

cavity. The child was alive five months after the operation.—*The Doctor*.

BLOOD LETTING.

In the *Lancet* of November 2, is an interesting clinical lecture on this subject by Professor Wharton Jones, who thinks that it is time to consider whether by the prevailing abstinence from venesection of important organs are not often allowed to run a prolonged and disastrous course, which might be prevented by the timely abstraction of blood in such quantity that the loss of it could not be injurious to the patient. Mr. Wharton Jones is not alone in his opinion, which he ably supports by reference to his own specialty. But be, and the domain of ophthalmic surgery, similar favorable results could be obtained, and the last few years have every now and then witnessed competent observers lending their voice to the advocacy of a return to the practice of occasional blood-letting. The indications so familiar to our youth are laid down by Mr. Jones in terms that vividly recall the practice of the last generation; and although it is to be hoped we shall not, by a violent reaction, pass again to the other extreme, it seems time to revise our views, or at any rate to re-examine the results of our predecessor's practice.

The argument might be extended to other active measures. The word antiphlogist is now seldom heard, and the means it included are so little resorted to in numerous cases, that we doubt not much preventible mischief often results. The public too, has become so imbued with the necessity of support and stimulants, that we see the simple antiphlogistic diet and regimen regarded with horror, even by those invalids who have manifestly strong constitutions, and have been over-feeding.

It is thus not uncommon to see cases which have been "kept up" by full diet, including wine or beer, getting worse, or at any rate not improving under the medicines which are trusted to cure them; which on a change to the "lowering" system of our youth, at once put on a new aspect. We are by no means sure that there is not now as much high living and as much need of reducing as ever.—*The Doctor*.

RUBBER BANDAGES IN THE TREATMENT OF ECZEMA AND ULCERS.—Dr. Bulkley, in a paper read before the New Hampshire Medical Society, gives the results of his experience with the solid rubber bandage of Dr. Martin, not only in chronic ulcers of the leg, as first recommended by the latter gentleman, but also in several forms of eczema of the part, detailing twenty-seven cases. The bandage is made of pure rubber, should be ten or twelve feet long and about three inches wide, and provided with firmly attached tapes at the free end.

It should be applied in the morning before the patient leaves the bed, and not too tightly at first, the object being to support the relaxed tissues of the skin and its vessels, not to check the circulation. One or two turns should be taken around the bottom of the foot, and then avoiding the heel the bandage should be wound about the leg without "reversing" up to the knee, where it is to be secured by the tapes. There should be nothing between the rubber and the skin. At bed-time it is to be removed, carefully washed with water until perfectly free from the retained perspiration and discharges from the diseased skin, and left unrolled to dry over night. For the first day or two it may cause some discomfort to the patient, but afterwards is worn without inconvenience. We can vouch that it will be found to be serviceable in many cases of chronic eczema, especially in those accompanied by deep infiltration and in those dependent upon a varicose condition of the blood-vessels. Dr. Bulkley states that he has applied it with benefit even in acute and subacute forms of eczematous inflammation. Of its great service in the majority of cases of chronic ulcer of the leg both Dr. Martin and Dr. Bulkley offer abundant testimony. The bandage should be worn in all cases for some little time after the cure seems complete.—*Boston Med. Journal*.

TRANSFUSION.—At the meeting of the Société Biologie, Dr. Brown Séquard gave an interesting account of his experiments on transfusion. He had made use of different sorts of liquid for transfusion, such as normal blood, blood without its fibrine, and milk. In such case he found the results to be the same, but in the case of milk the quantity that it was necessary to inject was more considerable than in the others. Ninety five grammes of blood was drawn from a dog, and were replaced by the same amount of milk. Shortly after the operation (about forty-five minutes) there was no trace of milk globules to be found in the blood, and the dog has continued in excellent health ever since the operation, which took place more than five months ago. M. Malassez found, upon examining the blood after the transfusion, a greater number of white globules than normal. In concluding his remarks, Dr. Brown Séquard expressed the opinion that the liquid injected should be at least at a temperature of 10° to 12° C. It was preferable, he thought, to choose the arteries rather than the veins, and recommended the operation to be done very slowly, in order to allow the liquid injection to acquire the temperature of the blood. Transfusion also succeeded in animals when the blood made use of comes from a species of animals different from that of the one under experiment. It appears that Dr. Thomas, of New York, has tried the transfusion of milk on the living subject, and is convinced that it acts as well as blood.—*Lancet*.