

through perforations in the flooring of the different passages. Gas should be placed high, and not used to heat the building, and the jets might be disposed in rings, around openings leading directly to the external air, so that the heat generated may be utilized as an agency for extracting air vitiated by the congregation, while at the same time the injurious products of gas combustion are at once removed. Extraction shafts leading into the furnace-flue, and having their openings well above the gallery level, might also with advantage be placed in, each corner of the building.—*Brit. Med. Jour.*

UNIVERSITY COLLEGE HOSPITAL.—REMOVAL OF THE SUPERIOR MAXILLARY NERVE.—Mr. Victor Horsley excised the right superior maxillary nerve of a woman, æt. 45, for intense neuralgia. He said it was a good sign in this case that the disease was fairly localized. Ten years ago the patient had suffered from a very slight attack, which very soon passed away, the real malady commencing only three years ago. In his opinion it was far better to operate comparatively early, as then all the branches of the nerve are not affected. He stated it was feared at one time that a change took place in the roots of the teeth after excision of the nerve, but this is not the case. In the present instance there was no evidence that the disease involved any branch but the middle division of the fifth; the patient was very neurotic, requiring an enormous amount of anæsthetic, as these cases always do. The first step of the operation was to stitch together with horsehair the lids of the right eye; a horizontal incision was then made along the lower margin of the orbit, care being taken not to enter that cavity, and a vertical cut parallel to the nose carried down for about an inch and a half nearly from the centre of the first; the periosteum was then elevated and the nerve discovered emerging from the foramen; an effort was made to separate the artery from the nerve; to do this, Mr. Horsley pointed out, was a great advantage, but it was not easy, and was not possible in the present case, so the artery was ligatured and a piece of silk put round the nerve, then the periosteum was turned up from the floor of the orbit, the eyeball being held up with a copper retractor. (Mr. Horsley said *en passant* that a

thin elevator was required; the original performer of this operation used a cup-shaped one.) The infra-orbital canal was next opened up with bone nippers; an electric light attached to the operator's forehead being now brought into requisition, the anterior dental was brought into view and about two inches of the superior maxillary nerve were excised. All small vessels were ligatured, hot perchloride solution was applied, and the wound sewn up with horsehair, one angle being left unclosed, as there had been a good deal of oozing and there probably would be more, as Mr. Horsley pointed out, remarking that he generally in these cases closed the wound up entirely.—*Medical Press and Circular.*

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## THE Canadian Practitioner

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A SEMI-MONTHLY REVIEW OF THE PROGRESS  
OF THE MEDICAL SCIENCES.

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### THE RETAIL DRUGGIST.

An article on the above subject recently appeared in the *Medical News* which refers more especially to the position of the pharmacist in the United States, but is not any the less interesting to us in Canada on that account. It quotes from the *Druggists' Circular* the following paragraphs referring to counter-prescribing:

"In this and other States there are very stringent laws to prohibit counter-prescribing by druggists, and as our medical brethren have spies constantly on the lookout, and a number of arrests have been made, it is of the greatest importance that all pharmacists should be on their guard. There is, however, no law under which a druggist could be arrested or fined for selling a friend or customer what they called for, and in order to meet this difficulty a little book entitled 'A Medical Manual for the Treatment of Simple Diseases' has been carefully prepared.