

## Personal.

Dr. Albert H. Smith, a distinguished Obstetrician, Philadelphia, died December 16.h.

Dr. Henry J. Garrignes has been elected Gynæcologist to the German Hospital, vice Dr. E. Wæggerath, resigned.

Dr. G. Sims, Woodhead, and Mr. Alexander Bruce, have been appointed Pathologists in the Edinburgh Royal Infirmary.

Dr. J. W. Rosebrugh, of Hamilton, has recently been elected a Fellow of the British Gynæcological Society, and also a corresponding member of the Boston Gynæcological Society.

## Miscellaneous.

To keep instruments bright and free from rust, spread a little unguent. hydrarg upon a piece of chamois. After washing and drying the instrument, rub over with the prepared chamois.

### CONTROVERSIAL.—

Said Koch: "I've some comma bacilli."

Said Klein: "I don't think t ey will kill I."

"I," said Finkler (and Prior),

"Believe he's a liar."

Said Ferran: "I can knock you *all* silli!"

**LEAD POISONING.**—Dr. Arthur V. Meigs, in a clinical lecture, refers to lead poisoning being sometimes due to the fact that sewing silk is frequently impregnated with sugar of lead to give it weight, and that seamstresses, tailors, etc., are in the habit of biting off the ends and chewing them. Cases are related in support of this view.—*Virginia Med. Monthly.*

**A SELF-RETAINING DRAINAGE TUBE.**—This can be made by fastening a short section of rubber tubing across the end of a longer piece. It is easily introduced by bending the ends of the shorter piece down by the side of the longer one, and then grasping them with a pair of long-handled dressing forceps, and carrying tube and forceps into the abscess.—*Western Lancet.*

**TO ERR IS HUMAN.**—"Indeed, madam, I know all about it; I saw just what ailed the woman as soon as I came into the room. There is a young man up street who is sick the same way, and I am attending him. Give the medicine as directed, and I will call around in the morning." Having delivered himself thus the young doctor took up his hat and departed. Not long after this, the pains having come on again with increased rigor, another messenger was hurried off for the old doctor, who was found just returning from a far-out call. The young doctor, upon coming over in the morning, expressed much pleasure at the supposed result of his treatment, and was rubbing his hands with an air of "I never make any mistake," when the nurse, turning down the bed-coverings, discovered to him the little one lying on his mother's arm, as she said: "By the way, doctor, has the man up street got through yet?" The moral is obvious: Do not be too previous in your diagnosis.—*N. Y. Med. Record.*

**POST-MORTEM ALBUMINURIA.**—It has been found by MM. Vibert and Ogier, that the urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in any part of the urogenital apparatus. It was noticed in their experiments, also, that the longer the time was since death had occurred, and the less urine there was in the bladder, the greater was the proportion of albumen contained in it. The source of the albumen in these cases was shown to be the mucous membrane of the bladder, for, when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to become markedly albuminous. This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly. For the mere fact of there being albuminous urine in the bladder would be insufficient to base a diagnosis of renal disease upon, and should not be given great weight unless corroborative pathological changes were also found in the kidneys.—*N. Y. Med. Record.*