considerable degree of usefulness which can generally be secured by rest.

I believe it is now recognized by most surgeons that, although the immediate result of excision of the knee, in children, may be all that could be desired—the wound often healing by primary union, or at least very quickly—the ultimate result is unsatisfactory. The union between the bones gradually, in many instances, yields; the bones do grow imperfectly, deformity ensues, and the functions of the limb are materially interfered with. It will, I venture to think, be much the same in the case of the hip. The wound may heal by primary union, and the earlier the operation the more probable will this form of union be; but deformity will often ensue, and the limb in many cases will be weak and deficient in usefulness. In short, it will be seen in both cases alike—in the knee and in the hip—that when one of the principal joints of the lower extremity has been removed during childhood, the patient has been seriously crippled.—*British Med. Journal*, Aug. 3, 1889.

I do not know whether any interest is taken in Canada in that *cause celèbre* the Maybrick poisoning case, but in London it is the topic of the hour both in and out of medical circles.

From a medico-legal standpoint and divested of the side lights, which rather confuse than assist the student who desires to reach a conclusion as to the guilt or innocence of the prisoner, the facts so far proved are these: A Mr. Maybrick, elderly and wealthy, married a young wife who was proved to have been unfaithful to him. A short time ago he died, with symptoms which corresponded rather closely to those produced by a narcotico-irritant poison.

The wife was suspected and arrested, and the prosecution tried to prove not only that Mr. Maybrick died from arsenical poisoning, but that the arsenic was given him by his wife, both statements being strongly contested by the defence. Arsenic was found after death, but none in the stomach and none in the coates of the stomach. 8 ozs. of intestines, however, yielded 0.015 grains of arsenious oxide; 4 ozs. of liver gave 0.027 grains; in the kidneys traces. The analyst, Dr. Stevenson, stated that at the time of patient's death the body contained approximately a fatal dose of arsenic, and that in cases of admitted arsenical poisoning which he has examined, he had found in some instances less in others more than was discovered in this instance. The gastric symptoms present might be explained in view of the fact that no poison was found in the stomach, by remembering that the poison was taken in solution. Again the symptoms came on directly after the patient had taken something given him by the prisoner. Once it was a cup of tea, at another it was his medicine, and again it was some Revelenta Arabica, and it was shown that in his medicine arsenic was present, although it had not been ordered for him. It was also shown that the jug in which he had last taken his luncheon to his office contained arsenic. The main symptoms were referred to his stomach, mouth and throat; there was much straining and hawking but not much vomiting, very little pain or tenderness of the stomach, modifications of the ordinary symptoms, due doubtless to the fact that the drug was given in solution, and in small and repeated quantities. To this cause are probably also due the late setting in of the tenesmus and the mildness of the diarrhœa.

Post-mortem signs of gastro-enteritis were found. It was also proven that the prisoner bought at two different shops arsenical fly paper, which she soaked in water, and it was not disproved that she had put arsenic into some Valentine's meat, which the deceased would have taken had he not been prevented by the nurse. The prisoner was allowed to make a statement—in every way a damning statement—that she had put *a powder* into the meat juice, while it was shown that the arsenic used was in solution. For the defence it was established that the deceased was in the habit of taking arsenic freely and for a number of years, and that on the day of