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THE MEDICAL TIMES.

VOLUME I.—NO. 18.] KINGSTON, (CANADA), SATURDAY, NOVEMBER 1, 1873. [PRICE FIVE CENTS.

HOW A DOCTOR MAY GET ON IN LIFE.

Sir Dominic Corrigan gave the following advice on this head in his address to the students at St Mary's Hospital:—When I was in the very beginning of my professional life I received from numerous acquaintances and friends an abundance of what none of them would take from me—namely, advice, and that on a point of great consequence to me—viz., how I was to get on in life, how I was to attain eminence and competence.

The first of the advices I got, as I recall them, was to take the house of an eminent physician, who was just deceased, and try to step into his shoes; but, however applicable that advice might be to succession in trade or business, I felt that in our profession it was the man and not the house that was sought, and therefore I did not act on that advice.

The next advice I got was to frequent "flower shows," "charitable bazaars," "matinées musicales," and "afternoon teas," and perhaps learn to twang a little on the "zither," or "guitar." This advice did not suit me; I had "no music in my soul," and I felt, like Richard, that I was "not shaped for sportive tricks"; and, moreover, I felt sure that such accomplishments, however suited to festive scenes, could not be the qualities which the sick would lean on for relief. The advices I got did not end there.

Some of my kind friends assured me the very best way to get business in my profession was to pretend to have it—to put on the appearance of being overpowered with it. They assured me they knew for certain some who succeeded by having themselves frequently called away from church and from the dinner of their friends by urgent summonses to sudden and important cases. They considerately, however, added that the note marked "immediate and pressing," while ostentatiously handed to me, should, however, be at a suitable time for my own comfort, so that I should not lose the good things of the table.

The next kind friend recommended me to take to driving hard in a carriage, particularly on wet and muddy days, so as to bespatter pedestrians and endanger lives at crossings, and make every passer-by inquire who I was. That did not meet my views or my pocket, and I thought of the lines applied to one of the profession, who was said to have so acted. I did not desire to have them applied to me—

> "Thy nags the leanest things alive,
> So very hard thou lov'st to drive;
> I heard thy anxious coachman say,
> It cost thee more in whips than hay."

I should tire you were I to enumerate the numerous advices my kind friends pressed on me as to the best way of getting on. I listened to all, and I must confess that I was at first inclined to grow sad and to regret I had entered a profession which, up to that time, presented to my young dream glorious eminences to be attained by battling forward under the flag "Excelsior." But, as I was beginning to despair, there was a little book published, "The Lives of British Physicians, extending from Linacre in 1410, to Gooch's death in 1830," a period of about 400 years. If my young friends have not perused the book I would advise those who are ambitious of eminence to read it, and I think they will come to the same conclusion to which I was led from its perusal, that there is but one road to excellence and success in our profession, and that is by steady study and hard labour; and you will at least always have this consolation in your dreariest hour of labour, that "no proud man's contumely," no "insolence of office" nor "spurns that patient merit of the unworthy takes" can bar your way.

The great Dr. Johnson, who said in his day a great many wise things, but also several foolish things, and who thought he knew everything, has thus written in his Life of Akenside:—"A physician in a great city seems to be the mere plaything of Fortune. His degree of reputation is for the most part totally casual: they that employ him know not his excellence: they that reject him know not his deficiencies. By an acute observer who had looked on the transactions of the medical world for half a century, a very curious book might be written on the fortune of physicians."

These observations are a bundle of fallacies, and if I think them worth noticing, it is to ask you not to be so mistaken as to believe in them. If you do believe in them, and act on them, you will assuredly repent it. Go through the lives of the eighteen or twenty men included in the volume I have noticed and you will learn this: that whether they were polished in manners like Linacre and Meade, or boorish like Radcliffe, a staunch royalist like Harvey, or a Roundhead like Sydenham, a very martinet in dress like Jenner, or plain as a Quaker in costume like Sir Thomas Browne, there was one quality which all possessed in common, and that it was which placed fortune at their feet—unremitting hard work in their early days. They were never the playthings of fortune as Dr. Johnson foolishly ventured to say; they commanded fortune.

Dr. Johnson in the same passage has put forth other fallacies. He says: "Those who employ the physician know not his excellence: they that reject him know not his defects. Do not believe in this. A few members of the public may go wrong occasionally, and for a time, in their judgment, but on the whole seldom, and the universal continued voice of the public is seldom wrong. I never yet know a man in our profession hold the confidence and trust of the public for a lengthened time who did not deserve it. I have occasionally, nay, often seen men raised by the influence of connexion or extraneous circumstances into temporary eminence; but if they went up like a rocket, they came down like the stick. Connexions, friends, influence, can do no more than this—give you a field, such as a hospital for your practice, just as solicitors may give a young barrister briefs; but if there be not the head and the hand to do the work the young physician and the lawyer will soon sink to their true level.

Look to the lives of all those physicians who have risen to eminence and held it, and you will find, without an exception, that they had all been working men.

Cherish this in your young minds all who are ambitious. It is not given to all to be field marshals, or admirals, or bishops. There must ever be grades in every sphere of life; but you who are ambitious and look for the highest places, keep this impressed on your minds,—that unceasing labour is the only path to them. Remember the celebrated saying of Sir Thomas Browne, the author of "Religio Medici," one of the most extraordinary men next to Bacon who ever lived, who held a high position as a practising physician, and a world-wide reputation as a philosopher. He used often to say, "I never could be doing nothing."

