

contrast the structure of the small and large intestine. 2. What is the average amount of fluid required by the body daily? Mention the chief circumstances by which the demand for it may be modified; the several channels by which fluid is eliminated, and the condition which may lead to variation in the amount discharged by each channel. 3. Describe the Occipito-Atlantal joint, and all the ligaments which unite the Skull to the Vertebral Column. 4. Describe the dissection required to expose the Transversalis Abdominis and the Fasciæ connected with it. 5. Give the dissection required to expose the Radial Artery from the Styloid process to its termination. 6. Describe the Fornix and its relations.

REMOVAL OF THE ASTRAGALUS, SCAPHOID, AND CUBOID BONES.—Mr. West presented at the meeting of the British Medical Association a paper on this subject, relating a case in which he performed this operation. The case was one of aggravated talipes equino-varus in a woman aged 23, on whom Mr. West operated by the plan suggested by Mr. Richard Davy, of the Westminster Hospital. Models of the limb taken before and subsequently to the operation, and also the tarsal bones, the cuboid, astragalus, and scaphoid removed at the time of the operation (May 19, 1878), were shown. The result, as seen ten weeks after the operation, was eminently successful. Mr. West considered that, although tenotomy was the most suitable operation in infants and young children, in adults, or in cases where tenotomy had been tried and failed, resection of a wedge-shaped portion of the tarsal bones was an excellent operation; and that in future no case of talipes, whatever might be the age of the patient or the severity of the deformity, need be looked upon as hopeless. The use of Esmarch's bandage, and the antiseptic method of subsequent treatment, in operative procedures of this kind, deprived them of the risks which such an interference with the tarsus and its numerous articulations would otherwise involve.—*The British Medical Journal*, August 24, 1878.—*Med. Record*.

PRAYER AS A MEANS OF STAYING EPIDEMICS.—We are far, as has been already said, from condemning the appeal to religious considerations and influences in an extremity like this, but it should be put on enlightened grounds, and become a means of incitement to nobler action. Prayer is efficacious just in proportion as it reacts upon the supplicant to inspire a higher activity, and in this way it may become a potent agency for moving men in great emergencies. This being the true point of view, in place of the proclamation issued by Governor Bishop, we should have preferred to see something like the following: "Whereas, a plague is desolating various Southern cities, which all means hitherto adopted have failed to arrest,

let the devout people of Ohio gather in their several places of worship without delay, and, reverently recognizing the Divine wisdom in this fearful dispensation of suffering, humbly confess their sins of neglect and omission, their ignorance, carelessness, and culpable apathy in regard to all sanitary matters, and their want of quickened sympathy with the afflicted communities, and register solemn vows to Heaven that they will at once enlarge their measures of help to the devastated towns, and will in future be more vigilant and faithful in discharging the religious duty of guarding and promoting private and public health."—Prof. Youmans, in *Popular Science Monthly* for October.

THERAPEUTICS IN THE VIENNA SCHOOL—A correspondent of the *Chicago Medical Journal and Examiner* writing from Vienna says that, after listening for some time to the lectures of Prof. Bamberger and hearing but little said of therapeutical measures, he asked a German physician why Prof. Bamberger did not tell something about treatment. The reply was, that physical diagnosis was his only forte; that if he encountered a case in the diagnosis of which there was doubt, his great fear was that the patient, before his death, might pass from under his observation, and that he might be unable to clear up the mystery by a post-mortem examination.

Prof. Duchek, he says, although perhaps not so widely known as Prof. Bamberger, is far the better clinical teacher, and it is from him that one gets most of the practical hints in therapeutics that are to be obtained there. In the general résumé that Prof. Duchek gave at the end of the winter semester of his plan of treatment, he began by laying down the following maxim: "Give no medicines that will materially disturb the functions of life in your patient." He said further that in the early years of his practice, he had used a wide range of remedies, and was ever ready to make trial of all the new and much-vaunted preparations that were brought forward, but having been almost invariably disappointed in their use, he had now settled down to the employment of about one dozen remedies, seldom giving any others. Of these, the principle are quinia, digitalis, iodide and bromide of potassium, opiates, the salicylates, the acetate of ammonia, the mineral acids, ipecac. castor oil, the saline cathartics, and occasionally calomel. He never uses either aconite or veratrum. He believes that the influence that these last remedies exert in lessening the muscular force of the heart, as well as the blood-pressure in the arteries and veins, is, in the vast majority of cases of febrile and inflammatory disease in which they are prescribed, absolutely injurious.—*New Remedies*.

A case of hydatids of the right lung simulating pneumothorax is reported by W. H. Broadbent, Physician to St. Mary's Hospital, in the *London Lancet* of October 27th.