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The Northern Lancet.

Gleans from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmical advances in both hemispheres.

WINNIPEG, MAY, 1890.

STRAPPING AND SUSPENDING A TESTICLE.

BY A. H. FERGUSON, M.D.C.M.

Prof. of Surgery Manitoba Medical College.

The accompanying figure represents a testicle strapped and suspended after my own method.

I well remember my first attempts some nine years ago to carry out the directions given in surgical works on how to strap a testicle, and what difficulty I experienced in accomplishing it without doing injury to the skin of the scrotum. This I am certain was due to using nothing but adhesive plaster, and portions of the skin between the constricting and vertical strips were pinched which was unavoidable in tight strapping with this material alone. The only additional substance I now use is a strip of lint about an inch and a half wide and six or eight long, to be placed under the circular strips of plaster which constrict the cord. If the scrotum is not well washed, shaved, and rendered surgically clean, pus is very liable to form under the plaster strapping, giving rise to much local discomfort and even constitutional disturbance. I have seen from sheer lack of cleanliness, let alone antiseptic precautions, actual harm done to the enlarged organ in this way.

When the patient is prepared, the recumbent posture is preferable, the diseased testicle is separated from its fellow by constricting above it with finger and thumb, the palm of the hand facing the pubes, at the same time making gentle but firm traction from the body making room for the second and not unfrequently the third finger to aid in constricting the parts. In this simple manner the testicle to be strapped is completely isolated, and the skin over it is made quite tense which is desirable. I now pass the piece of lint around the cord close above the testicle so that it takes place of the hand which is gradually removed. Over the lint is wound a [illegible] of rubber adhesive plaster to keep it stationary.

We are told by not a few authors to wind the strips of plaster around the cord "as tightly as the patient can bear it." I cannot see the sense of this procedure, on the contrary by following this advice I have caused considerable pain to one patient, and had to undo the work which was promised to give relief, and by that unexplainable way which experience of human nature alone teaches I perceived that the full confidence placed in me was

badly shaken. Were it not that I exacted pay in advance no doubt my services would have been dispensed with.

The calibre of the constriction should be such, and no more, as to allow the testicle to slip through when it decreases to its normal size. The rest of the dressing is finished with strips of rubber adhesive plaster, about three quarters of an inch wide and eight or nine long. Some are applied vertically until the tumour is completely covered, while others are put on circularly to secure additional firmness and pressure. The suspension is easily obtained by means of long, broad strips of plaster as shown in the cut, with such obvious benefit as to need no comment.

SURGICAL ASPECT OF IMPACTED LABOR.

LAWSON TAIT, M. D., IN BR. MED. JOUR.

No condition more trying can be placed upon the medical practioner than the conduct of a case of serious impacted labor in an outlying district; far from the skillful aid of a skilled obstetrician; indeed, it may be far enough from the help or advice of his nearest medical neighbor. I have seen terrible instances of the results of prolonged efforts to overcome the impaction by the routine systems laid down in the books—first, the application of the forceps, then an attempt made to turn, then a prolonged, deadly, horrible operation for the evisceration of the child. I have seen cases in which the prosterior wall of the bladder and the interior wall of the rectum have been torn and destroyed by pressure, and the patient escaping, as the saying is, by the skin of the teeth after an operation in which one life has been lost, another nearly sacrificed, and the reputation of a third human being probably greatly injured.

In discussing the rules for our practice at this point we bring in discussion the treatment of impaction at some point or other within the pelvis where the diameter is below three inches, perhaps below two and a half. In such a case, according to Simpson, the induction of premature labor would be indicated, but this would certainly not apply to the case of a primipara, for I assume that in the great majority of such, the practitioners are called into women already well advanced in labor, or in whom at least labor has begun before they know anything at all of the complication which they are to overcome, where they find, in fact, the impaction already taken place in face of greatly reduced pelvic diameter.

It is clear, that where a previous knowledge of the condition has existed, the choice of induction of premature labor is one which ought to be fairly discussed, and probably, in the majority of instances, accepted; but in those instances where this is not the case, the good regulation practice, according to the books and the teaching of the schools, leaves nothing but the adoption of an eviscerating operation for the destruction of the child; and it is possible also that doubt may be expressed even in cases where the notice has been given, and where the induction of premature labor may be adopted, for authorities differ upon the value to be placed upon this proceeding, even to the extent of a rendering of its mortality from 5 to 50 per cent. If the mortality be found not to exceed 5 per cent., I think there is nothing to be said against it, but if it approximate anything toward 50, or even 30, then I say most emphatically the proceeding is to be condemned.

The routine treatment advised by authorities is that of evisceration. I propose to offer the alternative, a modification of our old friend the Cæsarean section; but it must be borne in mind that there is great difficulty and no small danger by reason of the constant want of precision in modern nomenclature concerning operations. The operation as at present known by that term consists in principle of the preparation of an artificial channel between the uterus of the living or dead mother and the outer world.

The reasons for want of success attending the performance of Cæsarean section are not far to find. In the first place, the operation has to be performed in the great bulk of instances by men who have had no kind of special training, not only in abdominal surgery, but in surgery generally. Most of the operations fall to the lot of men in outlying districts, and this was undoubtedly a factor of great importance in the consideration of the mortality. The cases were not operated upon in their earlier stages, but only, as a rule, after a tremendous amount of ineffectual effort had been exercised to effect the delivery in other ways. In other words, the operation was only practised as a *dernier ressort*. The maternal parts were extensively lacerated or contused, and the mother was in the worst possible condition for such a serious undertaking. No wonder the mortality was high. Then a third and important factor in the mortality was the retention of the uterus, occupied by a large wound through which probably the hæmorrhage was in a large number of cases fatal, and even when this

objection was obviated an organ was left suffering from serious traumatism, the inflammation following which is one of the deadliest perils a woman has to undergo. You all know very well that there is no region in which the inflammatory process is so uncontrollable as in the parturient uterus. So strongly have I been impressed with this that I am prepared to undertake, in the treatment of the so-called puerperal fever, removal of the suppurating uterus as probably the only treatment which we shall apply of a really satisfactory kind.