I am, of course, precluded by good taste and propriety from bringing before you the names of living men in corroboration of the views I desire to impress on you for your guidance; but look around you here, look around you abroad, on the men that in this great city have risen to eminence in our profession, and who have continued to command the confidence of the public, and you will not find among them one who has not laid the foundation of his success in his own early and continued labour; and this explains what we so often see, that many of the men who have attained the highest positions and greatest wealth are men who had in early life neither connexion, nor party, nor sect, nor wealth, nor influence to aid them on their way. And it ever will be a proud reflection in our profession, that we can achieve position without depending on the smiles or fearing the frowns of fortune. The celebrated Cullen, one of the most illustrious of our profession in the science as well as in the practice of it, was the son of very humble parents in Lanarkshire. He began life as the apprentice of a surgeon-apothecary in Glasgow, and then was surgeon to a merchant vessel trading between London and the West Indies. Next we find him attempting to live by the practice of his profession among the peasants of Shotts, a region in Scotland proverbial for its bleakness and poverty. There now comes a curious episode in his history. The celebrated William Hunter was at the same time in like manner endeavouring to earn a scanty livelihood in the same poor district, and Cullen and Hunter, to enable them to support themselves and follow up their medical education, entered into partnership under an agreement that they should alternately work and study, each taking an alternate year to attend lectures and hospital practice in

Edinburgh or London, the other undergoing the drudgery of parish work for their mutual support. There are few instances on record of the pursuit of knowledge under difficulties that bring a more affecting picture, and at the same time cheering picture, to the mind, than those two young men thus struggling with such obstacles to knowledge, and each in after years reaching the meridian of fame in Edinburgh and London.

The public often wonder when they see men, to them as it were, suddenly bursting into high position and great emoluments, and are prone to attribute it to some ridiculous cause, or chance, or accident, such as narrated in the Diary of a late Physician, or some other similar nonsensical sensational production, no more like the reality than "I to Hercules"; but the public had not seen the long, silent, and continuous hard years of labour in hospital, lecture-room, or study. These labours have been laying the substructure, on which the foundation of the edifice of Fame and Wealth at length arose, which arrested the public eye, and at which it ignorantly wondered.

The burst of professional eminence is like that of the palm; its growth has been going on silently and almost imperceptibly, but when the time of bearing fruit arrives, it springs forth like the eastern fruit with what seems a sudden burst. Don't believe in chance or trust in luck.

OBSTETRICS.

DIAGNOSIS OF EARLY PREGNANCY.

Dr. Adolph Rasch, in a paper read before the Obstetrical Section Brit. Med. Association, stated that he wished to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English, and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before this Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumours, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigations in a very large number of cases of which he kept notes for nearly ten years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, inclosed under conditions very favourable for this purpose, not be felt equally well as a few drops of pus in a panaritium? The notes of several hundred cases satisfactorily answer this question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammæ, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy, viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confirming a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help us to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy, where it did not exist, than to do the reverse. To meet the other objection that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and their assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy, the author found the uterus anteverted, and then the manipulation was easier done than when the womb was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.—*Brit. Med. Journ.*

TEDIOUS LABOUR FROM DEBILITY AND ITS TREATMENT.

Dr. Hugh Miller, of Glasgow, in a paper read before the Obstetrical Section, British Med. Assoc., made some remarks having reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time it either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of fatigue set in the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fœtus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and since he had adopted the early application of the forceps, not one of the children so delivered were stillborn.—*Brit. Med. Journal.*

SURGERY.

FRENCH PRACTICE IN THE TREATMENT OF WOUNDS.

At the Medical Section of the French Association for the Advancement of Science, Dr. Azam, surgeon to the St. André's Hospital, Bordeaux, treated of his Method of Dressing after Amputations. The first point he examined was,—Should the wound be united by first intention or not? In answer to this query he stated as his opinion that some structures should be united and others allowed to suppurate. Taking as a type amputation of the thigh, Dr. Azam described his system as follows:—He makes two flaps nearly equal, and leaves the wound exposed for a little while, in order to lessen the chance of subsequent hæmorrhage. He places a drainage-tube next to the bone, the ends issuing on both sides, and fixed to the thigh by collodion. He unites the flaps, first, by a deep suture, merely twisting the wires to enable him to relax them should it be necessary; secondly, the edges of the flaps are brought together by a carefully made suture. The flaps unite in their deep and superficial parts, and the suppuration caused by the extremity of the bone finds its way out through the drainage-tube. Complete union by first intention after amputation Dr. Azam deems impossible; to attempt it is mere waste of time, and often a dangerous experiment. He completes the dressing by applying cotton-wool, kept in position by a bandage both firm and tight. On the third or fourth day Dr. Azam removes the superficial sutures; and on the tenth day the tube is withdrawn. The wound is afterwards dressed with alcohol, or a cotton-wool dressing applied. Dr. Azam never uses water or sponges. On an average most of the amputations dressed according to this method are, he states, completely well on the fifteenth day. Dr. Azam instanced several cases taken from his practice at the Hôpital St. André. An amputation of the leg was entirely cicatrised on the eleventh day; some on the thirteenth and fifteenth day. A young girl had quite recovered, after amputation of the thigh, on the sixteenth day.

This communication was followed by a most important discussion.

Professor Verneuil, in a brilliant improvisation,

made an admirable summary of the most accepted methods of dressing at present employed. His great experience and the authority of his name gave considerable interest to his address. If under certain circumstances, he said, union of large wounds by first intention be possible, applied under unfavourable hygienic conditions it always fails. The dressing of wounds is a very old question, but, nevertheless, always a new one. A better proof could not be given of its importance and its unsettled condition. "It is necessary to well define the subject. By a wound, the consequence of amputation, we mean a clean section made by a cutting instrument—regular, self-adapting, involving various textures, and offering several forms which can be reduced to two principal types, the concave and the angular. The incised parts include the skin, muscles, bones, vessels, &c., and, however perfect the contact, the centre forms a virtual cavity. Given such a wound, what treatment should be applied to it?

