

to accord the most implicit reliance to his statements, as being sure to be entirely free from every conscious exaggeration, and certainly from every kind of statistical juggle. The whole question of hospital mortality is likely, therefore, now to be transferred from the region of paper statistics, in which it has rested for a long time, to its proper field, that of actual clinical experiment in the wards of great hospitals. I shall have again to return to this subject (which I do not doubt that you will agree with me in thinking of deep interest); for Professor Erichsen and Dr. Lauchlan Aitken (who assisted the late Sir James Y. Simpson in preparing his statistics) are likely to take the field again shortly on his side of the question, while the series of lectures which Mr. Callender has now commenced will give a minute review of his methods and results, and of those of his colleague at the hospital, Mr. Morrant Baker, which have been hardly less interesting and successful.—[London letter in Philadelphia Medical Times.

MEDIAEVAL MEDICINE.

A recent writer in *The Belgravia*, in an article on toads, says, "Any book of folk-lore will show how much the medicine of the mediæval period dealt with all kinds of reptiles and other such 'uncanny animals' as hedge-hogs, bats, owls, and other weird and darkness-loving things. Serpents, we know, were sacred to Æsculapius, not on account of their supposed wisdom or subtlety, but by reason of their yearly renovation in a change of skin; and it would seem, that all the reptiles of the lizard and frog classes, which inherit some share of the enmity sown in Eden between the seed of the woman and the seed of the serpent, inherit also some part of this affinity between snakes and the practise of medicine. I find that the homœopaths of the present day retain at least one drug obtained from snakehood, —'lachesis,'—which is said to be the poison of the lance-headed viper, though it may perhaps be doubted whether their chemists have really supplied their vials from the poison-bag of that interesting reptile. They also use the sepia of the cuttle-fish; and I have often been struck by the appropriateness of sepia as a medical emblem. I observe that doctors, when hard pressed in argument, always escape in a flood of hard words, like the cuttle-fish, protected and concealed by the blinding inky trail it leaves behind it."

MEDICAL PHILOSOPHY.

"I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now at fifty I no longer have any system." So said Bordeau; and he is quite right; sooner or later in science, as in life, we arrive at that wisdom which almost resembles the effect of disenchantment. But it is not given to all to reach in practice this high point of medical philosophy. An acute sense, much knowledge, a superior reason, and a rare talent of distinguishing truth from fiction, and from mere probability, are necessary to enable us to form a just appreciation of theories and principles, and of their application to practice. Whoever has not acquired these qualities is condemn-

ed like the crowd, [to follow the standard of another, and to fall into, either an irrational scepticism, or an empirical routine, which is too often disguised with the appellation of experience. —*Gazette Medicale.*

A PHYSICIAN'S ERROR.

A well-known physician of St. Thomas's Hospital, greatly to the surprise of his professional brethren, lately undertook to edit a column, entitled "Our Medical Column," in a weekly paper called "The English Mechanic." This is entirely contrary to obvious rules of professional ethics. He defended himself vigorously and defiantly when called to account by the medical papers, and alleged—no doubt truly—purely philanthropic motives. But, whatever the motive, the course was obviously wrong; and, after a very brief struggle, he has succumbed, not without some loss of consideration among his professional brethren here, who do not easily pardon such a breach of professional rule. The struggle was so brief that the College of Physicians and the staff of his hospital have been relieved from the necessity of interfering.—*London Cor. of the Phila. Med. Times.*

OBSTETRICS.

AN ABSCESS IN THE PLACENTA.

By GERALD D. O'FARRELL, M.D.

A short time ago I was called to see Mrs. R., aged 20, primipara. She informed me that she was in labour, and, as far as she could judge about her full time. Looking at the woman as she lay in bed, I feared that her fond anticipations were not only destined to be disappointed, but that she was far advanced with some malignant disease. A per vaginam examination, however, showed that she was correct. The abdomen was perfectly flat; the face, neck, and breast, as visible, were of that green hue seen in well-marked cases of cancer; her eyes were brilliant; emaciation was extreme, and she complained that hands and feet were burning.

