

great London Hospitals, or be a relation or pupil of any of our *Dis Majores*—will, sooner or later, reap his reward."

This remark of our contemporary, although undoubtedly true, requires an important additional one to make it applicable to Canada—it is, that whilst the medical man arduously pursues his labours, he should bear in his remembrance that to gain himself earthly honours, like those of Surgeon Wells, his harvest must yield the fruits. Few indeed have as ripened in this province during the present season—but the autumn still lingers—let us hope that the later species may prove the more excellent. There are still many old gray-headed men who have spent their lives in hospitals, many professors in surgery, midwifery, chemistry, and what not, who have practised years upon years among us, who are doing nothing for the advancement of medical science—the country looks to them for their fruits—rouse up then, sluggards, and prove that you can do more than write for beginners, do more than lecture to students in medicine—that your experience is, even yet, able to sin you names among those that, like Wells, are destined to live for ever.

PERITONEAL SECTION.—In perusing the account of another formidable operation, the removal of a large abdominal tumour with attachments to the lumbar vertebrae, uterus, &c., performed by Dr. O'Reilly of New York, one cannot but remark that, taking advantage of the asthenic character of all diseases of the present age, step by step, are surgeons every where drifting as it were into the knowledge of the impunity with which the serious curities of the human body may be assailed. And it cannot be long before some one of them, yet a little more venturesome, will prove that peritoneal section for obstructions of the bowels, gall duct, œsophagus, &c., may be performed with success; and that lives now so often sacrificed from them, may frequently by its means be preserved.

It is not long since it was our painful duty to make a couple of post mortem examinations for intestines, when we were led seriously to reflect that should other occasions arise, even a feeble hope would tempt our prudent hands to cut into the abdominal cavity before death.

Nor can we pass over this case or 'hoax' of Prof. Byford of Chicago, without noticing the constantly increasing evidence of the power of large doses of opium in controlling the after inflammation otherwise attendant on such operations. Two grains of solid opium at once—two grains more in half an hour, and two grains every three hours, or a grain every hour and a quarter all night long, with a quick pulse, continuing it for a week every three hours, is indeed heroic; but experience tells us that the life of the patient can thus be saved, and so we grow wiser by each success in this, another of the important legacies of Graves.

TO THE EDITOR OF THE LANCET.

DEAR SIR,—Although entering my eighteenth year of professorship, it has never been my good fortune to see any public avowal of the truth with regard to the two rival Medical Institutions in this city. The liberal and independent course adopted by you, in your editorial of last month gives me therefore much gratification. It is a correct statement of the unfair position now occupied by the

School of Medicine with which I have the honour of being connected.

I regret, however, that you have not mentioned the constant, unwearied, and unwarranted opposition of the McGill College interests, in parliament, to our acquiring the same rights from it as themselves. Both schools would have profited by a more generous and different course of action, and the stimulus of a perfect equality would have tended rather to raise the standard of excellence of each. And the rivalry between us would not have consisted on their part, as at present, in the number of French students to be induced to attend their lectures from the greater leniency exercised towards them.

I should also have been spared the pain of witnessing the many years of national irritation (enmity) produced by these differences; and my career as a professor would have been rendered much more pleasant by such a just and healthy competition.

In conclusion I would remark that I have always been and shall ever be opposed to any course tending to produce national distinctions in scientific progress in this young and fair country.

Yours truly,

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Montreal, 12th October, 1863.

Interesting Cases.

A CASE OF RE-FRACTURE OF THE LEG, AFTER FOUR MONTHS AND A HALF. By P. Munro, M.D., Professor of Clinical Surgery, and Physician to the Hotel Dieu Hospital, and Professor of Surgery in the School of Medicine, of Montreal, &c., &c.

ON Oct. 20, a labouring man of good constitution, received a kick from a horse on the 26th of August, 1862, which caused simple oblique fracture of both tibia and fibula at the junction of the middle with the lower third of the leg. Being in a country place, away from a medical man, the bones were allowed to become ossified with the foot everted, and a shortening of rather over two and a quarter inches. In this condition he was admitted into the Hotel Dieu, where I proceeded on the 13th of January last, assisted by my confrères in this institution, with an attempt to straighten the leg, which I accomplished with some difficulty as follows. Having placed the patient under the influence of chloroform, and attached the pulleys to the limb, I threw the whole weight of my body, by means of the knee, upon the former seat of injury, which, after several efforts I felt to crack and give a little, when, by the alternate use of the hands and knee, separation was readily effected, and the leg became elongated to nearly its proper length. It was now placed upon a double inclined plane, and extension kept up in the usual manner. No farther inflammation was caused by this refracture than proved subsequently necessary for the production of fresh callus. The ossification was rather slower than usual, but otherwise he made a good recovery, with but half an inch of shortening, and the foot restored to its proper direction. He has now a firm and useful limb.

I have considered this case interesting, from the length of time occurring between the fracture and the refracture; from its helping to establish the fact that the new bone is not as solid at this period as the old; that refracture therefore is most likely