It may be left exposed, but this method is full of inconveniences: it leaves uncovered a large and painful wound, considerable suppuration follows, and the cicatrisation is slow. It offers, however, one advantage—an easy exit of the discharge from the wound. But if we wish to protect the wound, we have first the simple dressing method which was almost exclusively adopted till the first third of this century. It will suffice to say that it is a bad dressing. A second method of protection is the complete and immediate union of the wound, otherwise called by first intention. The advantages of this method are, the limitation of inflammation, the absence of suppuration, and the rapidity of recovery. But, on the other hand, none of its advantages are reaped if applied to amputations; in such cases, union by first intention, if not impossible, is at least very rarely obtained. From a comparison of these advantages and disadvantages arose the idea of partial union, which limits the time necessary to the healing of the wound, and lessens the extent of exposed surface; but hitherto most of the methods created by the idea have not taken into consideration the retention of pus in the deep parts of the wound. However, I must say that the method advocated by Dr. Azam meets this indication. During the last few years two systems have sprung up, both based on the germ theory, otherwise on the unhealthy media in which operations are generally performed. The first is Lister's antiseptic treatment, with its repeated dressings and its constant pursuit of the deleterious and infectious agent. Lister pretends that by his method he obtains a moderate inflammation, no suppuration (or very trifling), and an insignificant absorption. On the other hand, this method is difficult of application, and is followed by slow recoveries. Whilst Lister endeavoured to destroy the germs *in situ*, Laugier with the gold-beater's skin, and Chassaignac with the diachylon, endeavoured to protect the wound against this agency by hermetically closed dressings. This idea was improved upon by Dr. A. Guérin, and to him we owe the cotton-wool dressing. In order to be able to compare the cotton-wool dressing with the method communicated to us by Dr. Azam, we must take into consideration above all things the danger to which our amputated are exposed. I teach nothing when I advance that the conditions under which we operate in our Paris hospitals are most unfavourable. Our hospitals, beautiful monuments, utterly worthless in a surgical point of view, are nought but licensed necropoles. Whilst I acknowledge that in a salubrious medium the method of Dr. Azam is very acceptable, still I firmly believe that under adverse general conditions it will prove a failure; and, notwithstanding the disadvantage of the cotton-wool dressing—that is to say, a slow recovery—I will for the present continue to adopt it in my wards, as length of time cannot rival the safety of our patients."

Dr. Le Dentu, agrégé of the Paris Faculté, supported Prof. Verneuil's views. If he saw good results follow the use of the cotton-wool dressing in insalubrious hospitals, applied under favourable circumstances it gave admirable results. Thirty-five amputations of the leg, performed *au Creusot*, and dressed with *cotton-wool*, gave 35 recoveries.

Professor Courty, of Montpellier, dreads the hermetical closing of the wound. He does not employ the cotton-wool dressing. He once obtained union by first intention after amputation of the thigh, but he agrees with the former speakers that such a result is both rare and uncertain. His great care is to give perfect rest to the wound, and for this purpose he places the whole limb in one of Bonnet's long hollow splints.

ON THE TREATMENT OF ONYCHIA MALIGNA.

In a paper read in surgical section at the annual meeting of the British Medical Association (*British Medical Journal*, August 30), Mr. Mac Cormac called attention to the treatment of onychia maligna by the application of nitrate of lead. The disease is rather common in Belfast; it affects principally the girls employed in flax-spinning mills. During the ten years, from June 1863 to June 1873, there were 217 cases of this malady among the patients of the Belfast General Hospital, being 2.2 per cent. of the total surgical out-patient cases; 115 occurred in the girls between the ages of ten and fifteen, and 63 between the ages of fifteen and twenty. One hundred and eighty-four were mill-workers. In his experience, Mr. MacCormac had found local applications and evulsion productive of only temporary benefit. The only efficient treatment was the complete excision of the secreting stratum at the root of the nail; a severe operation, and one which requires local or general anæsthesia. Lately, the author had read a monograph by Dr. Vanzetti of Padua, advocating the plan, proposed originally by Dr. Moerloose, of Ghent, of applying powdered nitrate of lead to the ulcerated surface. Mr. MacCormac had had no opportunity of testing this remedy among the patients at St. Thomas's Hospital; but, at his instance, it had been used by Dr. Scott in fifteen cases in the Belfast hospital, with most satisfactory results. According to Dr. Scott, from fourteen days to a month were required for a complete cure. All pain ceased from one to three days after the first application; and the swollen irritable margin of the ulcer gradually disappeared, leaving a healthy granulating sore.

NEW METHOD OF HEALING ULCERS.

Dr. Nussbaum, in the *Wien. Med. Presse*, claims to have successfully treated upwards of sixty cases of chronic, extensive, and otherwise intractable cases of leg-ulcers by the following simple procedure. The patient is at first narcotized, and then around the ulcer of the leg or foot, a finger's breadth from its margin, an incision extending down to the fasciæ is made. Numerous blood-vessels are divided, and a severe hæmorrhage ensues, unless a fine pledget of lint be packed into the cut and the entire ulcer strongly compressed. The packing with lint is also necessary to prevent union of the cut edges by the following day. Upon the second day the bandage and lint are removed. From then until a cure is effected a simple water-dressing is applied. The author states that an *astonishing* change can be seen even in the first twenty-four hours. The ulcer which yesterday threw off quarts of thin, offensive, ichorous pus furnishes to-day not more than a table-spoonful of thick, non-offensive, healthy pus. The old ulcer becomes rapidly smaller, healing from the margin toward the centre, and is healed in a short time; but the cut is changed into a broad circular sore, which also speedily cicatrizes. The great diminution of the secretion and other favourable changes occurring in the ulcer find an explanation from the fact that the circumcision has divided dozens of large, abnormally-widened blood-vessels. Time is thus given for the lessened nutritive material, which previously was carried off by the excessive secretion, to be transformed into cells and connective tissue; in other words, granulations are formed, which fill up and heal the deep ulcer. Without claiming this as a radical method, the author assures us that the cure is much more rapid, and the cicatrix becomes more elastic and resisting, than in the ordinary means applied, which usually require so much time that the patients depart with half-cured ulcers, soon to find themselves in their previous deplorable condition.—*Phila. Med. Times.*

A NEW URETHROTOME FOR INCISING VERY NARROW STRICTURES.

Mr. Berkeley Hill describes (*British Medical Journal*,) an instrument, constructed by Coxeter, consisting of a slender sound, less in diameter than No. 2 catheter, grooved along its stem. The groove, deep for six inches of its length, gradually becomes shallow, so as to turn out a knife attached to a rod passed along the groove. By this means a cutting edge is made to project for half an inch or less, if necessary, against the floor of the urethra. By drawing the whole instrument forwards, the keen edge is brought against the stricture and cuts it through from behind forwards; the knife then returns to the groove, and the instrument can be harmlessly removed from the urethra. A subsidiary adaptation of the instrument renders it capable of being guided through extremely narrow strictures, and also of showing exactly the position and extent of the contraction to be overcome.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, NOVEMBER 25, 1873.