When we open the bodies of women who have died after confinement from inflammation of the uterus, we find a suppurating peritonitis, which is only a feature of the case. The real trouble is that the enormous venous sinuses of the uterus are filled with decomposing and purulent blood. This would therefore of necessity constitute a large element in the mortality of the old Cæsarean section. Removal of the uterus would obviate it. Finally, the removal of the uterus would entirely relieve the patient from the risks of again being placed in a similarly dangerous position. My thesis is therefore contained in this question: Whether, when you have before you a case of impacted labor arising from causes which you have been unable to ascertain beforehand, and in which neither the forceps nor turning are available for relief, it will not be better to put all eviscerating operations on one side, and proceed to remove the fœtus through the abdominal walls of the mother?

I believe that the operation which I advocate is simplier in its performance than the application of the long forceps, and that any man who could do the one could certainly do the other as I propose to lay it down before you. Eviscerating operations are always of the most protracted and terrible kind, absolutely fatal to the child, largely destructive to the mother, and may possibly be fatal even to the operator himself, who runs no small risk of injuring himself in the removal of the sharp fragments of bone. In advocating the performance of abdominal section in such cases it becomes perfectly evident that simplicity must be the order of the day. We must have no rival incisions nor complicated kind of sutures, but a simple, straightforward method of proceeding which may be understood by any one and practiced by the least competent amongst us. You must bear in mind that in the abdomen containing a pregnant uterus the conditions must always be alike, and that therefore this operation will always differ from all other instances of abdominal section, where, almost without exception, in variety is the order of the day.

It is practically impossible for every practitioner to be provided with all the numerous instruments which are wanted to make up the paraphernalia of the scientific obstetrician, while he would inevitably have at hand the few simple instruments required to perform the operation for which I am now arguing that it ought to be substituted for all the destructive and mutilating operations on the fœtus in impacted labor. What is required, you may carry in your pocket case: two or three pairs of catch forceps for arresting bleeding points, a small sharp scalpel, two or three bayonet pointed suture-needles, some silk, a piece of india-rubber drainage tube, and two needles of steel wire, and none better than the ordinary stocking knitting-needle can be found.

The first step in the operation is the abdominal incision, four inches in length, involving first the skin and then the muscles down to the sheath of the rectus, all of which ought to be divided by a sharp knife at one blow; then the tendon of the one or other of the recti is opened, the muscular tendons fall aside, the posterior layer of the tendon is nipped up by two pairs of forceps and divided between them. The extraperitoneal fat is treated similarly, then the peritoneum raised again by two pairs of forceps, a slight notch being made between them; and the moment this is effected air enters, and all behind falls away. No director is required, nothing but an observant pair of eyes, lightly applied forceps, and a delicately applied, sharp-cutting knife. The finger is then introduced into the peritoneal cavity, and the relations of the uterus and bladder exactly ascertained. The peri-

toneum is then opened to the full extent of the four-inch incision, and the cut edges of the peritoneum are seized on each side by a pair of forceps and are pulled severally to the respective sides. No better retractors can be employed.

The piece of india-rubber drainage tube about eighteen inches or two feet long is now held as a loop between the fore and middle finger of the left hand, and is by that means slipped up over the uterus and pulled down over the cervix, passing the fingers behind the cervix to see that coils of intestine are not included in it. One hitch is then made on the tubing when it has been got as far down as possible, and it is pulled as tight as is consistent with safety. The second hitch may be made in it, but what is far better, an assistant keeps the tube on the strain, so that the one hitch will be quite enough to effect the most efficient clamping.

A small hole is then made in the uterus, just large enough to admit the finger; if it is possible, the position of the placenta may then be ascertained; if not, the right forefinger follows its colleague, and between the two, by gentle rending, an aperature is made in the uterus, and the leg of the child is seized. The fœtus is then carefully delivered feet first, and this, despite all the authorities on the contrary, is by far the best proceeding; less blood is lost, and it requires but very gentle manipulation to relieve the head.

As soon as the fœtus is removed the placenta is sought for, and removed similarly; the uterus itself, being then completely contracted by this time, is pulled out of the wound, and the elastic ligature is tightened once more, and finally arranged round the cervix, and the second hitch is applied. The main details of the operation is now completed; all that is required is to pass the needles through the flattened tube and through the uterus, and out at the other side, forming a St. Anthony cross or two parallel parts to support the weight of the uterus and the stump, and to keep it outside the wound. A complete toilet of the peritoneum is then made, not forgetting the anterior vesical cul-de-sac; stitches are passed in the ordinary way to close the wound accurately round the uterine stump.

The uterus is now removed close down to the needles and strangulating rubber tube, so as to leave a little tissue above. It does not do to run any risk of the ligature slipping off, though this is hardly possible after the needles have been placed carefully through the structure of the tube. A little perchloride of iron is then rubbed gently over the surface of the stump; it is dressed with dry lint and some dry cotton gauze, an ordinary obstetric wrapper is put on, and the operation is at an end. The operation really takes very much less time to perform than it takes to describe, and, as I have said before, because the details must always be the same as an operation in which there never can arise any unforeseen or unexpected difficulty.

THE BLUNT CURETTE IN UTERINE HÆMORRHAGE.

BY THOMAS W. KAY, M. D.

Ex-Surgeon to the Sonnnniter Hospital at Beyrout, Syria.

The use of the curette is best limited to those troubles arising from diseases of the endometrium, while that of electricity should be limited to those affections arising from disease of the parenchyma or the appendages of the uterus. Each of these fields overlaps the other to some extent, and here either agent can be used indifferently.

The bleeding caused by fibroids of the uterus can be arrested by the curette, but we do not get the diminution in the size of the fibroid that is obtained by the use of electricity. Metrorrhagia, due to degeneration of the endometrium, may be cured by electricity, but it takes more time and the results are not more satisfactory than those given by the curette. But the curette is as inapplicable in salpingo-ovaritis as is electricity in uterine polypi. The field of each is pretty sharply defined, and the closer each agent is confined to its own sphere, the better will be the results obtained.

