

ing was called. The next time he saw her was after Dr. F.'s attendance, and she was "very much prostrated generally." He (Dr. W.) gave no evidence as to her local condition before or after being treated by Dr. F., except that she had leucorrhœa before being treated by Dr. F. He never used instruments in such cases, but sometimes used injections. He also said that leucorrhœa might be a cause of disease of the uterus.

Rebutting evidence was produced for plaintiff. Several most respectable witnesses were called, who contradicted many of the defendant's statements, and also proved that Crowsen had frequently expressed himself well satisfied with Dr. F.'s treatment of his wife. Also two or three witnesses testified that they had employed Dr. F. in similar cases and were well satisfied, as his treatment was successful. Drs. Black, of Amherst, N. S., Chandler, of Dorchester, and Moore, of Sackville, N. B., swore that the treatment (instrumental and otherwise) described in Court was appropriate in such cases. The trial occupied six days, and a verdict for plaintiff was rendered. Defendant appealed, and although all reasonable means were used to get the case argued before the judge, it was not argued till 18th September, 1879; and on 9th December, 1879 (three years and six months after the verdict was obtained), an order was given by Judge Botsford for a new trial, on the ground that the "evidence brought by plaintiff to prove that his treatment was successful in other similar cases was inadmissible."

Should it not be the duty of a judge to look after the interests of both parties and guard the case by excluding irrelevant evidence as it is presented? If the law is such that a judge must decide as in this case, there is surely something wrong in the law itself, or such trifles could not properly overrule the spirit and intention of law, which is to secure justice. Is it of more importance to institute and sustain *forms in the law* than to execute *justice by the law*? Are not the complexity and convertibility of law crying evils of the present day? How often are gnats strained at and camels swallowed with the greatest ease! Is it usual when a doctor sues to recover his fees, for the defendant to plead malpractice, as in this case? If so, should evidence to establish the ability of the practitioner be ruled out, or, if admitted, admitted only to upset the legality of the prosecution? These

are questions which it is well for the profession to consider.

You may think that in this case redress might easily be obtained, but surely the above particulars are far from encouraging any further effort and expense; for it took five years to get a legal decision (a very common occurrence in Westmoreland County Court), and the defendant has had several law suits since this case was entered. He is at present in litigation with his former witness (Dr. Wilson) and may have nothing left.

Yours faithfully,

ALEX. FLEMING, M.D.,
L.F.P.S., Glasgow.

Sackville, N.B., Feb. 2, 1880.

COMPLETE CONSOLIDATION OF ONE LUNG.

To the Editor of the CANADA LANCET.

SIR,—I have a patient (a little girl) under my care at present, in whom there is complete consolidation of the left lung from base to apex; wooden dulness from the clavicle to the base of the lung behind; no enlargement of the left side or displacement of the heart. She lies easier on the right than on the left side. She has been ill about a week or more. The greater part of the lung was solid when I was called in four days ago. The pulse was then 136; it is now 116 and treatment about discontinued. I had a similar case about four years ago; both cases were anæmic. They were treated with cupping and tartrate of antimony. The former recovered rapidly, and the present one no doubt will. These are the only cases of complete consolidation that I remember having met with in thirty-five years' practice. I used to think that complete wooden dulness over one side would indicate effusion. The most striking and most readily noticed diagnostic sign is bronchial respiration with bronchophony in consolidated lung.

JAMES LANGSTAFF, M.D.

Richmond Hill, Feb. 17th, 1880.

To the Editor of the CANADA LANCET.

SIR,—I desire to state in reply to the remarks in your journal for February, anent "another delicate operation," that I had not the slightest knowledge of the publication or *intended publica-*