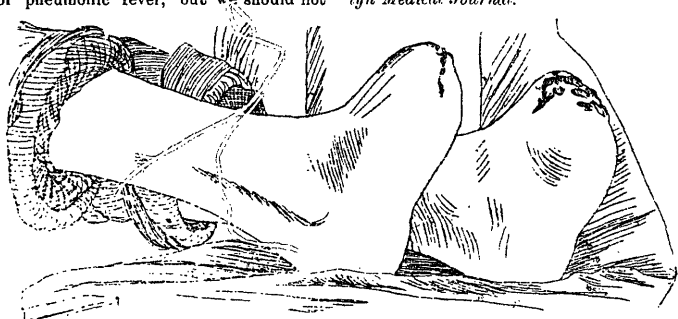


tion 42, first heart sound very indistinct, cold perspiration over forehead, fine moist rales over both lungs. Ordered one and one-half ounces of brandy every hour, champagne a glass every half hour for two hours—and no more antipyrin. Patient took thirty-six ounces of brandy within twenty-four hours for two days, decreasing the amount then to twenty-four ounces and soon to twelve ounces daily. The patient made a good recovery, thanks to the liberal use of alcohol. The writer does not urge the administration of stimulants at the beginning of either typhoid or pneumonic fever, but we should not

employ it only as a "*dernier ressort*." As soon as symptoms indicating heart-failure becomes apparent, alcohol should be employed and in sufficiently large doses to produce the desired effect. It is very probable that little difference of opinion exists in the medical profession about the value of alcohol in typhoid conditions of the system, the evidence of its usefulness being overwhelming. Any physician who would allow a patient to die from heart-failure in typhoid or pneumonic fever without giving alcohol a fair trial, should be condemned without hesitation—*Brooklyn Medical Journal*.



CONSERVATIVE SURGERY.

The above cut represents the present appearance of a patient under the care of Dr. R. B. Ferguson, with the following history:

The case is that of a young man aged 22 who was caught in the blizzard of last January, and for three days was wandering about within two miles of his house, resulting in both of his feet being badly frozen, also portions of his face. The patient came to the General Hospital in Winnipeg, and amputation of both feet above the ankles was determined on, and the man was actually on the table for this purpose when, by the desire of his relatives, he was placed under Dr. R. B. Ferguson's care, who decided not to operate and, with the exception of removing the dead tissues, carefully avoiding all sound substance, left nature to work her own cure. Anti-septic poultices with a subse-

quent dressing of sublimated jute was the only local treatment employed. Several abscesses formed around the ankle joint, which were freely laid open and healed kindly. The patient has got over his trouble with the loss of the phalanges only, as depicted in the cut, and with mechanical appliances will have fairly useful feet. The rationale of Dr. Ferguson's treatment of severe cases of frost bite is the removal of all dead substances, taking care not to wound any live tissue. He objects to amputation as likely to be followed by septicæmia, and contends that nature if not unduly interfered with, will get rid of all useless matter with minimum loss. This is the true principle of conservative surgery and calls to mind the teaching of that brilliant and well known professor of our art, the late Sir William Ferguson, of London, who, in his second lecture as Professor of Human Anatomy and Surgery at the Royal College of Surgeons of