The present tendency in America seems to be to ignore the blunt curette in all cases where the sharp curette can be used.

This is bad practice, for denuding the uterus of all its mucous membrane is no small matter, and with the sharp curette this can be done not only where the membrane is diseased, but also where it is healthy. With the blunt curette, however, it is only the diseased portion of the membrane that can be removed, while the uterine glands are emptied of their contents. Where we wish to remove a small piece of the endometrium for diagnostic purposes we find nothing to take the place of the sharp spoon; and in intra-uterine growths of long standing, where the bases are broad and firm, the sharp curette will be found to be indispensable. When, however, we have to deal with growths of recent formation, as in the case of retained placenta or placental polypi, or where we have a degenerated condition of the mucous membrane, all that is necessary can be removed by the blunt curette, after which a strong styptic should be applied to arrest the bleeding and produce a healthy action on the endometrium.

Practically speaking, all diseases of the endometrium in which the blunt curette is applicable have the one common manifestation of hæmorrhage. This may be constant or periodical, profuse or moderate, and from various causes, which can be best illustrated by giving the histories of a few typical cases. It will be best, however, to say first a few words about the use of antiseptics and the dilatation of the uterus. Bearing in mind the direct communication between the uterine and abdominal cavities, and how richly supplied the uterus is with absorbent vessels, the greatest care should be used in all operations on that organ to prevent infection. The vagina should be thoroughly cleansed before all operations on the endometrium, and both uterus and vagina after. This can be done by solutions of permanganate of potassium, carbolic acid, corrosive sublimate, or creolin. Of these, creolin is probably the best, though I have got excellent results from the solution of the permanganate, as I have also done from simple hot water. For all operations on the uterine cavity a dilatation of the cervical canal is necessary. Where intra-uterine growths exist, the canal, as a rule, will be found more or less patulous, and here rapid dilatation will be found most suitable. Any of the many ingenious uterine dilators can be used for this, but I find a set of steel urethral sounds among the best. Drawing the cervix well down with a volsella, these are passed singly from the smallest to the largest, when a return to the moderate-sized ones is made, and two or more passed together till sufficient room is obtained. If the cervical canal is normal in size, or nearly so, as is generally found in degeneration of the endometrium, rapid dilatation causes too much bruising and injury to the cervix; so here it is better to dilate gradually by means of tents—laminaria, sponge, slippery elm, or tupelo. Of these the tupelo is much the best, though requiring more time than the sponge.

Anæsthetics can be used or not as is deemed best by the operator, but in most cases, where the patient is of a nervous temperament, their administration will be found to ward off complications. In all cases absolute rest should be enjoined for some days after the operation, for it not only prevents accidents, but it favors the return of the uterus to its normal state.

DEMONSTRATION OF HYPNOTISM AS AN ANÆSTHETIC DURING THE PERFORMANCE OF DENTAL AND SURGICAL OPERATIONS.

A correspondent, on whom we can rely, kindly furnishes us with the following remarkable report:—

A number of the leading medical men and dentists of Leeds and district were brought together on March 28th through the kind invitation issued by Messrs. Carter Brothers and Turner, dental surgeons, of Park-square, Leeds, to witness a series of surgical and dental operations performed in their rooms under the hypnotic influence induced by Dr. Milne Bramwell, of Goole, Yorkshire. Great interest was evinced in the meeting, as it is well known that Dr. Bramwell is quite a master of the art of hypnotism as applied to medicine and surgery, and is shortly to publish a work of considerable importance on the subject. Upwards of sixty medical

men and dental surgeons accepted the invitation.

The first case brought into the room was a woman of twenty-five. She was hypnotised at a word by Dr. Bramwell, and told she was to submit to three teeth being extracted without pain at the hands of Mr. T. Carter, and further that she was to do anything that Mr. Carter asked her to do (such as to open her mouth and spit out, and the like) as he required her. This was perfectly successful. There was no expression of pain in the face, no cry, and when told to awake she said she had not the least pain in the gums, nor had she felt the operation. Dr. Bramwell then hypnotised her, and ordered her to leave the room and go upstairs to the waiting room. This she did as a complete somnambulist.

The next case was that of a servant girl, aged nineteen, on whom, under the hypnotic influence induced by Dr. Bramwell, a large lacrymal abscess extending into the cheek had a fortnight previously been opened and scraped freely, without knowledge of pain. Furthermore, the dressing had been daily performed and the cavity freely syringed out under hypnotic anæthesia, the "Healing Suggestions" being daily given to the patient, to which Dr. Bramwell in a great measure attributes the very rapid healing, which took place in ten days—a remarkably short space of time in a girl affected by inherited syphilis, and in a by no means good state of health. She was put to sleep by the following letter from Dr. Bramwell addressed to Mr. Turner, the operating dentist in the case :—

[COPY]

"Burlington-crescent, Goole, Yorks.

"Dear Mr. Turner,—I send you a patient with enclosed order. When you give it her, she will fall asleep at once and obey your commands. (Signed) "J. MILNE BRAMWELL."

[COPY]

"Go to sleep by order of Dr. Bramwell, and obey Mr. Turner's commands.

"J. MILNE BRAMWELL."

This experiment answered perfectly. Sleep was induced at once by reading the note, and was so profound that at the end of a lengthy operation, in which sixteen stumps were removed, she awoke smiling, and insisted that she had felt no pain; and, what was remarkable, there was no pain in her mouth. She was found after some time, when unobserved, reading the *Graphic* in the waiting-room as if nothing had happened. During the whole time she did everything which Mr. Turner suggested, but it was observed that there was a diminished flow of saliva, and that the corneal reflexes were absent; the breathing was more noisy than ordinary, and the pulse slower. Dr. Bramwell took occasion to explain that the next case, a boy of eight, was a severe test, and would not probably succeed; partly because the patient was so young, and chiefly because he had not attempted to produce hypnotic anæthesia earlier than two days before. He also explained that patients require training in this form of anæthesia, the time of training or preparation varying with each individual. However, he was so far hypnotised that he allowed Mr. Mayo Robson to operate on the great toe, removing a bony growth and part of the first phalanx with no more than a few cries towards the close of the operation, and with the result that when questioned afterwards he appeared to know very little of what had been done. It was necessary in his case for Dr. Bramwell to repeat the hypnotic suggestions. Dr. Bramwell remarked that he wished to show a case that was less likely to be perfectly successful than the others, so as to enable those present to see the difficult as well as the apparently easy, straightforward cases.

