

ment of the respiratory and cardiac functions were entirely neglected. If the heart is found to be dilated the argument is all the stronger, since this is a sufficient ground for requiring that physical rest shall be enjoined. It is a familiar fact that these cases improve rapidly when admitted to a hospital, although it cannot be urged that they are very much benefited by the air, food, or exercise which they get there. Iron should be given in the most suitable form, and a perfect action of the bowels should be maintained. Against fresh air nothing can be said so long as it does not involve exercise, either by walking or riding. In slighter degrees of anæmia, or in one already recovering, carriage exercise may be allowed, while in the severer forms the patient may with advantage be kept in bed entirely—the most certain means of keeping a patient most absolutely at rest. An intermediate prescription is that the patient shall get up only for three or four hours in the afternoon.

THE VALUE OF THE HANDS AND OF THE FINGERS.—Surgeons have often to estimate the chances of saving injured hands, *Med. News*, and the comparative values of hands and fingers. According to a scale of value furnished by the Miners' Union and Miners' Accident Insurance Companies of Germany, the loss of both hands is valued at 100 per cent., or the whole ability to earn a living. Losing the right hand depreciates the value of an individual as a worker 70 to 80 per cent., while the loss of the left hand represents from 60 to 70 per cent. of the earnings of both hands. The thumb is reckoned to be worth from 20 to 30 per cent. of the earnings. The first finger of the right hand is valued at from 14 to 18 per cent., that of the left hand at from 8 to 13.5 per cent. The middle finger is worth from 10 to 16 per cent. The third finger stands least of all in value; although like other useless members of the community, it is surrounded by riches, its value is only from 7 to 10 per cent. The little finger is worth from 9 to 12 per cent. The difference in the per centages is occasioned by the difference in the trade, the first finger being, for instance, more valuable to a writer than to a digger.

DEATH.—Dr. Geo. Henry Boulter, ex-M.P.P., aged 68 years, one of the oldest and most

respected of the citizens of Stirling, died at his residence on the 18th January, after a week's illness with bronchitis. The doctor graduated at McGill in 1852, and started practice in Roslin, where he remained a very short time, coming to Stirling in 1853. He started a drug store in connection with his practice. For sixteen years he was M.P.P., representing North Hastings, and for twenty-seven, was Lieutenant-Colonel in the Hastings Rifles. As a practitioner in medicine he was distinguished for his ability, and highly esteemed by his *confrères*. In every public enterprise wherein he was associated, as warden of Hastings County, as chairman of the High and Common School Board, as a prominent Freemason, as a zealous adherent of the Presbyterian church, as an honored physician, as a citizen, without reproach, he was most energetic and beneficial. He died an honor to Stirling, and Demorestville, Prince Edward County, his native village. He was buried with military honors.

CHLOROFORM AS A TAPE-WORM REMEDY.—Dr. Stephen, *Ell Raccogitore Medico*, has recently confirmed the action of the chloroform as a tenicide, he having been able to expel tape-worms with this remedy which had resisted all other measures. He employs Thompson's formula :

R Pure chloroform . . . gms. 4
Simple syrup . . . gms. 03

M. Sig.—To be taken in four doses, at seven, nine, eleven and at one in the afternoon. At noon take an ounce of castor oil.

All his patients bore the chloroform well, and it was even administered to children in proper proportions.

INCONTINENCE OF URINE.—In using belladonna for incontinence of urine in children, Watson prefers, *North-Western Lancet*, the alkaloid atropine or its sulphate. He makes a solution of one grain of the atropia in an ounce of distilled water, and gives as a daily dose as many drops of this solution as the child is years old, giving an average dose of five to eight drops. If this does not produce the well-known physiological symptoms of the drug it is necessary to push it further, as the trouble is seldom relieved unless these symptoms appear. It is well-known that atropine is well borne by children.