TO CORRESPONDENTS.

Communications and reports solicited. Correspondents must accompany letters, if intended to be printed anonymously, with their proper signature, as a guarantee of good faith.

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REMITTANCES.

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Very naturally, while the cholera has been spreading on the Continent, the English people have felt alarm at the possible introduction of the malady into the United Kingdom. The vast commercial activity of the mother country always makes this risk of importation a serious one. Happily, the precautions which have been instituted have sufficed to keep the destroyer at bay. Events, however, have shown the necessity of constant vigilance and precaution. Narrow escapes from the introduction of cholera have occurred at several ports,—notably at London, in the case of the Danes and other emigrant passengers from the North of Europe passing through infected districts: again at Southampton, in the case of a sailor who had fallen into the mud at Havre, thereby exciting a choleraic diarrhœa then prevalent in the French port; also at Hull and Liverpool, in the case of emigrants passing through England on their way to America. In all these cases the value of isolation and the disinfection of the fæcal discharges, as practised by the health officers, in preventing extension of the disorder has been marked. Although from the very nature of the disease, in possessing, as it were, a stage of incubation, it is impossible, in these days of rapid transit from one port to another, to prevent the importation of apparently healthy persons who have nevertheless the seeds of cholera about them; yet it has been shown that much may be done to prevent the spread of the disease even after it has declared itself. Englishmen are apt to be very exacting of public officials; and some have grumbled that the precautions of the Local Government Board have been inadequate to exclude cases of cholera from the kingdom; but while this is impossible with anything like freedom to commerce, the system set in operation by the principal health officer is deserving of great credit for what it has accomplished in face of all the risks to which a commercial country like Great Britain is peculiarly exposed. If cholera cannot be shut out, it can at least be shut up and measurably restricted under the English system. Not only have the people of England to thank the inaugurators of this system for their present immunity from the scourge of cholera, but the people of North America likewise are deeply indebted to the hygienic progress which is making in England for our exemption thus far from the importation of cholera. Our own government has been too passive. A real danger has not been sufficiently apprehended; but fortunately for us the very measures taken in view of conserving the public health in Great Britain have at the same time conduced to our safety. For a time the danger is past. Cholera is sensibly abating in Europe; and the fag-end of the epidemic is now the only source of infection. Possibly we may entirely escape; but there is still room for fear lest the fag-end even should light up afresh and renew a greater danger.

SURGERY.

BLOODLESS OPERATIONS.

Apropos of the remarks on the attainable limits of operative surgery referred to in another column, it may be interesting to describe a plan that has recently been adopted by Esmarch, and introduced into England by Mr. William MacCormac, of St. Thomas's Hospital, for preventing the loss of blood during operations on the distal portions of the extremities. The method is not exactly new, and was practised by Stromeyer and Langenbeck twenty years ago, and more recently by an Italian surgeon named Silvestri. The details are as follows. An elastic bandage, about two inches and a half in width and from five to ten yards long is firmly bound round the limb, commencing at the toes and fingers as the case may be, and is then continued upwards so as to drive the blood before it out of the veins and arteries. When the desired point has been reached, a strong india-rubber band, about half an inch in diameter, is tightly drawn two or three times round the limb just above the elastic bandage, and fastened by hooks. The bandage is then removed, leaving the tissues blanched and exsanguined. Not a particle of blood is lost during the operation, which is really more bloodless than when performed on the dead subject. After the operation is completed the rubber rope is removed, and the blood then finds its way into the vessels, which are ligatured or twisted according to the taste or inclination of the surgeon. On this plan, which has been carried out at St. Thomas's, Guy's, London, and St. Bartholomew's Hospitals, many operations have now been performed, including excision of the knee and elbow joints, amputations, and the removal of dead bone; and Mr. Wagstaffe has recently amputated through the thigh for gangrene of the foot on this plan, the precaution having been taken to commence the application of the elastic bandage several inches above the mortified part. No ill effects of any kind have hitherto been observed from the use of this contrivance. Although the durations of the operations have varied from a few minutes up to half an hour, and even more, during the whole of which time the circulation has been completely arrested, no evidence has been afforded of the formation of emboli or thrombi in any of the cases. But it is one of the possible evils of the device that the prolonged pressure on the vessels and complete stoppage of circulation may, under certain conditions, lead to the formation of a clot, which, on the re-establishment of the circulation, may be carried along the vessels, and arrested in some part of their course, giving rise to circumscribed inflammation or even gangrene. There is also considerable danger in applying the bandage over parts which are inflamed and suppurating, especially if decomposition be going on, lest some of the clots which are found in the bloodvessels of the affected parts be detached and forced into the blood-current. For such cases it would be well to employ in addition a modification of the plan which has been practised at Edinburgh for the last two or three years, and which consists in suspending the limb for some minutes before the operation, so that the blood may gravitate downwards. Then the bandage may be applied at the proximal side of the diseased part, thus avoiding all risks of septic poisoning or of embolism.

As to the condition of the limb on the removal of the rubber rope, it may be remarked that the blood shows itself at the wound in some cases immediately, and in others not for several seconds, or even a minute afterwards. The part then rapidly becomes very red, of a slightly livid hue, and somewhat swollen; which may be accounted for by the small vessels and capillaries becoming engorged before the *vis a tergo* is sufficiently restored to drive the blood up into the venous column.—*Lancet.*

THE ATTAINABLE LIMITS OF OPERATIVE SURGERY.

In his introductory lecture at University College Mr. Erichsen made the remarkable assertion that the attainable limit of manipulative and operative surgery had been nearly reached if not quite. Coming from one greatly experienced in the operative department of surgery, the statement is very significant and demands attention. The term "attainable limit," or "finality," as the lecturer called it, must, however, be accepted with a certain amount of reservation, lest by prematurely arrogating perfection we hinder further progress and retard a noble art. But it is only reasonable to assume that any merely manipulative art can be elaborated only to a certain degree, and that in time a point will be reached beyond which it is impossible to go. Varying conditions may suggest endless modifications, but the principles of the practice, so to speak, remain the same. If we remember that almost every artery in the body up to the aorta itself has been ligatured, that almost every articulation has been excised, that large bones have been removed, that organs previously considered vital have been extirpated, it must be acknowledged that something like finality has been attained. It is true that new methods of accomplishing a particular object in manipulative and operative surgery are constantly being devised; but in all these there is rarely a little more than the elaboration of some old principle. The valuable method lately adopted by Esmarch of performing bloodless operations on the distal portions of the extremities, and to which fuller reference is made in another column, is sufficient proof that progress is still being made; but even this recent plan is not new, for the same object

had been previously attempted by similar but less perfect means.

