

without which no hospital can be worthy of the name; and these defects are still omitted, although the original cost of the hospital has nearly doubled, and now I understand another expenditure sufficient to do more than supply every possible hospital demand for the next decade in Manitoba is about to be incurred, and yet the Winnipeg Hospital remains deplorably defective in these essentials without which it will still remain fifty years behind the times.

In Toronto they manage things differently. Qualified medical opinion is in authority. The result is very apparent. It will be found always so. Your trustees, directors, or by whatever name they go, are useful up to a certain point, and their official swagger does little harm as long as it does not seriously interfere with the medical authority; but when the average citizen attempts to run a hospital without reference to medical advice he certainly makes a mess of it ordinarily. Commercial pursuits do not qualify for the management of a houseful of sick people any more than they qualify for the management of a single case. Of course it must be apparent to any one visiting Toronto that the hospital is exceptionally well administered by its superintendent, who stands deservedly very high. I was not very fortunate in seeing anything of especial interest in the wards of the hospital. I understand Dr. Cameron has had during the last year over a dozen laparotomies, and with more than the average success.

I was more fortunate in Montreal. Dr. Gardner removed the appendages while I was there, and I also witnessed with him a vaginal by operation. In my humble opinion, Montreal possesses in Dr. Gardner an operator who is soon destined to give a material advance to abdominal surgery in Canada. He is a close follower of Tait, and his record so far leaves no doubt

as to his future success. Dr. Trenholm, of Bishops, divides with Dr. Gardner the gynecological honors, and in Montreal a very promising and likely competitor in the same race is J. Johnstone Alloway, of lacerated perineal fame. He assists Gardner in his abdominal and gynecological surgery.

Allusion to this branch of practice in Montreal that omitted reference to Dr. Fenwick would be glaringly incomplete. Dr. Fenwick has done more, perhaps, than any other Canadian surgeon with his pen, but especially with his scalpel, to uphold the position of surgery in the Dominion. He is admired by all who have had the privilege of witnessing his manipulative skill, as he is beloved by all who know him.

I must ask your consideration for my defective penmanship. Remember this was written on the Atlantic, and what with the heaving billows, a turbulent epigastrium, and the other atrocities of the ocean, caligraphy and composition are alike difficult.

Yours faithfully, JAMES KERR.

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 IODOFORM AS AN ANTISEPTIC.—Iodoform has for so long been looked upon as having antiseptic properties that any statement to the opposite effect is naturally surprising. Messrs. Heyn and Rosving maintain that these powers have been assumed but not proved, and a long series of experiments made by them brings them to the conclusion that it is not an antiseptic at all. Sterilized iodoform jelly, when inoculated with micro-organisms, was found to be full of them, all growing freely on the third day. One of these jellies was further mixed with iodoform powder and then injected into the knee of a rabbit; on the following day the rabbit was evidently ill, and the knee much swollen. On the third day some pus was taken from the joint, and from this characteristic pure cultures were obtained.