The next case was a girl of fifteen, highly sensitive, requiring the removal of enlarged tonsils. At the request of Dr. Bramwell, Mr. Bendelack Hewetson was enabled, whilst the patient was in the hypnotic state, to extract each tonsil with ease, the girl, by suggestion of the hypnotiser, obeying every request of the operator, though in a state of perfect anæsthesia. In the same way Mr. Hewetson removed a cyst of the size of a horse-bean from the side of the nose of a young woman who was perfectly anæsthetic, breathing deeply, and who, on coming round by order, protested "that the operation had not been commenced.

Mr. Turner then extracted two large molar teeth from a man with equal success, after which Dr. Bramwell explained

how his patient had been completely cured of drunkenness by hypnotic suggestion. To prove this to those present, and to show the interesting psychological results, the man was hypnotised, and in that state he was shown a glass of water, which he was told by Dr. Bramwell was "bad beer." He was then told to awake, and the glass of water (so-called bad beer) was offered him by Dr. Bramwell. He put it to his lips, and at once spat out the "offensive liquid." Other interesting phenomena were illustrated and explained by means of this patient, who was a hale, strong working man.

Mr. Tom Carter next extracted a very difficult impacted stump from a railway navvy as successfully as the previous case. Dr. Bramwell described how this man had been completely cured of very obstinate facial neuralgia by hypnotism. The malady had been produced by working in a wet cutting, and had previously defied all medical treatment. On the third day of hypnotism the neuralgia had entirely disappeared (weeks ago), and had not returned. The man had obtained, also, refreshing hypnotic sleep at night, being put to sleep by his daughter through a note from Dr. Bramwell, and on one occasion by a telegram, both methods succeeding perfectly.

At the conclusion of this most interesting and successful series of hypnotic experiments a vote of thanks to Dr. Bramwell for his kindness in giving the demonstration was proposed by Mr. Scattergood, Dean of the Yorkshire College, and seconded by Mr. Pridgin Teale, F.R.S., who remarked "that the experiments were deeply interesting, and had been marvellously successful," and said, "I feel sure that the time has now come when we shall have to recognize hypnotism as a necessary part of our study." The vote was carried by loud acclamations.

Messrs. Carter Brothers and Turner were cordially thanked for the great scientific treat which they had so kindly prepared for the many to whom hypnotism had been first introduced that day, and for the further opportunity afforded to the few who had seen Dr. Bramwell's work previously of studying its application as an anæsthetic. Mr. Henry Carter replied for the firm, and the meeting closed, the patients looking as little like patients as persons well could, giving neither by their manners or expression the slightest suggestion (except when external dressings were visible) that they had suffered or were suffering from, in some instances, extensive surgical interference. —*London Lancet.*

BERLIN.

(From London *Lancet.*)

CONGRESS OF THE SURGICAL SOCIETY.

The nineteenth Congress of the German Society for Surgery was opened on the 9th inst. by the President, Professor von Bergmann, in the hall of the University. In his opening speech the President spoke in high terms of the late Empress Augusta, who was patroness of the Society, and also of Richard von Volkmann. In the absence of the treasurer, Professor Kuster, Dr. Mitscherlich reported on the finance of the Society, after which the news was received that the Emperor had presented the Society with 100,000 marks (nearly £5000). Three cheers for his Majesty were heartily given.

ANÆSTHETICS.

Keppeter, of Muensterlingen, then spoke on Ether and Chloroform, and held views favorable to chloroform, which he said needed only to be more skillfully applied. It was necessary to use mixtures of chloroform and air of a definite strength. After describing an apparatus for this purpose, he requested each of the members of the Society to state each year the number of cases in which anæsthetics had been administered, and the number of the deaths resulting, with a view of obtaining comprehensive material for forming an estimate of the anæsthetics in question. Several members, including Bruns, of Tuebingen, defended the use of ether, while Bergmann declared for chloroform, and pointed out that one must not always attribute deaths that occur under anæthesia to the anæsthetic; there were cases of death from terror before or during operations without anæsthetics. He earnestly recommended Keppeter's proposal for the collection of statistics. Thieme of Kottbus declared

bromide of ethyl to be quite unsuitable for real narcosis.

THE TREATMENT OF TUBERCULAR JOINT DISEASE.

Bruns then spoke on the treatment of Tuberculous Joint Abscesses and Gravitation Abscesses by injecting iodoform. Krause, Reissner, Trendelenburg, the author, and others had succeeded in destroying the tubercle bacilli in such abscesses with iodoform. He used a 10 per cent. emulsion of iodoform in water, glycerine, or olive oil, and injected it into the diseased part, previously washing out the latter with boric acid. If one succeeded in completely washing out the cavity with the disinfectant, and if the process of destruction had not gone too far, a complete cure generally resulted in cases in which amputation or resection used to be regarded as indispensable. Trendelenburg pointed out the possibility of destroying the bacilli in tuberculosis of the lung by iodoform in cases in which the tuberculosis is still localised.

SURGERY OF THE LIVER.