That the practice of surgery may become of still greater service to the community, it is therefore necessary now to turn the surgical mind in another direction, and, by developing the science, to remove the necessity of what has been called the opprobrium, but which is nevertheless the glory of the art—operative surgery. Scientific surgery must be cultivated with greater diligence and zeal, for from it must come any fresh achievements and new conquests. At the same time that we perfect the use of the knife, we must strive for its substitution by means more subtle but equally potent and effectual. It is true that in many cases, as in accidents and injuries, the knife cannot be dispensed with, but it is the province of scientific surgery to find out what will prevent diseases attaining the magnitude that entails the horrid necessity of operative interference.

It is, however, a serious fact, that notwithstanding the perfection in the manufacture and mechanism of instruments and the methods of using them, the results of operations, as regards life, remain about the same as when they were more rudely performed and with instruments less ingenious. The results of a given operation as regards the individual are better, but the mortality of all operations has certainly not diminished in anything like a proportion corresponding to the progressive perfection of surgical manipulations. All the causes of this are not evident, but some are sufficiently obvious to be traced out, and we shall find for instance, that there has been very little improvement in the external hygienic conditions by which the patient is surrounded before and after the operation. He is placed in the same wards, most of which are ventilated in the same rude manner as formerly, and little has been done to diminish the risks attendant on surgical wounds in the wards of the hospital. The fact is, that what is often regarded as the result of an operation is the effect of hospitalism; and although a certain mortality may be necessarily associated with the system of hospitalism, it is equally certain that the number of deaths may be greatly diminished by attention to a strict hygiene. It is this part of the subject of scientific surgery that calls for a closer study and promises greater results than perhaps any other department.—*Lancet.*

AN IMPROVEMENT ON ESMARCH'S ELASTIC BANDAGE.

By W. Harrison Cripps, House-Surgeon to St. Bartholomew's Hospital.

Esmarch's admirable suggestion of using an elastic bandage to exclude the blood before operating on limbs, and the complete success attending it, are now probably well known. The following is a simple modification of his arrangement, by which many yards of elastic bandage may be dispensed with, and it can be easily and quickly applied.

A short india-rubber tube is used, not only to prevent the blood from returning to the limb, but also for the purpose of removing it in the first place. The two ends of an india-rubber tube, twenty-one inches in length and about three-eighths of an inch thick, are bound together with a piece of twine, the whole forming an elastic ring seven inches in diameter. A grooved reel revolving between a double handle completes the necessary apparatus.

To apply this to the arm, three or four complete turns of the elastic ring are wound tightly round the hand in such a manner as to include the fingers and thumb, care being taken that the turns lie even and do not cross one another. The reel is then put under the free portion of the ring connecting the upper and lower coil. The reel is passed round and round the limb in an upward direction: thus each coil is unwound from below as another is added above. In this way four tight coils of india-rubber are carried up the limb to any distance required. The degree of tightness can be regulated with the greatest nicety by the distance the reel is drawn from the limb by the bandager.

This method of driving blood from the limb answers perfectly in the arm and in the lower part of the leg; but in carrying the bandage over the popliteal space the flexor tendons prevent the artery being effectually compressed. A firm pad in the space would probably answer the purpose.

To remove the bandage, it may either be unrolled by reversing the action of the reel, or the twine connecting its two ends may be cut with scissors.

SHORT NOTES.

A NEW SIGN OF DEATH.

Dr. Liersch states it is well known that when the cornea of a living eye is punctured to evacuate the aqueous humour the pupil always contracts; this, he asserts, does not occur when the puncture is made in the eye of a dead person. He points out this as a simple and certain means of diagnosis of apparent from real death.

CANCRUM ORIS SUCCESSFULLY TREATED BY A SATURATED SOLUTION OF IODINE.

Dr. J. G. Miller reports *(Kansas City Medical Journal,)* three cases of cancrum oris successfully treated by tonics and the local application of a saturated tincture of iodine prepared by putting as much iodine into the compound tincture as it would dissolve.

COD LIVER OIL BREAD.

In order to disguise the taste of cod liver oil, MM. Carré and Lemoine have prepared a special kind of bread, made with oil in the following way:—Oil, 75 grammes; flour, 335 grammes; milk, 90. The oil is first incorporated with the flour. The paste is divided into small loaves of about a quarter of a pound each, which have scarcely any taste, and are of a very agreeable appearance. Dr. Bouchut, of the Children's Hospital, has made a very satisfactory trial of this new means of administering cod-liver oil.

THE CURABILITY OF LARYNGEAL CONSUMPTION.

In the course of a lecture at the London Hospital, Dr. Prosser James made an important statement with regard to the curability of laryngeal phthisis. It is well enough known that consumption may be arrested, but it has hitherto been laid down that one form of it, laryngeal phthisis, is rapidly and necessarily fatal. Now in such cases he had witnessed the arrest of the disease. In one instance the lungs, as well as the larynx, were affected; nevertheless, the patient recovered and resumed employment as a public singer.

IODIC ACID IN HYPODERMIC INJECTIONS.

Dr. Luton has been investigating the above substance, the properties of which appear to be very remarkable. Iodic acid is highly soluble in water; a solution to one-fifth can be easily obtained, and it is that which Dr. Luton employs. In this proportion iodic acid does not produce a sore, but it causes amidst the tissues into which it is injected a deep modification which induces rapid absorption. Dr. Luton has employed it in goitre, in indolent adenopathic swellings of the cervical and submaxillary regions, and in a case of osteo-periostitis of a phalanx of the hand. The results have been excellent. Upwards of half a drachm of the solution, as above, has been injected at once. This substitutive injection is thrown into the midst of the tumour, and Dr. Luton thus utilises the natural envelope of the ganglion or degenerated growth, and avoids a diffusion which might be attended with some inconvenience. The local reaction consecutive on the injection is somewhat marked, but is never accompanied by an accident; resolution, without mortification is almost invariably the rule.

