by cutting away an angle or edge of bone at the point of fracture, and allowing an elevator, such as a small screw-driver, to be inserted beneath a

depressed fragment.

In regard to the traditional forms given to instruments, I have inquired of different instrument makers why the sharp, triangular point is made on the ordinary silver probe, but it remains unexplained. I have never seen any surgeon use this curious bayonet-point of a probe, and know of no possible use for it.

The facility with which rectal injection can be performed with large quantities of fluids, by hydrostatic pressure, renders not essential the use of a syringe, if a piece of India-rubber tubing long enough can be obtained. The lower bowels may be distended, in cases of intussusception, by injecting water and carbonic acid gas, forced from the ordinary mineral water bottle or syphon, fitted for the rectal tube.

In cases of violent inflammation and traumatic injuries of the eye, needing immediate use of a mydriatic, the universally present stramonium may well substitute belladonna or atropia.

For antiseptic use many readily produced substances may well replace carbolic acid. None is so cheap and efficient as that most neglected preventer of putrefaction, sulphurous acid, made simply by exposing water to the fumes of burning sulphur in a close chamber. The antiseptic action of a saturated watery solution of turpentine has also the advantage of convenience of procurement and cheapness. For this purpose turpentine should be kept continually in water and exposed to warmth, and frequently agitated. Diluted alcohol has merits as an antiseptic which have not received proper attention.

Recent investigations have proved that the bichloride of mercury is the most powerful of all germicides, and that it can be used effectively in unirritating dilutions of one part to two thousand or more of water. These readily obtainable substances prevent the decomposition of animal matters, and, without disputing over the germinal, chemical or other theories of their action, all surgeons must admit that putrefaction is the most common factor in preventing the healing of wounds, and that it should be avoided.—*Polyclinic*.

## THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Surgery. EDITORS:

FRANCIS W.CAMPBELL, M.A., M.D., L.R.C.P., LOND R. A. KENNEDY, M.A., M.D. JAMES C. CAMERON M.D., M.R.C.P.I.

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MONTREAL, SEPTEMBER, 1883.

## MILITIA SURGEONS..

The following recommendations presented by Dr. Thorburn to the Canada Medical Association, at its recent meeting, received the approval of the meeting:

- 1. The organization of a militia medical depar tment, with a chief medical officer at headquarters.
- 2. That the senior medical officer in each military district be appointed principal medical officer.
- 3. That substantive rank be granted to all military medical officers.
- 4. That the medical department shall be supplied with all necessary equipment for the use of the force when required.
- 5. That it be further submitted to the honorable, the Minister of Militia, the advisability of changing the titles and designations of Canadian medical officers, so that they will correspond with those held by the medical officers of the British service; thus, surgeon instead of assistant surgeon, surgeonmajor instead of surgeon, brigade surgeon instead of surgeon-major, deputy surgeon-general, etc.
- 6. That the scale of pay and allowances of the militia medical department be assimilated to that of corresponding ranks of the British medical department.

## McGILL FACULTY OF MEDICINE.

This Faculty is to be congratulated on the result of the appeal which their new Dean made a year ago to the public for an endowment fund. The Hon. Donald A. Smith has given \$50,000, the fund to bear the name of "The Leanchoil Endowment"; a further sum of \$50,000 has been collected, and will be known as "The Campbell Memorial Fund."

## PERSONAL.

Dr. Hurlburt has removed to Mitchell, Ont. Prof. Pancoast, of Philadelphia, was in town for a few days.

J. M. Dunsmore, M.D. (McGill, 70), has removed from Mitchell to Philadelphia.

Ovide Martel, M.D. (McGill, '83), has begun practice in St. Urbain street, Montreal.

J. S. Smiley, M.D. (McGill, '80), has removed from Rawdon, Q., to Portsmouth, Iowa.

Dr. A. A. Browne of Montreal, has returned from a tour of Great Britain and Germany.

Dr. H. P. Wright, of Ottawa, has returned from Europe.

Arthur Storrs, M.D. (McGill, '76), is practicing at Wexborough, York, Eng.

R. H. Klock, M.D. (McGill, '82), of Aylmer, Q., has gone to Port Arthur to join T. J. S. Smellie, M.D. (McGill, '77).