In the second sitting, on the 10th, Professor Ponfick, of Breslau, discussed the question of resection of the liver. It had been believed hitherto that it was impossible to remove large portions of the liver owing to the necessity of exposing specially sensitive organs, to the probable derangement of nutrition for want of bile. Observations, however, which he had made in experiments on the physiology and pathology of the liver showed those apprehensions to be groundless. From experiments which had been made on rabbits, it was found that the removal of the fourth part of the liver caused only a slight deterioration in the general condition. The removal of the half caused a much more serious deterioration, which, however, passed off in a few days. Even the removal of three-quarters was borne, though with very severe prostration at first. A considerable number of the animals survived this last operation, and recovered entirely. The excision of more than three-quarters of the liver did not succeed. It was found, further, that the liver had an astonishing power of repairing lost tissue. Within a few days the mutilated organ grew to more than its original size, a fact which seemed to have been known to the authors of the ancient legend of Prometheus. The speaker was followed by Wagner, of Konigshutte, Lauenstein, and Tillmanns, who partly confirmed what had been said; another speaker, however, declared that medical treatment would suffice in most of the cases in question.

RESECTION OF THE THORACIC WALL.

The next speaker was Professor Tillmanns, of Leipsic, who showed a case of Extensive Resection of the Wall of the Thorax, with permanent exposure of the pleura. The patient was a man under thirty, who had come to the hospital with tuberculosis of the left lung and a severe tuberculous affection of the neighboring parts of the pleura and of the thorax. The speaker had removed all the affected parts, including the pleura, whereupon a shrivelling of the left lung ensued, which rendered the final removal of all tuberculous parts possible. The wound was covered as well as possible with cutaneous flaps, and healed completely. The patient recovered, and is now well and able to work. As the operation was performed in May, 1888, the cure may be regarded as permanent. The aperture is about as large as the palm of a man's hand, and leads into a deep and wide cavity large enough to admit the finger. On the right side of the body the healthy right lung can be seen in action. The speaker thought it possible to treat tuberculosis of the lung surgically so long as it was localised. Two operations would probably be necessary—namely, the laying bare of the affected parts of the lung in order to bring about atrophy and shrivelling; and, secondly, the removal of the tuberculous parts after functional disablement.

ELECTRO-PUNCTURE FOR ANEURYSM.

Professor Tillmanns also showed a case of Electro-puncture for Aneurysm of the Aorta. Such an aneurysm in a strong man had been completely removed by this method. The speaker used a battery of twenty elements, inserting a Stohrer's regulator to mitigate the pain. Immediately after the introduction of the needle the aneurysm sac began to shrivel, and after

a series of sittings disappeared altogether. In the third sitting of the Congress Madelung, of Rostock, spoke on the Operative Treatment of Nephrophthisis, declaring it to be quite admissible and well worthy of consideration in carefully chosen cases at the proper moment.

THE VERMIFORM APPENDIX.

Graser, of Erlangen, spoke in similar terms of the operative treatment of Peritonitis of the Vermiform Process. The inflammation and perforation of the vermiform process, caused for the most part by enteroliths (not, as was commonly supposed, by other foreign bodies), had been claimed hitherto by internal medicine as a part of its domain; its internal treatment, however, had not been so successful as was generally supposed, and a number of significant cases indicated the importance of surgical treatment. I shall send a report of the further sittings of the Congress next week.

AN UNNATURAL CRIME.—By Herbert A. Starkey, M.D., of Hegewish, Illinois. December 5th, 1889, while holding the position of instructor of anatomy in the Medico-Clinical college of Philadelphia, I was asked of Coroner Bidwell, of Vineland, N. J., to examine the body of a colored women found in an old shanty in the woods. The body had not been disturbed before I was called, and I found her lying on her back with a mass of rags and clothes drawn over the body, evidences of vomiting, and the clothing stained with blood from the vagina. A post mortem showed the abdominal cavity filled with bloody fluid, and at Douglas pouch, a tear large enough to admit a man's hand, through which protruded a portion of the omentum (this in the first examination had been taken for the membranes from an abortion.) The periotoneum about showed signs of an acute inflammation, death evidently having occurred three or four hours after the injury.

At the trial of a drunken glassblower, who had been seen leaving the house with his hand and arm stained with blood, it was proven that the prisoner had, in a drunken frenzy, thrust his hand into the vagina and through the junction of its posterior wall with the uterus, up into the abdominal cavity grasped the uterus and attempted to drag it out.

Jersey law having hold of him he was convicted of murder in the second degree and sentenced to twenty years solitary confinement and hard labor.

The case seems to be a very rare one, and in my searches for similar cases could find none in any of our works on Jurisprudence or Gynecology.

NOTE.—A case somewhat similar was given in the NORTHERN LANCET, of August, 1889.—ED.

ACTION OF SALICYLATE OF SODA ON THE UTERUS.—Dr. M. Wacker has recently published a series of cases in which salicylate of sodium was administered to women either for its anti-rheumatic or antithermic effects, or in metrorrhagia or for dysmenorrhœa. He administered it to two pregnant women, one in the second and the other in the fourth month, in each of whom the daily administration of 45 grains produced abortion; in six lying-in women the administration of salicylate of sodium occasioned metrorrhagia and increased very greatly the flow of blood then existing, and, in fact, in one case led to the production of fatal hemorrhage occurring on the fifth day after delivery. In five other cases salicylate of sodium administered immediately or a little after the menstrual period to calm dysmenorrhœa, produced the return of the menses without relieving the suffering. Nevertheless, in nineteen out of thirty-three cases of dysmenorrhœa a favorable result was obtained through the administration of the salicylate of sodium. The abortive action of salicylate of sodium appears to be incontestable, and the author attributes it to the great congestion of the uterus which it occasions.—*Therapeutic Gazette.*

AN excellent ointment for red hands, (*Pharm. Era*) is the following:—

R.	Lanolin,	100 gm.
	Paraffin, (liquid)	25 gm.
	Vanillin,	0 01 gm.
	Ol. rosæ,	ggt. j. M.

The Parisians apply a thin coating of this at bed-time.

THE NORTHERN LANCET.

