

hold in our Indian empire. Without in any way anticipating the conclusions or agreements of the parties to the Venice Sanitary Conference, it is to be hoped that the combined system of inspection and disinfection that will be promulgated, in the Red Sea will arrest any Indian cholera infection at its entrance into Europe. For us Europeans, therefore, there is yet ample time given to put our houses in order, and to afford no opportunity to the dread enemy to settle in our midst. Should cholera burst the barriers raised against it in Russia and at the Canal, its success in establishing itself in any country will be in inverse proportion to the hygienic condition of that country. All filth conditions, of whatever sort, and every kind of pollution of air, water, or soil, are the nidus in which cholera flourishes. All our efforts, therefore, should be centred in perfecting our sanitary defence against the disease, which appears at the present moment to be afflicting our brethren in the East. The death of Sir Henry Harrison and his daughter at Chittagong from cholera has been the subject of much regret, as he was one of the ablest members of the Bengal administration, and was instrumental in carrying out many of the municipal reforms in Calcutta of late years. It is stated that many Europeans died of cholera at Chittagong in March last, but the disease was supposed to have disappeared.—*Lancet*.

EFFECTS OF MEDICATED INHALATIONS.—Dr. A. Irsai, of Buda-Pesth, has made some instructive laboratory observations on the effects of the inhalation of various substances on the lungs and air passages. Almost immediately after a few inhalations of air impregnated with oleum terebinthinæ the lungs became pale, but regained their ordinary appearance on the readmission of pure air; a second administration of turpentine vapor was followed by the same appearances as the first. The cause of the pallor was doubtless a spasmodic contraction of the pulmonary vessels—probably due mainly to peripheral action. When oleum juniperi or oleum pini sylvestris was employed, results of a similar kind, but less in degree, were obtained. Oleum pini sylvestris, however, is a more powerful vaso-motor constrictor than oleum terebinthinæ. With eucalyptus, oleum anisi, oleum menthæ, and menthol

scarcely any change was produced in the color of the lungs. With oleum thymi and thymol three or four inspirations were followed by a distinct reddening, which increased as they were continued. Creasote and, in a still greater degree, guaiacol produced redness, there being rapid relaxation of the vessels and great hyperæmia of the lungs. From these observations Dr. Irsai concludes that in acute catarrhal affections with swelling, hyperæmia, and profuse secretion, substances should be selected for inhalation which produce anæmia, and that in chronic torpid conditions, or in phthisis where the supply of blood and the nutrition of portions of the lung are defective, substances which induce hyperæmia should be used. Of course, it is needful to exercise due vigilance in employing creasote or guaiacol in cases where there is any tendency to hemorrhage.—*Lancet*.

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CORONERS' AUTOPSIES.

The present system of choosing physicians to make the *post mortem* examinations for coroners is anything but satisfactory. It frequently happens that the autopsies are conducted in a very perfunctory style by men who are incompetent for such work. We do not wish to cast any slurs on the capacities of many able general practitioners who have made such examinations in Ontario during the last few years; but we believe it will generally be acknowledged that the time has now arrived when such work should be placed in the hands of skilled pathologists, when such can be found. In Toronto the coroners appear to think that all physicians are perfectly competent for such purposes, and that men who pay special attention to pathology, in some cases