fore only gives a probability. We must proceed in the following manner. A tincture of guaiacum is prepared with alcohol at 83 deg., and gauiacum resin; a mixture of sulphuric ether and binoxide of hydrogen is also made and enclosed in a stoppered bottle, and kept under water in the dark. This preparation is less liable to change than pure oxygenated water. The object stained with blood, if it be white, is put into a little cup, then moistened with water to dissolve out the blood-stain, and washed in distilled water; this water is then submitted to the action of these reagents. If the thing stained be colored, and the stain little or not at all visible, it must be moistened and then pressed between two or three sheets of white blotting paper, and tried first with the guaiacum. If the stain be of blood, a reddish or brown spot will form on the paper. One of the sheets should be treated with ammonia, and the stain will become crimson or green. A second sheet, treated with tincture of guaiacum and ozonised ether, will give a blue colour more or less intense, according to the quantity of the blood.

To recapitulate: 1. If the stains or scales of blood appear recent, the corpuscles may, after the necessary precautions, be examined under the microscope, and their presence, diameter, etc., observed, which will enable one to diagnose the origin of the blood, whether human or animal. 2. If the stains be old and the blood changed, the reaction with the tincture of guaiacum would make the presence of blood probable; but its actual presence cannot be affirmed without spectrum examination, or the production of crystals of hydrochlorate of hæmatine; one of the two is sufficient. It is unnecessary to add that these reactions do not show whether the blood is human or animal. —*Brit. Med. Jour.*

Treatment of Empyema by Permanent Openings in the Chest.—At a recent meeting of the Boston Society for Medical Observation, Dr. John G. Blake reported (*Bost. Med. and Surg. Journ.*, June 5, 1873) four cases, illustrating the good results attending this mode of treatment of empyema; and in the discussion which followed, Dr. H. I. Bowditch stated that he highly approved of Dr. Blake's fearless method of operating in these cases. He thought it was wrong to allow a patient to cough up a secretion which could be allowed to escape so easily. Those cases where the matter is allowed to be expectorated are, as a rule, long and tedious. The operation, on the other hand, tends greatly to hasten convalescence, and, though his experience of incision has been small, Dr. Bowditch believed that it could be done with less danger to the patient than to allow him to continue coughing without making an opening. Dr. Bowditch would urge an incision just as we would open an abscess in the thigh. After using the aspirator on one or perhaps two occasions, in order to make sure of the existence of pus and of its tendency to reaccumulate, a free opening should be made, and no half-way measures in regard to the establishment of such openings should be adopted. In one case which he had seen, the very happiest results had followed a three-inch incision.

In cases of pleurisy, there are occasional attacks of orthopnœa or dyspnœa, lasting perhaps fifteen minutes, which are followed by an interval of perfect relief. The dulness is found to extend only half-way up the chest, and the examiner thinks there is less fluid than really exists. In these cases sudden death from orthopnœa may at any moment occur, and therefore in all such cases an operation should be immediately performed by aspirator or incision. (*Med. News and Library.*)

Medical Items and News.

Dr. Dalyrimple, M.P. for Bath, England, died on the 19th of September. Our readers will remember that Dr. Dalyrimple lately visited the United States, to inquire into the working of the Inebriate Asylums there. This was a question in which he took a deep interest

The International Medical Congress met this year in Vienna. The session commenced September 1, with a speech by the Archduke Rainer, in which His Imperial Highness welcomed the visitors to Vienna. The chair was taken by Professor Rokitansky as President, who delivered an address. Special discussions afterwards took place on subjects of sanitary science and general professional interest.

Large Brain.—An inquest was lately held by Dr. Lankester, in Paddington, England, on the body of a boy 6 years of age (son of a porter), whose brain weighed, on examination, 53oz. Deceased was described as a very clever boy. He was preparing for school in the morning, when he was suddenly seized with pain in the stomach, and died about 12 noon. The cause of his death was apoplexy of the lungs.

Married.—In Bellevilie, October 8th, by Rev. W. S. Patterson, Baptist clergyman, G. W. Faulkner, Esq., M.D., C.M., L.C.P.S.O., Stirling, to Miss S. A. Young, third daughter of the Rev. Sheldon Young, member of the Bay of Quinté Annual Cenference of the Methodist Episcopal Church.