It would appear that the strictures passed in this journal on the appointment of a Montreal graduate to the position of House Surgeon to the Winnipeg General Hospital were not altogether warranted, inasmuch as one of the Governors has stated that the executive were quite willing, even anxious, to fill the appointment with a local man, but, though it was well known to the medical staff for some months, that Dr. O'Reilly had sent in his resignation, no suggestion as to his successor was made by any of them, and further it was conveyed to the board that there was no graduate of Manitoba College competent to fulfil the duties of the office. This, of course, alters the case so far as the Governors are concerned, but we maintain that the usual custom should be observed of advertising vacant offices and soliciting applications from candidates desirous of filling them. If no applications come in from competent men among those who should be favored before strangers, then no friction could arise at the importation of an outsider. As it now stands the present appointment has created widespread dissatisfaction. Some time since we urged dividing the medical staff as in all other hospitals seeking recognition as clinical schools into physicians and surgeons and distributing among them the available beds—thus securing more efficient and satisfactory instruction for the students and a very much improved attendance by the medical staff on their several patients. What can be the objection of the governors of the hospital to this it is difficult to fathom. Instead of as is now the practice one medical man hurrying through the wards having time only for a glance at each case the hospital would be visited daily by every physician and surgeon attached to it. The gain by such an arrangement is so manifest that in the interests of the institution, the students, and the patients any hesitation on the part of the hospital management in adopting it is one of those things that no man can understand. We can only suppose that they have never seriously considered the matter, and we now most earnestly call their attention to it. The staff should consist of physicians, surgeons and obstetric physician. Hereafter as the institution grows it may be found necessary to appoint special eye and aural surgeons, pathologist and other officials; at present the requirements would be met by the course suggested. Seniority in the service of the hospital gives the right of precedence and carries with it no signification of superior ability in any professional department—so that jealousy cannot arise on this point. Each physician and surgeon should have his appointed hours daily for visiting his beds, and a strict fulfilment of this duty should as in all other well governed institutions of a similar character be imperatively required, or in the unavoidable absence of the official this duty should be delegated to some other qualified professional man. This is the system which prevails all over the world, and we feel sure that if the Governors would seriously consider the matter they would unhesitatingly adopt it. There is a possibility that some of the present staff may object to the alteration as it calls for considerably increased work on their part. But if unable to spare the time which the heads of the profession in the various centres of the world willingly devote to this service then they had better make way for others who are willing to do so. The present method of professional working is regarded by the great majority of medical men with somewhat of contempt, and its change to the universal system now adopted in all large public hospitals is imperatively called for.

A Provincial Medical Association for the Province of Manitoba has been now formed on what would seem to be a solid basis. Bye-Laws have been adopted for its goverment, and a code of ethics approved of, which will we feel sure improve the moral tone of the Profession. Lapses from the recognized path are sure to occur in a new country in process of settlement, but, our population and its medical element have now arrived at such magnitude and importance as to demand a strict observance of those ethical laws which honorable men in all other professions, as well as that of medicine observe towards each other, and, transgressions in this respect will be dealt with in the future on their merits.

It was impossible to more than enter on the several important subjects which the association have taken up, but a committee has been drafted to fully consider and report on these matters at the proposed meeting in the autumn or early winter. They have to be very carefully considered as they will require Parliamentary legislation, but, it is intended that all shall be prepared for the next session of the local legislature.

In the June issue of the Journal we propose to publish the proceedings of the late convention in extenso which will render unnecessary, the association at present incurring the expense of printing the proceedings and bye-laws.

A very important subject brought before the association was that of Club Doctors, and, a very emphatic opinion as to its unprofessional character was pronounced. It is however very difficult to deal with a position which custom has established but there can be no doubt that the system is a most mischievous one, derogotary to members of the Profession. By all means let the members of various societies be encouraged to subscribe to a sick benefit fund, and let the medical attendant be paid out of this fund for his attendance on a member receiving his customary fees. The ailing member can then choose his own Physician and not be compelled to employ the club doctor, which many members of these societies refuse to do, and are therefore handicapped when stricken with disease. The appointments to these societies and associations are practically in the hands of an influential few who elect their nominee, frequently in an underhand manner. The argument that a medical man can afford to attend a club of say one hundred members for a remuneration of fifty cents, or a dollar a year per member, with the bait dangled before him, of being employed by the family, is readily disproved by the fact that the legitimate fees which he would earn for the illness of one of these members, if not acting under this contract, might easily exceed the entire remuneration he gets for his attendance on the hundred. If societies desire to elect a special medical man they are no doubt at liberty to do so, but let them pay the ordinary fees to their Physician for his attendance on their sick members, and let him receive nothing for those members who do not require his services, and whose sick fund subscriptions can accumulate in the treasury of the society. No objection could be raised against such an arrangement, but, the club doctor as he now is has most certainly lowered his professional status, by accepting a microscopic dole of charity as an adequate remuneration for his professional services, and by so doing he is committing an injustice to himself, his family, his medical brethern and his profession. This was the almost unanimous opinion expressed by the members of the association present, and we entirely agree with

those sentiments. As we before said difficulties will arise in altering existing arrangements, but if medical men are true to themselves a way will be found out of them.

CANADIAN MEDICAL ASSOCIATION.

We are requested to announce that the 23rd Annual Meeting of the Canadian Medical Association will be held in Toronto, on the 9th, 10th and 11th of September.

THE following gentlemen passed their final examinations for M. D. degree, held at Manitoba Medical College, April, 1890: Gordon Bell, Jno. Todd, M. S. Fraser, H. Byers, E. Braithwaite, F. Wesbrook. G. Bell taking 1st honors with J. Todd and M. S. Fraser ties for 2nd honors.

BOOKS.

REMARKS on Hippertrophy and Atrophy of Tissue, by G. Frank Lydston, M.D., Chicago.

PRACTICAL Splints for Inflammatory Joints, by C. Stillman, M.D., Chicago. Illustrated.

MEDICAL DICTIONARY, by Geo. B. Gould, B.A., M.D.—The last decade has added to our Professional nomenclature a bewildering addition of terms. This Dictionary, of 511 pages, well suppliesa hitherto much felt want. It contains a full explanation of the various terms now in use, with their pronunciation and derivation. A work of this kind is indispensable in all medical libraries, while the student will find it of vast assistance. And Gould's Dictionary, published by P. Blakiston, Son & Co., Philadelphia, from its compactness, and yet entire comprehensiveness, is certain of the most favorable recognition by the profession.

