

From *Le Progrès Médical*.

In a concise and interesting thesis, M. Le Dr. Hoelling shows—(1) That the whole etiology of lymphangitis of the newly-delivered can be summed up in one expression—fissure of the nipple; and that (2) we can, by means of appropriate treatment, obtain, as a constant result, cure of the disease, and arrest of the development of the abscess. In order to do this it is necessary to have recourse, without delay, to compression. A poultice of linseed meal is applied to the affected part; the breast is wrapped up in a layer of cotton-wool, and the bandage, known in minor surgery under the name of “triangle-bonnet for the breast,” is applied. The piece of bandage is a triangle, about a metre (39·37 inches) in length, from one extremity to the other, and fifty centimetres (about 20 inches) from apex to base. The base of the triangle is placed obliquely beneath the affected breast; then one end is brought under the corresponding axilla; the other over the opposite shoulder, and they are tied together upon the shoulder blade. The apex of the triangle is then brought over the front of the affected breast; it is carried over the corresponding shoulder, and is fixed solidly behind. The essential indication to be fulfilled is to thoroughly raise (support) the breast. The effects of the treatment thus carried out will be almost marvellous, according to Dr. Hoelling. For his part, he has always seen a cure rapidly follow, and no abscess is developed under these conditions.

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At the meeting of the Biological Society, on the 2nd Dec., 1876, M. de Sinéty said he had examined the genital organs of a young hysterical woman who had died in M. Charcot's wards. She had been regular for thirteen years; and her courses had last appeared two months before her death. The uterine mucous membrane presented all the characters usual at the time of menstruation, and yet no Graafian vesicle existed in the ovary, even at the approaching period. Putting several facts together with this, he came to the conclusion that ovulation and menstruation may be performed separately. M. Tubler reminded them that in his work on “*Les Epistaxis Uterines*” he had pointed out this independence of the two functions.

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PROFESSIONAL JEALOUSIES.

The jealousies existing among the members of the medical profession cannot fail to be the subject of deep regret to all who are sincerely devoted to its advancement. The conviction forces itself upon us, moreover, that, by the great mass of the profession, the gravity of the consequences of these jealousies, not to the members of the profession alone, but to society at large, is not as fully appreciated as it ought to be. With so many of us the remunerative aspect of the profession becomes so all-absorbing that anything relating to our professional improvement is completely overlooked. One cannot help feeling, after a close observation of the course of some medical men, as if their interest in the profession was measured entirely by the pecuniary returns to be realized. Their whole behaviour exemplifies the idea that, only in proportion to the remuneration they can secure from anything they undertake are they willing to labour. And thus we are being carried along by the ever-widening current of this professional selfishness. Alienations from each other are becoming more marked every day, and the general aspect of the relations of medical men in their intercourse with each other is constantly becoming graver. If, as a class, we could keep more prominently before us the