HYOSCYAMIN.

Dr. Oulmont recently presented to the Academy of Medicine a most valuable paper, containing the results of his more recent researches on hyoscyamin. Dr. Oulmont's conclusions may be briefly summed up as follows:— (1) Hyoscyamin presents all the active properties of henbane; the fixity of its composition gives greater precision to the results obtained with hyoscyamin than with henbane. (2) Hyoscamin must be administered in weak doses to begin with (two milligrammes daily), either in pills or in the form of hypodermic injections. The dose may be increased to ten and even twelve milligrammes daily. (3) The medicament should be continued, even should any slight symptoms of intoxication supervene, such as dryness of the throat and dilatation of the pupils. Should the symptoms, however, become grave, its use must be discontinued. Moreover, the symptoms are always transitory, and disappear rapidly. (4) Hyoscyamin exerts a narcotic action on man. It is efficacious whenever there is pain, and especially neuralgia, but its efficacy is less than that of opium or belladonna. (5) The medicament exerts a favourable action in spasmodic and convulsive neuroses. It cures nervous trembling in cases where all other remedies have failed. It brings on remarkable amendment in senile trembling and paralysis agitans. (6) Its action is nil in locomotor ataxy. In traumatic tetanus it produced marked remission in the symptoms, and therefore deserved to be further employed in these cases.

PATHOLOGY.

ON THE PATHOLOGY OF URÆMIA.

By George Johnson, M.D., London.

Dr. Hampeln, passing in review the various theories which have been put forth as to the essential cause of uræmia, refers first to the question as to the source of urea. Prévost and Dumas first, in 1823, found a large accumulation of urea in the blood of a dog whose kidneys had been extirpated. Later observations have established the fact that a trace of urea is usually present in the blood of healthy animals and of man. Upon these data was based the theory that urea, being formed in the blood and in the tissues, and filtered off or excreted by the kidney, necessarily accumulates within the system after the removal of the kidneys. Oppler was the first to maintain that a portion of the excreted urea is actually formed by the kidneys. He found that the blood of an animal whose ureters had been ligatured, contained a greater accumulation of urea than that of one whose kidneys had been extirpated; and this excess of urea in the former case he attributed to the re-absorption of urea, which had been formed in the kidney itself. Zalesky went still further, and, in opposition to all previous observers, denying that any excess of urea is found in the blood of an animal whose kidneys have been extirpated, maintained that urea is formed entirely by the kidneys.

The difficulty of exactly comparing the results of nephrotomy with those of ligaturing the ureters is much increased by the fact that animals whose kidneys have been extirpated die sooner than those which have undergone the less formidable operation of ligature of the ureters; and the larger accumulation of urea in the latter class of cases may be in part explained by the relatively greater duration of life. With reference to the source of urea, it appears to be an established fact that a portion at least is formed in certain of the tissues and in the blood; it is probable that another portion is actually formed in the kidney itself, that the gland generates as well as excretes urea. The undoubted excess of urea in the blood and in the tissues in the advanced stages of renal degeneration, is explicable only on the theory that the kidney is not the only source of urea, and it is probable that some of this compound is formed in the blood, in the muscles, and in the liver. Then, with reference to the theory of uræmia, it is a well established fact that with uræmic symptoms the blood contains an excess of urea, and urea is found in the tissues, in the vomited matters, and in the dropsical effusions; while the diminished excretion of urea by the kidneys is explained partly by retention, and partly by the diminished formation consequent on anæmia and general malnutrition. Animals whose kidneys have been extirpated, or whose ureters or renal arteries have been ligatured, present symptoms similar to those of uræmia in the human subject (vomiting, convulsions, and coma), and die within a period varying from twenty-four to sixty hours. When urea is mixed with the food of animals, it acts as a powerful diuretic, and is rapidly excreted by the kidneys. Voit, however, is said to have produced uræmic symptoms in dogs by feeding them with urea while they were deprived of water.

Falck found that 15 grammes of urea injected beneath the skin of rabbits killed them in from two to three hours, the symptoms being trembling, convulsions, hurried breathing, coma, and at length arrest of the breathing and heart's action. The subcutaneous injection of from 7 to 10 grammes of urea killed these animals in from six to thirty-six hours. A dog was killed in half-an-hour by the subcutaneous injection of 25 grammes of urea; another dog, after the injection of 20 grammes, recovered. Lastly, Falck injected into the jugular veins of five cats 15 grammes of urea, and the animals died with uræmic symptoms in from forty minutes to one and a half hours.

Goermann found that, whereas rabbits survived ligature of the ureters for a period of about forty-eight hours, the injection into the jugular of 2 grammes of urea *after ligature of the ureters* killed one animal in two hours, and others in periods varying from eight to twenty-four hours. The general result of these observations and experiments is to confirm the theory, that the symptoms which are commonly designated uræmic are due to the accumulation and retention of urea in the blood and in the tissues, consequent on the suspended or diminished excretory function of the kidneys.

PRACTICAL MEDICINE.

A GRAVE COMPLICATION OF TYPHOID FEVER.

By C. F. Maunder, Surgeon to the London Hospital.

Typhoid fever having just lately attracted a good deal of attention from the profession, two cases associated with hernia which have come under my observation will have some interest for it.

Case 1 is that of a feeble old gentleman seen by me in consultation with Dr. Gilies, after three or four days' illness. He had been the subject of what proved to be a direct inguinal hernia of the right side, which the doctor thought he had partially reduced by taxis; but vomiting persisted, and was now stercoracious. Aperient medicine had been rejected by the stomach, and there was constipation. His illness apparently began with sudden pain in the inguinal region. I explored the inguinal swelling, and disclosed an old hernial sac, empty, with a very narrow neck indeed, and loaded with superitoneal fat. Some days subsequently I heard from Dr. Gillies that our patient was undoubtedly the subject of typhoid fever, and, later still, that he had recovered, in spite of the surgeon but much to the credit of the physician, as I think.