MISCELLANEOUS.

TEST FOR SUGAR IN URINE.—Professor Dr. Costa prefers the use of the bismuth test for sugar in the urine. Take equal parts of urine and liquor potass., add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.

RINGWORM of the scalp will readily yield to applications of:—

℞. Menthol.....dr. i.
Chloroformi.....dr. iv.
Ol. olivæ.....dr. xii.

M. Sig.—Apply to affected parts. It will doubtless be of service in ringworm elsewhere.

SCHOOL OF ANATOMY, TRINITY COLLEGE, DUBLIN.—Arrangements have now been completed by which for the future the Anatomy School will be lighted by electricity. In the dissecting-room are fixed seventy-three incandescent lamps, each of twenty-five candle power, arranged in groups of four under enamelled shades.

The New York *Medical Journal* announces that D. Paul Gibier, formerly of Paris, has opened a laboratory in New York city for the preventive inoculation of rabies, according to the methods of M. Pasteur. Dr. Van Schaick will be Dr. Gibier's assistant and Dr. Liautard will be consulting veterinarian.—*Jour Amer. Med. Assn. March 8. 1890.*

A CASE OF POISONING FROM ANTIPYRIN.—Panschinger reports (*Centbl. fur Gyn.*) a case of poisoning by antipyrin, in which a new symptom was observed, viz., profuse diarrhœa, which set in a few hours after the last dose was taken. In all five grains were taken, one every hour. Aside from the diarrhœa, the principal symptom was the usual collapse. The patient recovered in ten days. The medicine was obtained from an apothecary, and without a prescription.

ARTIFICIAL TONGUE.—Dr. Poncet, of Lyons, has invented an artificial tongue for improving articulation in cases where that organ has been extirpated. The apparatus consists of a "pocket" of soft rubber containing fluid, and jointed on to a plate which is fixed to the lower teeth.

"A patient wearing this apparatus can eat and speak quite satisfactorily, and there is no dribbling of saliva, the latter being swallowed as in health."—*Edinburgh Med. Journal.*

A Daring Surgical Operation.—Professor Tillmann, of Leipzig, on April 10th, presented to the Berlin Surgical Congress the case of a patient who was regarded by the medical authorities as hopelessly consumptive. He removed the anterior chest wall and the entire lower wing of the left lung, which was affected, and thus accomplished a perfect cure. Professor Tillmann now considers consumption curable, and the Congress views his operations as a triumph of surgical science.

Remedies in Whooping-Cough.—Dr. Schilling (*Therap. Monatsh.*) has used inhalations of chloroform, 2 or 3 drops for each year of the child's age, with a tablespoonful of water; inhalations with phenol were less satisfactory. Dr. Steep, (*Deutsche Mediz. Wochensch.*) employed *bromoform*, giving from 5 to 20 drops in 24 hours in very frequent doses. The mixture requires the addition of some alcohol. Pulse and temperature are not affected by bromoform and no ill effects are produced.

Insanity Cured by a Pessary.—In the discussion on Dr. Benington's paper on a case of insanity cured by a pessary, Dr. Barnes mentioned an instance of a woman who was in an asylum four years without improvement. At the request of the principal he examined and found acute retroflexion, the treatment of which led to rapid and permanent cure. If a systematic examination of the genital organs were made in insane females, much avoidable suffering would be prevented.—*British Gynaecological Soc.*

Aborting Abscesses.—Apply a yeast poultice to the affected parts, upon which equal parts of borate of soda, boric acid, salicylic acid and powdered tannin should be dusted. A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess if it is resorted to when the local symptoms first make their appearance. Frictions with the following ointment will also be found valuable (*Medical and Surgical Reporter*): Salicylate of bismuth, ℥ ijss; lanoline, ℥ vijss.—*Am. Prac. and News.*

One of the late Sir William Gull's favorite quotations in early life was:—

If I was a tailor,
I'd make it my pride
The best of all tailors to be:
If I was a tinker,
No tinker beside
Should mend an old kettle like me.

And later on, he often quoted the more classical words:—

If thou do'st purpose aught within thy power,
Be sure thou do it, though it be but small.

Iodoform in Cystitis.—M. L. Frey, M.D., *Weiner Medin. Presse*, recommends the following:—

℞ Iodoform.....℥ xii.
Glycerinæ.....℥ x.
Tragacanth.....gr. xx.
Aquæ destillat.....℥ iiss.
M. Ft. emulsio.

Wash out the bladder well with tepid water till it comes back clear. Then inject a half pint of warm water in which has been dissolved a tablespoonful of the above emulsion. This injection should be repeated every three days. Usually four injections are sufficient to cure.

Chloral Hydrate for Carcinoma of the Cervix.—(*Ibid.*)—This is both a narcotic and disinfeciant. It will be found useful as a local application in carcinoma of the cervix. Sixty grains of chloral are dissolved in an ounce of glycerine. A tampon saturated with this is placed against the cervix and reinforced by a dry plug. These are retained from twelve to twenty-four hours. The strength of the solution may be increased as the pain indicates. The advantage of this application over the morphine suppositories commonly employed is the absence of disagreeable after-effects and constipation caused by the latter.—*Archives Gynecology.*

The Antiseptic Power of Coffee.—Dr. Luderitz has recently made a number of observations on the destructive power

of coffee upon various microbes. He found that the o ganisms all died in a longer or shorter period—*e.g.*, in one series of experiments anthrax bacilli were destroyed in three hours, anthrax spores in four weeks, cholera bacilli in four hours, and the streptococcus of erysipelas in one day. It was, however, remarkable that good coffee and bad coffee produced precisely similar effects. He believes that as previous observers have suggested, the antiseptic effect of coffee does not depend on the caffeine it contains, but on the empyreumatic oils developed by roasting.

