

on the 16th, the face appeared anxious, pulse tense and quick, respiration frequent and difficult, tetanic spasms constant when effect of chloroform diminishes; from this time to the hour of death, at 6 A. M., the agony of the little sufferer was extreme.

In this case, from the very outset, I had an instinctive dread of tetanus, and amputation upon the spot appeared to me evidently to be the only expedient to avert the formidable catastrophe. Had I even, with the consent of the friends, been able to operate with the conflicting authorities, and from the *charité de métier*, I should, in any event, have been exposed to the charge of *nimia diligentia*, and it is to give weight to the decided opinion of my old mentor and friend, F. H. Hamilton, that I place this unfortunate case upon record. Professor Hamilton is the only author who has condemned the reduction of compound dislocation upon proper grounds, viz.: "the violent strain of the muscles, tendons, and other soft tissues."

In all cases of compound dislocation of the elbow-joint the two following rules should be considered absolute:

1st.—If injury to the nerves or artery has been done, amputate as soon as the pulse will warrant the operation.

2d.—In cases where amputation appear unnecessary, let reduction be effected after resection, never without.

THE following tribute to the profession is taken from an address to the Montgomery County Medical Society, delivered by the President, P. B. Cook, M. D.

From Dr. Reid, Editor *Western Christian Advocate*:—

The genuine, honest, laborious, self-sacrificing physician, who, by his knowledge, skill, persevering industry, and kindness, saves the life of his fellow, is entitled to as much honour as a Roman soldier for doing the same thing, though in a different way; and many are the people who know and feel this to be true, as an occasional tribute will show. Next to the minister, often beyond the minister, is the doctor a household favourite. If he has been with us amid much pain and peril, a deep and ineradicable gratitude is associated with his name and his benignant appearance. There have been times, perhaps, when, in our helplessness, we regarded him as the only arm strong enough to parry the blow that death was aiming at some object of our affections. We have watched the struggle with varying hopes and intense solicitude; but, when victory turned on the side of the doctor, we could have laid down our fortune at his feet, for the service he had rendered us. The doctor comes to our sick-room, day after day; he heeds the summons at night as cheerfully and promptly as if it were no pain to rise from bed and go out into the dark, damp, cold, cheerless streets, and into the chamber of suffering.

No hour is his own. Neither sanctuary, lecture-room, parlour, study, nor dining-room, is free from the imperative call. The darker the night, the more howling the storm, the more likely some hypochondriac will be to fancy that he is just about to die, and the attendant must be summoned. Such is this profession; in it no rest is possible; pain, pestilence, dying, are its constant attendants. This profession is distinguished, too, for its extensive charities. As a body, physicians attend as cheerfully upon the poor as upon the rich. Where it is absolutely certain there can be no remuneration, still they are as constantly watching and prescribing. The tone of this profession is nobly above the sordidness of most other pursuits in life. It bases itself and bases itself in the humanity of its calling. It regards itself as set for the alleviation of human suffering, and the preservation of human life. The noblest manifestations of this is in the principle so universally accepted by the profession, that there should be no secret medicines." The Professor adds: "Such is a part of the grateful and appreciative tribute which a noble minister of the Gospel has thought right to bestow on physicians; a tribute, we would fain hope, truthfully applicable to us, as a whole profession."—*Chicago Med. Examiner*.

A Good Move.

The physicians of Millville, New Jersey, have adopted the following sensible resolutions, which we should like to see universally held:

1. That when the patient has received the last visit, the Physician shall leave his bill.

2. That we have employed a collector, and if the bill remains unsatisfied ninety days, it will be placed in his hands for settlement.

3. That the said collector shall not retain the account more than six months, when, if unsatisfied, it shall go into the hands of a Justice of the Peace, and if not liquidated in three months, the person's name for whom the bill was made, shall be placed on a *Black List*, of which each Physician shall have a copy. (A person's name on the black list cannot receive our professional services unless all arrears are paid, or by an order from an overseer of the poor.)—*Med. and Surg. Reporter*.

Surgeons on Railways.

An arrangement has been completed on the Philadelphia and Erie Railroad which does credit to the humanity of its management. It is the appointment of a corps of surgeons along its line, under the direction of a surgeon-in-chief, who appoints an assistant in every town along the line in which the services of a surgeon may be required.

The object is to secure to any employee of the road who may be injured, the best of surgical treatment, and also to have a thorough organization to be called on in case of an accident on the road.—The best surgeons along the line have been appointed by the chief, Dr. H. A. Spencer, of Erie, Pa.—*Med. and Surg. Reporter*.

The *Lancet* says: "Some forty inmates of the Maryland Union Workhouse have petitioned to be sent to Canada, on the ground that they saw no prospect of improving their condition in this country."