

lines had extended over six years, but with absolutely no success. The author at the expiration of one of these periods commenced the application of the faradic current, and after twenty-eight successive sittings a small flow became apparent. During the following interval six more applications were made, and the patient is now well and relieved of all symptoms.

THREE PRESCRIPTIONS:—We take the following from *Hosp. Gaz.*

Cough Mixture in Phthisis:—

- R—Liq. atropiæ sulph. ℥ xij.
- Syr. codeinæ ʒ iss.
- Infus. rosæ acidi ad ʒ vj.—M.

One tablespoonful when necessary.—*Pharmacopœia of the Royal Infirmary, Edinburgh.*

For Vaginismus:—

- R—Thymolis gr. iij.
- Ext. belladonnæ gr. xij.
- Pot. bromidi ʒ ss.
- Ol. theobromæ ʒ iv.—M.

To make four suppositories. One when necessary.—**DE SINCY.**

For the Green Diarrhoea of Infants:—

- R—Acidi lactici diluti ℥ iv.
- Tinct. limonis ℥ j.
- Syr. simplicis.
- Aquæ āā ʒij.—M.

A teaspoonful thrice daily after suckling.—*The Practitioner.*

SINGLE LIGATURE OF THE CORD.—Nguyen Khac Can bases his opinion of the superiority of a single ligature upon his observation that out of 68 cases of labor, *Boston Med. and Surg. Jour.*, with double ligature of the cord, there were 4 cases of retention of the placenta; and out of 146 cases with single ligature, only 2 cases of retention. The duration of the third stage with the double ligature averaged sixty-four minutes, while with the single it was but twenty-seven minutes. The author believes that a rapid diminution in the size of the placenta, due to the free escape of the intra-placental blood, favors retro-placental hæmorrhage, and consequent complete separation of the placenta, and that it further lessens the obstacle to its escape from the uterus and vagina by the resulting decrease in size. He recommends that double

ligature of the cord should be reserved for cases of twin pregnancy. While we think that there is a question as to the correctness of the author's reasoning on the first point, there can be no doubt as to the advantage of diminishing the size of any body which is to pass the os uteri, and we think that we have ourselves noticed a greater ease of delivery of the placenta in cases in which but one ligature had been applied. The suggestion of Nguyen Khac Can is certainly of value. It should be easy to prevent untidiness by catching all intra-placental blood in a suitable basin, but the determination not to check intra-placental hæmorrhage, of course, implies a careful palpation of the uterus before the cord is cut, and an absolutely positive elimination of the possibility of a twin pregnancy.

PERSONAL.—Dr. Gerald O'Reilly (Trinity '79), M. D. C. M., who has been in active practice in Fergus since 1879, has sold out to his partner, Dr. Armstrong, and is leaving Canada for a trip to the hospitals of England, before settling down again to work. Dr. O'Reilly has enjoyed a large practice both in Fergus and in the County of Wellington, as he has been very popular in all circles. He was President of Fergus Turf Club, and President of St. Patrick's Society. He lately refused the nomination for Centre Wellington for the Local House. Dr. O'Reilly was in charge of the Guelph Hospital for some time as resident, and put in a year as one of the House staff of Toronto General Hospital. Wherever he settles, we wish him every success.

FOR ACUTE RHEUMATISM.—Dr. Loomis recommends the following:—

- R—Sodii salicyl ʒ vi.
- Glycerinæ ʒ i.
- Aquæ cinnamomi ʒ vj.

M. S.—A teaspoonful every two hours until tinnitus aurium is produced, then every four to six hours until acute symptoms have abated, then give—

- R—Sodii bicarbonatis ʒ iv.—vj.
- In pulv. No. xij. divide.

Sig.—A powder in half a glass of water until the urine is alkaline to test paper. If patient is anemic, begin on soda at once, omitting the salicylate, and give cod liver oil and iron from the start.