

practising the medical profession in this country, viz. : Dr. Chas. O'Reilly, Superintendent of the Toronto General Hospital ; Dr. Gerald O'Reilly, of Fergus, Ont., and Dr. Edward O'Reilly, of the SS. *Peruvian*.

—Dr. Schweninger, Bismarck's nominee to the Berlin chair of Dermatology, seems to be having a lonely time of it, seeing that not a single student has yet attended one of his lectures.

—A Chinese doctor is practicing with great success at Deadwood. Patients come from all surrounding towns, and their remains are often sent home to their weeping friends by express.

—Dr. Meredith, Thornton's assistant at the Samaritan, has done fifty ovariectomies in the past three years with a mortality of eight per cent. He is in the habit of taking every antiseptic precaution including the spray.

—Dr. Brownlee, of Kansas, treats epistaxis after a novel and most ingenious method. He introduces a condom into the bleeding nostril by means of an elastic catheter. Then he fills the condom with ice water, removes the catheter, and closes the mouth of the bag. The cold and pressure combined never fail to arrest the hemorrhage. The plan looks to be a good one, and certainly deserves a trial.

—The unfortunate Dr. Rabbeth, who recently came to an untimely end from madly attempting to empty a trachea of diphtheritic membrane by sucking it through a tracheotomy wound, is to have a tablet erected to his memory in University College. A "Rabbeth medal" is also talked of. The desire to become immortalized is so strong in the bosom of many that we shall probably now often hear of similar cases. We warn these, however, that they all can't expect a medal or a tablet costing a thousand dollars—times are too hard.

To pass the œsophageal tube sometimes is found very difficult, and dangerous delay may often be occasioned when the stomach-pump is required in cases of poisoning. In such cases the attempt is generally made to pass the tube with the patient in the dorsal position, and its passage is frequently obstructed at some point in the œsophagus. This annoying difficulty usually may be overcome by holding the patient in the upright position during the passage of the tube. We do not know the author of this procedure, but remember having seen it successfully carried out in Bellevue Hospital, when all attempts to pass the tube, with the patient in the dorsal position, had failed.—*Chicago Medical Review*.