

should only be signed by properly qualified medical men, and that the matter of deciding whether the qualifications of the signer were satisfactory and the certificate properly made out, as regards nosology, should be left to competent persons; instead of, as at present, to superintendents of cemeteries, whose education hardly fitted them for these important duties.

Upon motion of Dr. F. W. CAMPBELL, it was resolved to refer the matter to the council of the Society, and such other persons as the council might select, with power to give Dr. Laberge such advice and assistance as seemed necessary.

## Progress of Science.

### HERNIA IN CHILDREN.

Wirt (*International Medical Magazine*, February, 1894), in an excellent contribution on hernia, gives the following table of the relative frequency of the different forms of hernia as found in 19,756 cases treated in the Hospital for Ruptured and Crippled, New York City:

	No Cases.	Male.	Female.	Under 14.	Right.	Left.	Double.
Inguinal..	16,864	14,994	1870	4348	7806	4375	4686
Umbilical.	1,488	569	919	789	....	....	....
Femoral..	1,135	418	717	26	700	379	56
Ventral..	269	95	174	13	....	....	....
Total.	19,756	16,076	3680	5176	8506	4754	....

He classifies treatment under three heads: 1. General treatment; 2. Mechanical support; 3. Operative measures.

General treatment is directed toward the relief of the conditions causing the hernia, as vomiting, coughing, calculus, a rectal polypus, or chronic diarrhoea, or, when necessary, to tonic treatment, out-door exercise, etc.

Mechanical treatment as given in the Hospital for Ruptured and Crippled, consists in using a steel spring truss for all reducible cases except umbilical and ventral. The Knight truss is used most, and is efficient and cheap. In cases difficult to hold, the Hood truss is employed, and in the worst cases a combination of the Knight and Hood.

Umbilical herniæ are treated by means of a wooden button held in place by rubber adhesive plaster.

Operation for hernia requires strict anti-septic precautions, great care in dissecting out the sac and handling of the supermastic cord. The sac should be tied off well down in the wound, the external portion removed, and the stump returned into the abdominal cavity. The wound should be closed and dressed antiseptically, and over all a plaster-of-Paris spica should be applied from ankle to umbilicus. The casing should be removed in eight days, and the wound then dressed.

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MONTREAL, APRIL, 1894.

### THE PHYSICIAN'S WIFE.

We thought we knew something about the doctor's wife; but after having read a charming little book entitled "The Physician's Wife and the Things that pertain to her Life," by Ellen W. Firebaugh,\* we must confess that we had only a very faint idea of all the beauties of her character. The author in the most natural and modest manner tells her own feelings, which are probably the feelings of a majority of her sisters, amidst all the vicissitudes of pleasure and sorrow which go to make up the daily life of the country doctor. No doctor or doctor's wife can read this book without exclaiming at almost every page: "How true to life the description is." Whether it is her efforts to keep the doctor's dinner hot without spoiling it; or talking care of the doctor when he is sick,—one of the most difficult tasks she has to perform; or whether she is describing a sick-bed scene among the poor; or her fear and trembling at being left alone in the house while the doctor is answering a midnight sick call, her descriptions are always graphic and interesting. Many of them are illustrated with sketches which bring them still more home to ourselves. One picture shows the doctor's first meeting the little girl who is to be his future wife; another, the doctor and his wife in their easy chairs drawn close to the grate fire, and enjoy-

\*Published by F. A. Davis & Co., Philadelphia.