Of course, in the early stage of possible fever, with no special symptom to guide, obstinate and stercoraceous vomiting with a history of hernia and a swelling in a hernial region demand an exploratory operation. It is preferable to perform such an operation unnecessarily than to risk the possibility of death from strangulated hernia.

Case 2.—A young man who had been ailing for many days was the subject of an inguinal hernia on the left side. The belly was tympanitic and tender, and he kept the left thigh flexed on the pelvis to relieve discomfort in the inguinal region. Handling the inguinal swelling caused pain. Contispation with nausea and sickness existed. His dull, listless aspect led me to look for a rose-rash, and three or four spots were found. I now obtained the aid of Dr. Down, who pronounced the case to be one of typhoid fever. The question of operation was no longer entertained, and the progress of the case showed it would have been superfluous.

In this latter instance, but not in the former, the duration of the illness associated with rose rash materially aided the diagnosis; while, on the other hand, the flexed left thigh and tender bubonocele tended to throw the observer off his guard.

THERAPEUTICS.

OIL OF MALE FERN IN TAPE-WORM.

T. S. Galbraith, of Seymour, Indiana, writes: "Mrs. W. had suffered for two years or more with tape-worm. During the time she had taken turpentine, pumpkin-seed, etc., with the effect of dislodging many joints of the parasite, but only to re-form at the expiration of six or eight weeks. After the usual fast, one drachm of the oil of male fern was given in half an ounce of syrup of acacia. The dose was repeated in an hour. At the end of another hour a brisk cathartic was administered, with the effect of bringing away 22 feet of the worm without the head. The patient was much relieved, and for three months improved in general health. At this time all the symptoms returned. Directed a fast of twenty-four hours; gave a full dose of castor-oil at bed-time. Next morning added half an ounce of the fern-oil to a little sweet milk and acacia syrup, and gave one-third hourly, following this by a cathartic. An immense mass of worm was passed soon after, and though the head was not discernible it must have been present, since the patient has continued entirely well now for ten months."—*American Practitioner.*

METATARTRATE OF MAGNESIA.

The efforts which have been made, since the introduction of citrate of magnesia, to replace the citric acid, in consequence of its relatively high price, have hitherto been unsatisfactory. When ordinary tartaric acid is used in combination with magnesia, the solution, at first clear, quickly becomes turbid and deposits the greater part of the salt formed. M. Leger reports (*Repertoire de Pharmacie*, June 25, 1873) that, if metatartaric acid be used, which is obtained by heating tartaric acid to about 170° C., (338° Fahr.) it forms with the magnesia a very soluble tasteless salt the purgative action of which is more energetic and more certain than that of the citrate. The method adopted by M. Leger in the preparation is to heat over a gentle fire, in a porcelain capsule, or better still, a silver basin, a small quantity of tartaric acid until it melts, carefully stirring it from time to time. Small portions of fresh acid are succes

sively added in such a manner as not to cool the mixture too much, until the vessel is two-thirds full, and the same temperature is continued until the mass becomes completely liquid and assumes a slight amber colour. The acid is then modified; the vessel is removed from the fire and the contents allowed to cool until the acid can be manipulated without adhering to the fingers, when it is pressed into cakes, quickly cooled, and put into well-stoppered bottles. In preparing the magnesian solution, three-fourths of the water are poured on the mixture of acid and carbonate of magnesia: the reaction is brisk, and the solution is complete in ten minutes. Heat must be avoided, because contact with boiling water causes the modified tartaric acid to repass immediately to the state of ordinary tartaric acid, and the tartrate of magnesia is precipitated. The respective proportions of metatartaric acid and carbonate of magnesia required are two parts of acid to one part of magnesia.

ACTION OF CROTON-CHLORAL HYDRATE.

Dr. Oscar Liebreich gave an account of the action of this substance before the British Medical Association, comparing it with chloral hydrate, and pointing out some of the conditions indicating its use. Its action differed from that of chloral hydrate in that, while it produced sleep, it did not affect muscular tone or interfere with circulation or respiration. Its use was indicated where chloral hydrate was inapplicable on account of heart disease, and in cases of neuralgia affecting the trigeminal nerve. Where large doses of chloral were necessary to procure sleep, Dr. Liebreich recommended the addition of some croton-chloral.

DIABETES CURED BY THE EXCLUSIVE USE OF MEAT AND LACTIC ACID.

This is a newly recorded case of diabetes mellitus in which Professor Cantani's mode of treatment, as above, was perfectly well borne by the patient, and produced a rapid and persistent cure. The treatment did not extend beyond seventeen days. The case is recorded in Fasciculo 5 of *Lo Sperimentale*, 1873.

MEDICAL NEWS.

Dr. Stellwag von Carion has been appointed ordinary professor of ophthalmology in the medical faculty of the University of Vienna. Until room is found in the General Hospital, he will continue to give clinical instruction in the Garrison Hospital.

At Benguella, in Angola, says the Correio de Sul, the military hospital is in such a state that wolves have entered it in search of human flesh. The Correio Medico de Lisboa, commenting on this, says, "Speaking plainly, our colonies, as regards the hospitals, are for the most part the most perfect examples of carelessness, indifference, and contempt of humanity, that can possibly be found."

M. Coste, the eminent savant, has just died, at the age of sixty-six. He was Professor of Physiology in the College of France, and was distinguished for his researches on the development of the embryo in man and animals, and more recently for his labours in the cause of pisciculture, in regard to which he held the same position of eminence in France as Mr. Frank Buckland does in England.

It is stated that Mr. Tolles, of Boston, has just achieved the great result of producing a one seventy-fifth objective for microscopic uses, a glass of such difficult construction that it is believed that no optician has ever attempted it before. The power of this objective is such that a single white blood-corpuscle covers the entire field of vision. Mr. Tolles has produced two of the finest one-fiftieth objectives ever constructed. The angular aperture of one is 120°; that of the other, and the last constructed, is 165°. The Boston Journal of Chemistry asserts that these objectives are of great excellence, and in the opinion of competent microscopists, far surpass in defining power and clearness of field those of European make.