HYPNOTISM.—Take an easy position, sitting or half reclining, and breathe deeply and evenly, and at the same time rapidly as possible; in about one minute there will be induced a state of insensibility to pain without loss of mental consciousness. Again, take an easy sitting position and steadfastly gaze at a small shining object, as for instance the bulb of a thermometer placed about two feet from the eyes and a little above range, requiring a convergent squint to fix the sight upon it. In five minutes or less, the pupils will dilate, eyelids tremble, and then sleep will ensue with insensibility to pain: an operation may be performed or labor progress without consciousness. In order to awaken the patient, blow your breath on the eyelids, or rub them with your thumbs, or apply hartshorn to the nose.

AN INHALER.—Coil a piece of paper into the shape of a cigarette, and fix it with gum. Then insert into one end a small uncompressed piece of absorbent cotton-wool, upon which a drop or two of the desired medicament has been poured. Air is now drawn through the tube by the patient, who holds the other end between his lips. This plan is by many patients, especially by men, preferred to the use of any form of respirator, or to inhalations mingled with steam. These last, moreover, have a relaxing effect in some atonic conditions of the throat. Such remedies as compound tincture of benzoin, methyl, oil of eucalyptus, etc, may be used with this device. Oil of peppermint was found to give great satisfaction, inhaled in this manner, in case of pulmonary consumption. — *Trained Nurse.*

QUININE IN LABOR.—Dr. Stock, in *Med. Register*, read an article before his County Medical Society on this subject. He strongly urges the use of quinine as a substitute for ergot and other remedies in cases of simple uterine inertia. He gives this drug in fifteen-grain doses, and prefers it to other remedies, as it not only increases the force of the uterine contractions, but stimulates the patient so that she is capable of renewed and greater exertion in assisting in the propulsion of the child. In primiparæ he considers it good practice to give a dose of quinine early in labor, as by this means the process is materially shortened without endangering the mother or child. He believes that quinine has not so marked an action as ergot upon the circular fibers of the uterus, and hence may be given in rigid os, while the latter would be contraindicated as the increased contraction of the circular fibers in the cervix would offer a further resistance to the passage of the child.

SYPHILITIC CHANCRE OF THE LIP.—Dr. Vidal lately had, in his ward in the St. Louis Hospital, a patient presenting a syphilitic chancre of the lip of an unusual origin. The patient was a young girl of twenty-one years, who for the last three months, presented superficial lesions of the lips, particularly of the lower lip. These were taken to be eczematous. But on her admission into the hospital these became modified and presented an ulceration bearing the characteristics of a true chancre. This case was interesting, not only on account of the difficulty of the diagnosis, but on account of the conditions in which inoculation was effected. This young girl was working in a manufactory at the same time with a young man who had sore lips, and both had to use the same speaking tube. It was by placing his sore lips on the mouth piece of the tube that the patient got her chancre. If this be true, this mode of contagion deserves to be brought to notice.—*Paris Letter in American Practitioner and News.*

SURGEON LEQUESNE AND THE VICTORIA CROSS.—The following is an account of the presentation of the Victoria Cross to Surgeon LeQuesne at Rangoon.

His Excellency, in addressing surgeon LeQuesne, said he knew of no act more deserving the Cross than that of a medical officer who, regardless of his own life, when in an exposed condition under fire, at close range, attends to a wounded man with perfect calmness and self-possession. You (addressing Surgeon Le Quesne) not only did this in the case of Lieutenant Michel, who unfortunately died, but later on you attended to another wounded officer, also under fire, and were yourself severely wounded. It must, I think, be added, be a matter of great gratification to the Medical Service, both staff and departmental, to know that the two Victoria crosses which have been given during the Burmah operations have both been conferred on medical officers, for very similar and gallant acts. Having pinned the decoration on the breast of Surgeon LeQuesne, His Excellency shook hands with him, and the proceedings terminated.

POPULARISING LIFE ASSURANCES.—With a view to the further popularising of life assurance and meeting the objection of many to a preliminary medical examination, the Sun Life Assurance Company propose to dispense with the ordeal of medical examination, and has started a new system of insurance. Persons can now insure their lives at the ordinary rates without medical examination on the understanding that no surrender value or bonus shall vest during the first five years; and that in the event of death occurring during that period only the premiums paid with compound interest at the rate of 5 per cent. shall be returned. Another novelty is the system of double option, by which after medical examination, the assurance is an ordinary one for the first five years, at the end of which period the assured can either continue the policy, without change of premium as an ordinary whole life policy with profits from the commencement, or by the payment of a higher premium continue the policy as an endowment assurance payable at death or in 20 years from the date of issue, the profits accruing from the first until the maturity of the policy, a portion of the bonus being fully guaranteed.

THE SEPTIC GERMS IN PERITONTIS.—We have recently had occasion to refer to the distinctions between septic and simple peritonitis, and to note how Dr. Bumm, of Wurzburg, has shown that the streptococcus is most deadly when taken from peritoneal fluid in the stages of puerperal peritonitis. Dr. Orth has shown that the septic influence of undoubtedly septic germs is more strongly modified by certain pathological conditions than even Dr. Bumm's researches would lead us to suppose. Although strong infusions of "pure culture," of staphylococcus pyogenes aureus or streptococcus pyogenes injected into the peritoneal cavity of rats, etc., failed to cause any lesion of the peritoneum, the same amount of germs caused deadly results when mixed with material which could not be absorbed or which could only be absorbed slowly. Disease of the peritoneum, already existing, favored the actions of the germs; in ascitic animals a very small quantity of staphlococcus caused septic peritonitis. The same results followed when any intra-abdominal structure was wounded, even when a piece of mesentery was excised or a spot cauterised. When a piece of gut was ligatured, with precautions, for six hours no bad results followed, but when ligatured for a shorter period with consecutive injections of staphylococcus fatal peritonitis followed. These experiments show the grave consequences which may follow the introduction of germs into the peritoneum after abdominal operations, especially if that serous cavity is not kept clear of effused fluids and solid particles. