

"an alarming extent under all those social conditions that favor the propagation of diseases of the Zymotic group; hence in some families all the members, except, perhaps, one or two, will fall victims to it. Parents will transmit it to their offspring; close and ill-ventilated houses, churches, and other places for public assemblies, are all favorable to its dissemination; consequently we are forced into the belief that it spreads through society by hidden germs contained in tuberculous matter that is thrown off by a person laboring under Phthisis. I have seen in my own practice a large family of children all more or less afflicted with consumption, yet the parents of these children were apparently free from the disease, as well as their ancestors, as far back as they could be traced.

"In conclusion, may we not hope that wise sanitary regulations, based upon a revised pathological view of the disease in question, may be inculcated by our teachers in medicine, and a more thorough and searching investigation of its ravages laid bare by incontrovertible facts. As long as the medical profession are content to rank it among the 'incurables,' or say that it is a disease that follows a high order of civilization, or that it seems to be hereditary, or some such excuse, just so long will we continue to slide along in the same old grooves of our ancestors, without attempting to meet the real issues in the case. If strict Legislative enactments are deemed necessary for contagious diseases, and quarantine regulations are proper to protect large communities from pestilence, why may not consumption be taken into the same category as all of those contagious and infectious maladies, whose scourge is not carrying to the grave half so many victims as consumption?"

These views are based on scientific facts, and were promulgated by me in the years gone by. Similar views seem to be just now agitating the minds of the medical profession, as well as of the public, much more than they did before the days of Bacteriology. It seems that the late "Medical Congress of Paris" decided that Milch Cows are subject to Tuberculosis, hence the whole fabric of one portion of the world's supply of nutrition for man seems to be endangered by the fear that this theory is true. If it is true, the days of the "fatted calf" are approaching an end. It matters not how contagious Tuberculosis may be in the human family, but when it invades the material interests of sordid man, the halls of legislation must be invoked and unremunerative duties placed on the Physicians of Canada, to ascertain whether the animals in domestic use are subject to Tuberculosis or not. It is a well known fact that the use of pork tends to produce scrofula, (from scrofa a sow, because swine were considered to be subject to a similar complaint) and the transition from Scrofula to Phthisis has long since been acknowledged by medical men. If the use of pork, when diseased, is dangerous to man, why may not "kine and sheep" be equally so, especially if it is proved that they have "Tuberculosis?"

MRS. VENEERING—"Really, my dear doctor, you must come to my ball. It is Lucy's coming-out affair, you know, and I shall take no refusal; none at all."
 Doctor Bygbee—"Well, you see, my dear madam, I am a very busy man. My time is not my own."
 Mrs. Veneering—"Say no more. Include the visit in your bill. There, I shall expect you. Good-bye."
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Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST. JOHN, N. B.

NOTES BY DR. F. L. KENNEY, *House Surgeon.*

Case 1.—Compound comminuted fracture of skull.

J—H—aged 19. Admitted January 4th, under care of Dr. J. W. Daniel. Was chopping trees in the lumber woods on January 1st, when by some means he was caught by a heavy falling branch and crushed to the ground. On admission on the morning of the 4th, in addition to a fractured clavicle of the left side, and two or three minor lacerations of the scalp, he was found to have an extensive depressed compound fracture of the skull including the greater part of the forehead, reaching on the left side to frontal protuberance, and extending into temporal line on outer side of supraorbital ridge; on the right side in an oval direction to middle of supraorbital ridge. Both eyelids were extensively ecchymosed, and the left eyeball was markedly protuberant. There was no paralysis, skin rather hypersensitive, would answer questions when spoken to, though answers were random ones, did not know where he was, face flushed—did not complain of pain unless touched, or when he moved, when he would cry out loudly, on account of pain from fractured clavicle—generally laid quite still, though talking to himself frequently. He was catheterized and a large quantity of urine drawn off. At 2.30 he was placed on operating table, and at the angle of fracture where most depressed—left frontal eminence—he was trephined with small trephine. Two spicula of bone from inner table each about one inch by half-inch were found driven through dura mater into brain,—they were removed—depressed portion elevated—incision was extended—in line of fracture towards outer angle of orbital ridge when that portion found depressed above, was here elevated above level of sound bone. This could not be replaced with a justifiable amount of force and it was left as it was. A slight amount of brain matter escaped during operation. Operation performed antiseptically as were all subsequent dressings. Pulse next day 96, temp. 101.3. Resting comfortably, takes food well, passes urine and feces voluntarily, and very particular in calling for assistance at such times. A zinc coil was kept constantly on his head. About the fifth day after admission, pus pointed at top of left eyelid and it was evacuated. The cornea ulcerated through, and the eyeball became completely destroyed, though no suppuration took place in it. From this time progressed very favourably, so that he would sit up in bed, knew everything, perfectly sensible, pulse and temperature normal—till the 19th, when he became very feverish, complained of sore throat, and inflamed gland under angle of left jaw—fauces covered with diphtheritic exudation. Rallied from this, though not as well as before, and by the 26th was again distinctly feverish with evident symptoms of cerebral inflammation. Operation wound had entirely healed. From this time patient continued to get worse, and died February 6th, over five weeks from date of injury.

Necropsy.—There was a semi-circular fracture of frontal bone extending from the external extremity of supraorbital ridge on the right side, upwards and across frontal bone to left frontal eminence, and then downwards ending in the internal border of the left zygomatic fossa. The roof of left orbit was fractured transversely, and there was a stellate fracture of its inner portion—at the centre of this stellate fracture was a minute opening. The meninges were inflamed and a collection of pus was present under left frontal convolution and extending under base of brain.

Case 2.—Vesical calculus—*supra pubic lithotomy.*

A—McJ—aged 44. Had suffered from symptoms of stone in the bladder for about two years, and for the last year had suffered very much indeed. Though somewhat run down from suffering, was well nourished and in very fair condition. An attempt was made to crush the calculus by means of the lithotrite, but it was unsuccessful, probably on account of its size, which was considerable. On January 18th, Dr. Daniel performed supra pubic lithotomy, and extracted a large egg-shaped phos-