Speaking of a visit to one of the Paris hospitals, a recent writer says:—"As we passed into the hall we heard groans, evidently of a child in great pain. The door leading to the sick ward was ajar, and as we approached we heard the voice of a man talking earnestly with a little sufferer. There was something very affecting in the imploring tones of the child's voice and the tender and sympathizing replies of the physician, and it seemed to us no breach of etiquette to witness unseen through the crack of the half-open door the scene that was passing within. On a narrow pallet near the window lay a fine boy, nine or ten years of age, dying of cancer developing itself between the eyes and behind the nose. It had not shown itself externally, but had destroyed the sight, and was attended by excruciating suffering. By his side sat a stately white-haired man holding with one hand the two of the little patient, while with the other he caressingly smoothed his hair. The child told the story of his pain. Ah, je souffre tant! to which the old man listened patiently, promising to devise some relief. Then he rose to go, but first bent over the boy, and with tears dropping from his eyes kissed his forehead as lovingly as a mother. The white-haired man was the world-renowned Nelaton; Nelaton, lately summoned to attend the fallen Emperor."

THE PRESCRIPTION OF UNUSUAL DOSES.

This subject was discussed at the recent meeting of the British Pharmaceutical Conference at Bradford. The discussion was opened by Mr. Hampson, who made a proposition for a sign to be used by medical men to mark unusual doses in prescriptions. With slight exceptions, the paper of Mr. Hampson, and the views of the various speakers, were characterised by good judgment and moderation. There was a wise abstention from any detailed allusion to the recent case at Ramsgate, which has been sufficiently criticised, and to which we need not revert. Mr. Hampson's proposition, though not original, is very worthy of consideration. We ourselves made a similar proposition some weeks ago. The sign recommended by Mr. Hampson is the initials of the prescriber written in brackets immediately after the unusual dose: thus—

Tr. Digitalis, half-fluid oz., [J.R.L.]

He further said that the address and name of the prescriber on every prescription would be an inestimable advantage, and that this is the invariable practice in the United States. The general opinion of the Conference was in favour of the sign suggested by Mr. Hampson. The medical profession, we feel sure, would be willing to adopt any reasonable proposition on the subject. Fellows and members of the College of Physicians are required by its bye-laws to write on their prescriptions the name of the patient, the date of the prescription, and the initial letters of their names. We see no objection to attaching the full name of the writer, which is the habit of many practitioners. The use of some sign to relieve the mind of the pharmaceutist in the case of unusual prescriptions is clearly desirable. It is the custom in Germany and Austria to use a point of exclamation. The College of Physicians should take up the question, and recommend a sign. Meantime there can be little difficulty on the part of any prescriber in indicating that he really means any dose which he prescribes, either by attaching his initials or, what seems to us less ostentatious and equally efficient, by underlining the quantity.—[Lancet.

MEDICAL NEWS.

Amherst College has given its LL.D. to Dr. Nathan Allen, famous for his researches in vital statistics.

In Vienna there were from the 16th of July 3020 cases of cholera, of which 1230 proved fatal. The latest accounts show that the disease is sensibly abating.

A lad aged fourteen died lately in the Royal South Hants Infirmary, Southampton, while undergoing an ophthalmic operation under the influence of ether.

The great fire at Chicago in the autumn of 1871 has produced a large number of lunatics, no fewer than 250 sufferers from it having been adjudged insane by the courts of Illinois.

The Royal Albert Asylum for Idiots established for Lancashire, Yorkshire, Cumberland, Durham, Cheshire, Northumberland, and Westmoreland, held its annual festival at Lancaster on Wednesday. At a banquet in the evening, Lord Derby, who took the chair, made an impressive speech on the duty of treating insanity in its elementary stages.

The Khedive of Egypt is about to construct a hospital at Emirghian, on the Bosphorus. The institution will, it is said, be a model one of its kind. The women will have a pavilion separated from the men, and the plans provide for the complete isolation of one of the wards—that for contagious diseases—without interfering with the working of the rest of the establishment.

At a meeting of the Bath Town Council, the death of Dr. Dalrymple was alluded to in terms of great kindliness and regret, and the following resolution was passed:—"That this Corporation do convey to Mrs. Dalrymple the expression of their sincere regret at the loss she has sustained in the death of the late Donald Dalrymple, Esq., M.P., and also their recognition of the fidelity and diligence and courtesy with which he acted as Member for this city."

THE PARIS SOCIETY FOR THE PROTECTION OF CHILDREN.

This society will shortly hold a congress at Marseilles. In alluding to this congress in the Surgical Society of Paris, M. Marjolin took occasion to speak of the wretched condition of a great many dwellings of the poor in the French capital. Whole families were crowded in rooms where children came in contact with the sick, and were breathing a pestilential air. He complained that many schools were so small, so neglected, and so dirty, that the places were hardly fit to harbour the lower animals. He pointed out that children covered with scrofulous sores, or affected with purulent ophthalmia, were allowed to mix with the healthy, and hoped that before long such a sad condition of things would be remedied. He did not fear to point out the schools, mentioning the street and the number, so as to stimulate the authorities to look into the matter; and trusted that the Society for the Protection of Children would help in effacing the disgraceful blot to which he had alluded.

THE LATE DR. NELATON.

A peculiar timidity and shyness characterized the late M. Nelaton's general demeanour, so much so that those who might have feared him as a competitor relied on this retiring disposition, and apprehended no rivalry, especially as he was known to have considerable property. But his success with Garibaldi and the favour of the Emperor worked wonders. It is a pity that the circumstance which gained him the Imperial Court drove a colleague of his into an asylum for the insane. Jobert (de Lamballe) had for some time secured the confidence of the Emperor when the Empress and her suite met with a carriage accident in Switzerland. The telegram sent to Paris said, "Let Jobert start at once, or, in his absence, Nelaton." Unfortunately for the former, he was out of town, and Nelaton went down to Switzerland. His services and his manner won the Empress; poor Jobert was supplanted, and he took the change to heart in such a manner that his mind became unhinged. Nelaton from that period rose with wonderful rapidity. He attended some time afterwards the Czar's son at Nice, his honorarium on that occasion amounting to 16,000 pounds.