

removing the shoulder blade and collar bone. Mr. McNeil became alarmed at the seriousness of his case and left for home. Last week he visited North Sydney and consulted Dr. McPherson, who informed him that he would undertake the operation without removing either the arm, shoulder blade or collar bone. The result is the operation was performed on Friday and the man is to-day able to get up and walk about a room. The tumor removed was a large one, and to get at it the doctors were obliged to cut into the flesh."

This case is on a par with that of Mr. Livingstone's. This man was sent to the V. G. Hospital from Boulardarie with a carcinomatous tumor in the groin. Operation was proposed by the medical staff. This was refused and the patient on going home was operated on and the tumor ostensibly removed by at least two of the same ambitious gentlemen, but as every school-boy in surgery ought to know that carcinomatous and sarcomatous growths will recur unless completely removed, and in a few months the patient paid the price of the half measures trumped up in the *N. S. Herald*. It will be remembered that the *Herald* made this case too the subject of an invidious attack upon the professional skill of the Hospital staff. The staff of the Hospital is by no means infallible, but in the McNeil case as in the Livingstone, it can afford to wait the verdict of time. The item will not deceive any gentleman in the profession.

Yours truly,

N. E. MacKay.

Halifax, August 30th 1895.

Selections.

INFLUENCE OF LAPAROTOMY ON TUBERCULOUS PERITONITIS.—Surgical intervention has profoundly modified the prognosis of tuberculous peritonitis within a comparatively short time.

From recent statistics of Roerset it seems that of three hundred and eight patients operated on, 22.5 per cent. examined one year after the operation were perfectly cured. "We have cases cured for twenty-five years" (Spencer Wells). The cases were genuine tuberculosis in those of Buzy, Conitzer, *et al.* The bacillary researches and inoculations were positive. What is the process of cure? Stechegoleff, operating on dogs in Strauss's laboratory, concludes:

1. Tuberculous peritonitis of dogs may be cured by laparotomy alone, and at the beginning of the process, twelve to fifteen days after inoculation.

2. Recovery is due to an inflammatory reaction characterized by infiltration of embryonal cells; the phagocytosis is the active development of connective tissue.

3. Curative action seems due to a variety of physical agents,—traumatism of the peritoneum, thermic influences, penetration of light and air into the peritoneal cavity.

4. The complete evacuation of the abdominal exudate is not the sole cause of recovery.

5. The dog is an animal somewhat feeble and very susceptible to tuberculosis if we use cultures of human tuberculosis.—*Journal of the American Medicinal Association*, May 25, 1895.

MASSAGE IN SPRAINS, BRUISES, AND DISLOCATIONS.—Douglas Graham, of Boston, reiterates his belief in the efficacy of massage in these cases (*Edinburgh Medical Journal*, August, 1895). In beginning the rubbing, in a recent case, the injured parts should be approached gradually, after first rubbing at some distance on the healthy tissues. The first step consists of gentle stroking or effleurage. The second step consists in kneading the part. At the end of fifteen or twenty