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TO CORRESPONDENTS.

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REMITTANCES.

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The Americans take just pride in the growth of their national literature, which, although it has not kept pace with the rapid material development of the country, has yet not lagged behind the culture which now leavens the business activity of our neighbours. In the department of medical literature this development is very striking, and it has been referred to with very proper feelings by the author of a report presented to the American Medical Association. Dr. Yandell, in this paper, gives due place to the periodical literature of the country with appropate reflections.

To Canadians the growth of American medical literature has been attended by advantages only second in point of estimation to those which have been conferred thereby in the parent country. We have reaped just as the Americans have reaped. American medical authors, giving their attention to the forms and types of disease prevalent on the North American continent, have materially assisted Canadian practitioners in their study of these diseases.

The teaching of medical science in Canada has been founded principally on the teachings of British authorities, but the value of American teaching in its own special sphere of prevalent diseases has also been fully recognized and availed of. In Medicine Dr. Bennett's views have been promulgated, but the experience of Dr. George B. Wood at the Pennsylvania Hospital has been found more adapted to Canadian patients than that of the Clinical Professor in the Royal Infirmary of Edinburgh.

Indeed, it is a matter of common observation and frequent remark among Canadian medical men that while they prefer to derive their theoretical knowledge from Europe they think highly of American practice, and are ready to put it to the test and adopt it.

Accordingly, American works and periodicals in medical literature find a ready access to Canada, and naturally exert here the same influence that they are doing in their own land.

In another respect American publishers have aided the study of medicine in Canada by their cheap reprints of European works. English medical authors are now complaining of the introduction of these reprints into Canada and are demanding a more protective copyright law in the interest of the British author. But until British copyright is recognised in the United States it will be exceedingly difficult to mend the matter as regards Canada, for the facilities for the introduction of these works are very great and although under the inadequate custom duty the author may be deprived of his proper share of profit, there is still the reflection to indulge that the importation of such cheap reprints has been attended with advantage to science and benefit to our people, who receive all the advantage of the better education, skill, and practice of our practitioners. But American reprints are getting dearer; and possibly there is a time at hand when English publishers will supply editions of their copyright works fully as cheap as the American reprints. In that case it would be the interest as well as the duty of our medical men to prefer the English editions.

SURGERY.

PROF. LISTER ON BLOODLESS OPERATIONS.

In notes of a lecture on the tourniquet by Professor Lister, delivered at the Royal Infirmary, Edinburgh (*Students' Journal*, Nov. 22), he is reported as follows. Soon after the days of Celsus, a fillet or band was used for stopping bleeding by being placed round the limb operated on, then passing a rounded stick into the fillet, and twisting it round. From this *modus operandi* it was called 'turn stick.' This was improved on by a Frenchman named Petit, which form is now used. The fillet is connected by two plates, which can be seen to have a powerful action by means of a screw provided with rollers in which the strap moves. The screw thus gave it an enormous power, and this was a step in the right direction. Still this has serious objections. These are—a pad is put on the main artery of a limb, as on the femoral in the thigh, the plates of the tourniquet are applied to the pad, the strap is buckled, and the screw tightened. The result is, that the limb becomes loaded with venous blood. This is increased by the action of the tourniquet, which, when screwed at a certain rate, comes to act as a bandage does in venesection. When the tourniquet is screwed up slowly, the veins become turgid with blood, which gushes out on the first cut, and thus the patient suffers a serious loss. Some surgeons have given up the use of the tourniquet on this ground, and in France, where it had its origin, it is scarcely ever used, digital pressure on the vessels being employed instead. One variety of tourniquet is so constructed as to press down on the main artery without constricting the limb. The fault of constricting the limb is not a fault of the instrument, but of its applications. The ordinary tourniquet acts on the same principle, if effectual, as the old 'turn stick' in contradistinction to that applied to the main artery. In my method, I discard the application of a pad over the main artery. This much simplifies the action of the instrument. For example, usually in applying the tourniquet at a short distance above the knee, a pad is placed over the artery between the ham-string muscles. But the pad acts quite as efficiently if applied over the rectus muscle. The only use of the pad in this case is to prevent the skin from being drawn in between the strap and the brass, by which it is severely pinched, and the action of the tourniquet is less efficient. Always use the roller for this purpose. Make the roller vary according to the dimensions of the limb operated on. For the thigh, use a roller of three-quarters of an inch in thickness, half an inch for the wrist; and the reason of suiting this to the regions in which the tourniquet is applied is obvious, for two spaces would be left free on each side if a thick roller was used in a thin part. The limb should be emptied as much as possible of the venous blood, and this is best performed by raising the limb to the utmost—screw as rapidly as possible. (An account of Mr. Lister's can be seen in the second edition of *Holmes' Surgery*, but does not seem to have attracted the attention of the profession.) In this manner bloodless operations can be performed. Esmarch's process has of late received great attention; but I think that my method is as good as Esmarch's, for in the securing of the blood-vessels the tourniquet can be relaxed or tightened, according as you wish it; while in Esmarch's we often read in the journals that the tourniquet has to be appliad above the bandange, in order to secure the vessels properly.

THE INDIA-RUBBER LIGATURE IN OPERATIONS.

Quite recently, a new application of an old principle has been introduced into England from Vienna by Sir Henry Thompson—namely, the plan of removing tumours by gradual strangulation. It appears that when Sir Henry was in Vienna a few weeks ago he had many opportunities of seeing the practice of Professor Dittel, who has lately been performing gradual strangulation operations. By this means Professor Dittel has removed tumours of all kinds, the testicles, the mamma, and even amputated the thigh. The details of action may best be given by describing the operation performed by Sir Henry Thompson at University College Hospital on the 21st inst. for the removal of a diseased breast:—

A piece of india-rubber cord about the size of a No. 4 catheter is passed through the eye of a large curved needle set in a handle. Through the same eye a stout piece of whipcord is passed. The breast is then gently drawn from the subjacent tissues, and the needle carrying the india-rubber and the whipcord ligature is made to transfix the base. When the point of the needle has emerged, the india-rubber band is cut in two and the needle withdrawn, leaving the whipcord uncut. Each of the two india-rubber bands is now made to encircle half the mamma, and then tied tightly as in the operation for nævus. The operation, which is quite bloodless, is now complete. The constant pressure of the india-rubber cords causes linear sloughing, and in nine or ten days the breast separates. It may be added that the whipcord is passed through with the india-rubber cord, as the latter sometimes breaks, even after two or three days, as in the present instance. Sometimes only one side of the breast