On inquiring into the history of the case, I learned that, when about six months gone, a boy about fourteen years of age playfully struck her a severe blow on the abdomen. From that time she ceased to grow larger, and the movements of the child ceased also.

On making an examination, I found the os uteri sufficiently dilated to admit two fingers, the edges, thin, hot, and wiry. Introducing the fingers into the womb, I could feel the bones of the skull denuded of the scalp, and on withdrawing my hand it was covered with a thin, dark-colored, and exceedingly offensive discharge. After several hours I succeeded in dilating the womb sufficiently to allow the head to pass, but was obliged to make a cone of my hand so as to shield the soft parts from injury. The placenta was delivered shortly after. It was hard, dark, granular and very heavy, and in the body of it I found an abscess containing about twelve fluid ounces of fetid pus. The womb did not seem inclined to contract, nor was there much disposition to hemorrhage. I washed out the vagina with a solution of chlorate of potassa in tepid flaxseed mucilage, and put the patient at once on the free use of liq. ferri iod. and quinia. She made a rapid recovery, and since enjoys excellent health. —*Phil. Med. Times.*

INFANTICIDE.

In the *Lancet*, Dr. W. Handzel Griffiths calls attention to the fact that a sharp instrument, such as a needle or bodkin, can be thrust up under the upper eyelid of an infant, made to pierce the orbital plate of the frontal bone, enter the brain, and cause death with no other symptom than a convulsion, and not only leaving no external mark whatever, but causing neither a fracture of the bone nor the escape of a single drop of blood. In experiments on animals Dr. Griffiths has found the utmost difficulty in detecting the wound on making a post-mortem examination; and he suggests that in cases of sudden death of "convulsions" it is the duty of the medical man to make an autopsy as soon as possible, and investigate minutely the state of the orbital walls.

ORANGEVILLE MEDICAL ASSOCIATION.

The medical men in Orangeville and surrounding country met a short time ago and organized an association. The following officers were appointed:—Dr. Thos. Henry, President; Dr. Jos. Carbert, Vice-President; Dr. James Henry Secretary-Treasurer. The following **TARIFF OF FEES** was adopted by the association:—

MEDICINE.

Day visits within a mile.....	\$ 1 00
Each additional mile.....	0 50
Night visits, from 9 p.m. to 7 a.m.....	2 00
Each additional mile.....	0 75
Consultation (mileage extra).....	2 00
Advice at office.....	1 00
Stethoscopic examination of the chest....	1 00
Administration of chloroform.....	2 00
Certificate of lunacy.....	4 00
Certificate of cause of death in cases of life insurance.....	4 00
Certificate as to state of health.....	2 00
For unusual detention in ordinary medical or surgical cases after the first two hours, per hour.....	0 50

SURGERY.

Adjusting fracture of thigh.....	\$15 00
Adjusting fracture of leg.....	10 00
Adjusting compound fracture of leg.....	15 00
Adjusting fracture of arm.....	8 00
Adjusting fracture of clavicle.....	8 00
Reduction of dislocation of upper extremity.....	5 00
Lower extremity.....	10 00
Excision of larger joints.....	50 00
Excision of smaller joints.....	20 00
Amputation of thigh.....	25 00
Amputation of leg.....	20 00
Amputation at shoulder joint.....	25 00
Amputation of arm.....	15 00
Reduction of dislocation of the thigh.....	20 00
Reduction of dislocation of the knee....	5 00
Reduction of hernia by taxis.....	5 00
Excision of mammary gland.....	25 00
Removal of tonsils.....	3 00
Removal of ordinary tumours.....	5 00
Removal of malignant tumours.....	10 00
Operation for club foot.....	20 00
Amputation of toes and fingers.....	5 00
Bleeding, p'ugging nares, and opening abscess.....	1 00
Introduction of catheter.....	2 00

OBSTETRICS.

Ordinary cases within four miles.....	\$ 5 00
Cases protracted beyond twelve hours, extra per hour.....	50
Each additional visit (mileage extra)....	1 00
Instrumental or complicated cases.....	10 00
Extricating placenta.....	5 00
Uterine diseases requiring use of speculum for each introduction, mileage extra..	2 00