composition if not digested, and the alimentary canal become a toxine factory and a fine culture-medium for the germs to acquire virulence in and entail serious complication. His extensive experimentation has established the fact that animals kept fasting recovered more rapidly, and without complications from acute infections and severe traumatisms, than others in the same condition, fed as usual or even much less than usual. He forbids all food to his patients in acute infections, especially in pneumonia, if there is any reason to suppose that the digestion will not proceed normally. Observations of 140 cases of pneumonia have confirmed the wisdom of this course, which has won for him the name of the "starving doctor." In every case it was noted that during the prolonged fast, sometimes a week in length, the patient partially regained the strength he seemed to have entirely lost before. De Renzi "also places fasting in the front rank of the remedies for arthritism."

Partial Resection of the Eyeball.—Dr. Ernest Hall (Annals of Surgery, May) reports a method which he considers fulfills the desideratum—viz., immunity from local and sympathetic inflammation, with satisfactory movement of the artificial eye. The strategic parts of the eyeball, he says, are the ciliary region in front and the sclero-optic junction behind. The principal traumatism and sepis leading to loss of function are in the former location, and the conveyance of trouble, sympathetic or septic, takes place through the latter. With these parts, the retina, and the vitreous removed, the remaining parts of the eyeball, he holds, should be non-irritating and harmless, and serve with attached muscles and motor nerves as a movable pad upon which the artificial eye can rest. He thus describes his operation. The instruments required a speculum, sharp-pointed scissors, catch forceps, and curette.

Complete Anæsthesia—With speculum in place, the scissors are inserted about twenty-five millimetres (2.5 mm.?) behind the sclero-corneal junction, sufficient to include the ciliary body, and complete section made, thus removing the whole front of the eyeball. The vitreous is then evacuated and the retina removed with the curette; the haemorrhage here is usually profuse, but easily controlled by hot water and pressure. The speculum is then inserted within the ball, and thus made to hold both eyelids and edges of the sclerotic opening. The point of entrance of opening of the optic nerve is then grasped with toothed forceps and the scissors are inserted as close to the nerve as possible, to avoid wounding the ciliary arteries, and a circular incision is made in sclerotic, freeing the optic nerve, which is then drawn forward and severed about twenty-five millimetres (2.5 mm?) from the sclerotic junction, thus removing a section of the optic nerve. A laryngeal head-mirror is useful here to concentrate the light within the sclerotic cavity. A piece of gauze is inserted and the sclerotic and conjunctiva are closed vertically in order to give normal tension to the internal and external recti, as lateral motion is of greater importance than vertical. The after-treatment is simple, the gauze may be removed in twenty-four hours. The cavity fills with blood, which becomes partly organized, thus preventing complete collapse of the sclerotic. An artificial eye may be inserted within two weeks.

The resulting advantages alleged are greater prominence of artificial eye, perfect movement between thirty-five degrees laterally and 20 vertically, also diagonal movement, and retention of the normal secretion from the lacrymal ducts, etc.

EDITORIAL.

We have been requested to call attention to the meeting of the Canadian Medical Association, which takes place on the 17th, 18th and 19th of August in the historic city of Quebec. No doubt many of our Northwest brethren will combine business and pleasure and reserve their summer outing for attendance at this meeting. Cheap fares are secured from the different railway companies, and all vis-