

upon them was astonishing. He gave the Iodide of Potassium largely, and had great faith in its efficacy. He thought highly of Belladonna when the dyspnœa was urgent. He was a great admirer of Niemeyer, and sometimes followed his treatment as regards the cold application at the outset of inflammation. I have seen several cases of inflammation of the mammae under his care, where he applied only cold iced dressings with benefit.

Dr. Salter held the opinion that pre-systolic murmur was of far more frequent occurrence than is generally allowed. He, like the rest of the London physicians, gave chloral hydrate in all cases demanding relief from pain. In painful dyspnœa from heart disease, he was accustomed to give it in pretty large doses. I have seen him treat several cases of hæmoptysis and hæmatemesis, where he very uniformly administered turpentine. He seemed to consider it a specific. In rheumatic fever, quinine in five grain doses, three times a day, was the remedy employed, and the majority of cases did not run a longer course than twelve days, and a great many not more than seven. Judging from the rheumatic cases that came under my observation, heart complications seem to be more frequent in England than here. I also noticed that those patients who lived close to the Thames, suffered more than those who came from some distance, and that they invariably required a more supporting treatment.

On Mr. Hancock's side, there was always a large number of cases of joint diseases to be seen. There hardly passed an operating day, without an excision.

The surgery in London is very conservative, and I have seen considerable risk run sometimes in endeavouring to push conservatism to an extreme.

In this hospital there are two wards devoted to children, and among the little patients, a good many cases of hip-joint disease are always to be seen. The treatment is much the same as here. Mr. Hancock excises the hip-joint early, but does not hesitate to operate even when the whole acetabulum is diseased, and some of the pelvic bones in addition.

Mr. Hancock was the first surgeon to perform the operation when there was much disease of the pelvic bones, but he shews that the muscles and fasciæ become so infiltrated with plastic matter and consequently thickened, that a pretty good barrier is formed to protect the pelvic cavity. I have seen him perform Pirogoff's operation on the foot, Chopart's and Syme's, but as a rule, in disease of the bones of the foot, he follows no rule, but saves all he can.

Mr. Hancock's name is associated with that of Kölliker, in