

in an article on "Consultations" in a recent number says: "The patient has a right to change his physician if he so pleases, and, having notified him to that effect (after having, of course, paid the bill), is under no more obligations to him. Any physician who would refuse to accept such a case would manifest a species of transcendental fastidiousness that could hardly be appreciated by the most upright member of the Medico-Historical Society. It is another thing, however, when a gentleman is called after having, during the same illness, attended the case in consultation. Under such circumstances he is bound, in honor, invariably to decline having anything further to do with the case. As it is presumed that through the practitioner he became known to the family—that the same practitioner, perhaps, gave him his reputation—he must not in any manner supplant him. If the latter did not actually occur sometimes, it would appear almost like an insult to honorable men to refer to it as a possibility."

**REMOVAL OF GLANDS OF AXILLA WITH TUMORS OF THE BREAST.**—Lecturing at La Patie on a case of amputation of the breast, Prof. Verneuil observed that sometimes the indurated glands extend very far under the pectoralis, where it would be difficult, as in this case, to follow them. He therefore made at the anterior edge of the axilla a section of the pectoralis major by means of the linear écraseur, thus rendering the search for the glands much easier. In this way this thick muscle was divided without giving rise to any bleeding, and the search was easily pursued. These glands, excepting those situated at its outer border, are chiefly situated along the vessels, and especially along the axillary veins in the deeper-seated regions. It is especially in removing these deep-seated glands that we have to fear hemorrhage from the axillary vein—hemorrhage which is easily and rapidly produced on the slightest detachment of the glands, even when the use of a bistoury is abstained from. It is not the vein itself which is wounded, but every gland is connected with this by means of a short venous branch with a relatively large caliber. On detaching the glands by the fingers or a blunt instrument this vein of the ganglion becomes torn, and bleeding is produced, owing to the absence of valves, just as if the principal trunk were injured. It is impossible to find this little branch to tie it; and the ligature of the axillary vein should be practised at two points, as bleeding takes place at both ends of the divided vessel. Difficult as this proved in this case, it would have been infinitely more so if it had to be done under the great pectoral in a wound inundated with the blood. The operation is therefore greatly facilitated by the previous division of the muscle.

—*Gazette des Hôpitaux. (Med. News.)*

**HOW TO STOP A COLD.**—Horace Dobell, in his

little work on "Coughs, Colds, and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: 1. Give five grains of sesquicarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give ʒ iss of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed, so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*London Medical Record, Aug. 15, 1879.*

**CARCINOMA OF THE STOMACH.**—The following on the treatment of cancer of the stomach is from a "Treatise on the Practice of Medicine," by Prof. Robert Bartholow, which is announced for an early appearance:

"Although cancer of the stomach is incurable, much may be done by treatment to render the patient's decline tolerable. The first and most important point is to regulate the diet. By the withdrawal of solid food, and the substitution of milk alone, or milk and beef-juice, the greatest relief is afforded, and for a time there may be a gain in weight, but of course this is not long maintained. If the diet is restricted to the articles mentioned, it should be supplemented by that important means of rectal alimentation, the injection of defibrinated blood. The burning pain is much diminished by washing out the stomach once a day with the stomach-pump, especially in dilatation from stenosis of the pylorus. By removing acrid acid matters in this way, much straining efforts at vomiting will be saved.

Of all the remedial measures proposed there is no prescription which is so generally useful in these cases as equal parts of pure carbolic acid and tincture of iodine, of which one or two drops may be administered in water three times a day. For the vomiting only, a solution in cherry-laurel water of carbolic acid, or a combination of carbolic acid with bismuth in an emulsion, will be found effective. Nitro-glycerine, benzine, and bisulphate of carbon have been used, with advantage, to allay nausea and vomiting. The most effective means