

should be rendered; and certainly the demand should be made for money on quarter-day. We trust that with the beginning of April there will be a grand presentation of professional bills for work done since January (and we fear in too many instances for work done before that time), and the people be made to understand that settlement is expected. It is all nonsense to be "mealy-mouthed" about matters of this sort. No patient whose patronage is worth having can take offence at the doctor for taking care of himself and family. When tailors and milliners and butchers and bakers and candlestick-makers (or, in more modern English, the "gas companies") and landlords and carriage makers and horse-feeders, in fact all the gentry who supply the doctor with his inexpensive living, adopt the plan of mentioning their little affairs against him semi-occasionally, then can the doctor afford to do likewise with his clientele. In the meanwhile we advise him to follow the fashion of the times, and collect his dues promptly; and when he does, may we mildly request that as printers and publishers are among those who expect to be paid now and then, he will assist us in this matter to the extent of any little amount he may owe upon the subscription to this journal.

SURGICAL TREATMENT OF ANASARCA.

Dr. Wickers, (*London Lancet*) says: the treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures, such as diuretics, purgatives, &c., have failed, is, in many instances, very unsatisfactory. If the patient be let alone he rapidly gets waterlogged and dies; incisions or punctures nearly always lead to sloughing, while other plans of treatment have proved less unsuccessful.

The following method has been in use at Charing-cross Hospital for some months; it has been found to increase the patient's comfort considerably, while in no instance has it been followed by ulceration, sloughing, or cutaneous inflammation; it appears, indeed, to substitute a perfectly safe means of getting rid of the fluid for those which have hitherto been attended by much risk.

The legs having been well oiled, and a Macintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout straight needle or hare-lip pin, care being taken that the needle is passed deeply into the subcutaneous cellular tissue. Some sponges which have been well wrung out in a solution of salicylic acid are now placed against the punctures, so as to absorb the dropsical fluid as it transudes, these sponges as they become saturated are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required every two or

three hours, and several pints of fluid may be drained away during the first twenty-four hours, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed.

By the use of salicylic acid in the manner described, decomposition of the transuded fluid is obviated, the sponges are kept free from odor, the skin is not irritated, and cutaneous inflammations of a low type, with their attendant evils, are entirely prevented.

REGISTRATION OF COLONIAL AND FOREIGN DIPLOMAS.

Dr. Quain proposed the following memorandum on the registration of colonial subjects or foreigners:—

"That, with the consent and approval of the General Medical Council, any of the medical authorities may confer, without examination, on a colonial subject or on a foreigner, a degree, diploma, or license entitling him to be registered, provided that the medical authority has received such evidence as to character, professional education, and examination as would be deemed sufficient as a qualification for the like degree, diploma, or license in the case of a person not a colonial subject or a foreigner. There shall be a right of appeal to the Medical Council if no medical authority consent to admit such colonial subject or foreigner."

His suggestion was, that foreigners or colonial subjects wishing to practice in this country should apply to one of the institutions, which would investigate their character, education, and examination, in such a way as to justify them in giving a diploma and that it should not be open to an institution to do that carelessly or indifferently, but each case should be submitted to the approval of the Medical Council, and, therefore, the admission of foreigners as practitioners in this country would be subjected to the double ordeal of the authorities admitting them and of the Medical Council.

Dr. Pettigrew seconded the resolution.

Mr. Turner said, in the table of amendments to be moved in Committee by the Lord President, there were evidently important amendments on these very clauses referred to by Dr. Quain—Clauses 6 and 7; and, as the Council had not yet had time to consider the full import of those amendments, it might be as well if time were allowed for such consideration.

At the request of the President, Mr. Turner read Clause 7 as it was proposed to be amended.

Dr. Quain: Do I understand that by this clause the holder of a foreign diploma placed on the separate *Register* has all the privileges of an English registered practitioner?