever contracted in the hospital.—*Ed. Med. Journ.*, Nov. 1869, from *Gazette Médicale de Paris*, No. 23, 1869.

51. *Section of Nerves in Tetanus*.—On the evening of November 25th, instead of amputating, Dr. MAUNDER cut down upon and severed the ulnar, radial, and median nerves of the arm of a man who was the subject of tetanus following injury to the three inner figures. On the next day, the symptoms were aggravated, and the disease appeared to be pursuing its usual course. The patient afterwards died.—*Brit. Med. Journal*, Dec. 4, 1869.

52. *Ovariectomy twice successfully performed on the same Woman*.—Dr. W. BOINET communicated to the Imperial Academy of Medicine, Sept. 28, 1869, the case of a woman æt. 48 with an ovarian tumour, upon whom he performed ovariectomy on the 11th of Oct. 1868, removing the left ovary, which weighed about 18 kilogrammes (nearly 37 pounds); recovery was rapid. Ten months afterwards he operated again, removing the right ovary, which weighed 9 kilogrammes (nearly 18½ pounds); the patient recovered. The right ovary had been carefully examined at the time of the first operation, and was not observed to be enlarged, so that it had attained its present size in a very short period.—*L'Union Médicale*, Sept. 30 and Oct. 2, 1869.

53. *Ovarium and Fallopian Tube included in a Crural Hernia*.—Dr. OETTINGEN (*Petersburg Med. Zeitschr.*) describes the case of a female, 32 years of age, who, fourteen days after her ninth confinement, upon lifting a heavy weight, found that a swelling about the size of a walnut had made its appearance in her left groin which was irreducible, but produced no inconvenience. At the end of nine years, for the first time, rending pains in the swelling were experienced; the latter became more tense; vomiting ensued, but the discharges by stool were not interfered with. When seen by Dr. O. the swelling was of the size of a goose's egg. At the end of ten days after strangulation had taken place, an operation was performed. The swelling was found to be caused by a crural hernia. On opening the sac it was found to contain an ovarium of a dark red colour, near to which lay an intensely red coloured fold of mucous membrane, similar in appearance to the coronal of a small flower, and was unquestionably the swollen fimbriæ of the mouth of the Fallopian tube. The operation of detaching and the reposition of the displaced parts was somewhat troublesome. The healing followed quickly by the first intention.—*Centralblatt. f. d. Medicin. Wissenschaft.*, Aug. 1869. No. 39. D. F. C.

54. *Stricture of the Urethra; its Prevention, Early Detection, and best Method of Treatment*.—Mr. W. F. TEEVAN, in a paper read before the Surgical Section of the British Medical Association at its meeting in July last, drew attention to the importance of detecting stricture of the urethra in its earliest stage. The ideas as to the sign denoting the presence of stricture were vague. Mr. Teevan defined stricture to be "any diminution of the normal calibre of the urethra, the result of the contraction of organized lymph." The presence of a gleet of six months' duration or more, might commonly be regarded as the outward and visible sign of the existence of a stricture which might, perhaps, in no way interfere with the flow of urine; and the actual presence of such stricture might be demonstrated by the *bougie à boule*. That instrument was invented by Sir C. Bell, and was by him made in metal. Leroy d'Etoilles improved its usefulness by making it of an elastic material, which allowed the instrument to follow the deviations of a tortuous and deformed urethra; its diagnostic value was still further enhanced by Dr. Henry Dick, who had the shoulder of the bougie made sharp and angular. The *bougie à boule* was simply for diagnosis. It would, as it was being withdrawn, catch at the slightest unevenness in the urethra, and told accurately the slightest change in the mucous membrane.