

foot-board of the bedstead. The patient was kept on her back, in bed, for almost three months, in intensely hot weather (summer of 1880). Once the nates felt irritable,—I had the skin of same washed with brandy, no further trouble occurred. For the first few days she was annoyed with startings (spasmodic drawings up) of the affected limb; to day, perhaps four months after the accident, I saw her in company with Dr. Schultze, sr.: shortening, 5 inches; walks on crutches, carefully; gets off the bed, first one leg, then the other; cannot stand without the crutches, putting on stockings; bends sound limb, but cannot bend affected limb, owing in great part to swelling of knee, which latter has accompanied the fractured condition during most of the time. This knee swelling is very likely due to her having hit her knee also in falling. Is obliged to sit on a high chair. I must say that a few weeks ago I took Dr. Schultze, sr., there, for the purpose of "getting her up". On examination, he dug his fingers in, and pronounced the bone perfectly united; I did not examine myself, being content to take his word for it: we then proceeded to get her up, which was no small matter. After great difficulty, got her sitting up on edge of bed,—an easy chair was wheeled to edge of bed; she then became bedewed with sweat, and fainted. When she was slightly come to we got her into the large chair, where she fainted again. After a while we got her up on the crutches; in less than a moment she fainted, so we had to lay her down on the bed, with instructions to the people to get her up the best way they could. We at last got her into the chair once more, she again fainted dead; after revival, we left. I must confess to the readers of the CANADA MEDICAL RECORD that I am not in the habit of seeing cases of fracture of the cervix femoris, so I asked Dr. Schultze if it was customary for them to faint the first day on getting up; he answered he had often met with it. I have seen plenty of these cases when I was a student in the hospital; but, compared to the chances of a hospital house-surgeon, a medical student has very little opportunity of making himself acquainted with the surgical treatment of fracture. A few words now to the younger readers of the RECORD: in my opinion, I think the usual way of measuring in fracture cases is erroneous and illusory. To ascertain the amount of shortening, it is recommended to put one end of the tape-measure on the anterior superior spinous process of the

ilium, taking it down to the sole of the foot of the corresponding side—repeating the like procedure on the other limb; this cannot be accurate, for, when you place the end of the tape on the ilium process (above named) you cannot be sure whether it be placed half an inch too high, or half an inch too low,—and of course the measurement is faulty. I prefer taking the "natural measurement", *i. e.*, bringing the knees and ankles together; the difference is then (in case of shortening, in fracture) very obvious. To ascertain the exact difference in length of the two limbs, put one end of the tape against under surface of heel of shortened limb, then run the tape down to under surface of heel of sound limb; the exact amount of shortening will thus be immediately obtained from $\frac{1}{2}$ to $2\frac{1}{2}$ inches, to do this nicely three little points require to be attended to: I. The patient's feet must be drawn up so as to be at right angles with the leg. II. A thin, hard-cover book must be placed beneath the feet so as the heels do not sink into the mattress. III. The tape must be held closely against the foot of the sound side. Some persons might object to this, that, if the patient does not "lie square" in the bed, this mode of natural measurement might be illusory; however, a little care on the part of the medical attendant would obviate this.

Progress of Medical Science.

ON THE USE OF ARSENIC AS A BLOOD AND CARDIAC TONIC.

In a communication to the *British Medical Journal*, Dr. Lockie calls attention to the remarkable results obtained by him in the administration of arsenic in certain cases of anæmia, and those cases in which iron and good food had failed to produce any benefit. His attention was first directed to the power of arsenic in this respect by a paper published by Dr. Byron Bramwell, of Newcastle, in which he narrated several cases of essential or progressive pernicious anæmia where remarkable benefit accrued from the administration of this drug. Whether it really has the power of curing this disease—a disease which has hitherto baffled the resources of our art, and the good results apparently promised by phosphorus in the hands of Dr. Broadbent not having been obtained, to any extent at all events, by other observers—remains for the future to determine. Certain it is that in cases of anæmia approaching in gravity the so-called essential or pernicious anæmia, it is capable of producing great benefit. In support of this statement Dr. Lockie reports several striking cases.