

not show any signs of increasing, we hope that shortly we shall be able to inform his many friends of his entire recovery.

Dr. Irvine D. Bogart, (McGill College, 1860,) is in practice at Campbellford, Ont.

Dr. Napoleon Leclair (McGill, 1860,) has removed to Montreal from Lancaster and commenced practice. He was recently elected a member of the Medico-Chirurgical Society of Montreal.

We understand that Dr. Henry Harkin (McGill College, 1867,) who ever since his graduation has been employed on the Montreal Ocean S.S. Company's (Allan line) Mail Service as surgeon, has just resigned his position. During his term of service we happen to know he was universally respected as an able and painstaking physician. We hear he intends to commence civil practice.

Dr. Henry Usher (McGill, 1861,) is in practice at Walkerton, Ont. We were glad to hear from him the other day, and wish him increased prosperity.

Dr. Sparham, of Brockville, was in Montreal a few days ago on a brief visit.

Dr. Simpson of Montreal, (McGill College, 1854,) has been appointed to attend the Small Pox department of the Montreal General Hospital.

Dr. Wickwire, (M.D. Edin.,) of Halifax, has been appointed Vice Consul of the Netherlands, for that part.

Dr. John W. Bligh (M.D. McGill, 1865,) has just returned to Europe, after a brief visit to his relation, Dr. Marsden, of Quebec.

Dr. J. H. Fulton, (M.D. McGill, 1863,) after practising in the Western States for several years, has become a homœopathist, and is located now in Montreal.

Reviews.

Contributions to Practical Surgery. By GEORGE W. NORRIS, M.D., late Surgeon to the Pennsylvania Hospital, Philadelphia. Lindsay & Blakiston, Philadelphia, 1873. Montreal: Dawson Bros.

This book is a collection of essays, principally upon the various fractures and the unfortunate results which supervene. Several of them have appeared in the *American Journal of the Medical Sciences*, and were very favorably noticed. This induced the author to have them collected and presented to the profession in a more endurable

form. We think that the chapter upon non-union after fractures is the most valuable, and perhaps, also, the most practical. It embraces fully one-third of the volume; and it seems to us if he has not fully exhausted the subject, he has at all events collected a great deal of practical information. Fortunately this result is one that seldom occurs; yet it may at any moment happen to a surgeon, and it behoves all to know how to act under such circumstances, in the way calculated to be most beneficial to the patient. In the Pennsylvania Hospital, of which Dr. Norris was one of the surgeons, in the interval from 1830 to 1850, two thousand one hundred and ninety-five cases of recent fracture were admitted, and in not a single instance was there non-union. During the same period eighteen cases of ununited fracture were admitted as such. This experience is very satisfactory, and, so far as our knowledge goes, corroborates the experience of Montreal Hospital practice. The only cases of ununited fracture that we have seen, having been admitted as such. After noticing some twenty-two different plans of treatment which have been suggested, and reviewing each, he compresses them into the following five, as being what are most generally resorted to: 1, Compression and rest; 2, Fractures; 3, Seton; 4, The application of caustic to the seat of fracture; 5, Resection of the end of the bones. He furnishes a great deal of statistical information on the subject, and gives the following conclusions:

"1st. That non-union after fracture is most common in the thigh and arm.

"That the mortality after operations for its cure follows the same laws as after amputations and other great operations upon the extremities, viz., that the danger increases with the size of the limb operated on, and the nearness of the operation to the trunk; the mortality after them being greater in the thigh and humerus than in the leg and forearm.

"That the failures after operations for their relief are most frequent in the humerus.

"That after operations for the cure of ununited fractures, failures are not more frequent in middle-aged and elderly than in younger subjects.

"5th. That the seton and its modifications is safer, speedier, and more successful than resection or caustic.

"6th. That incising the soft parts previous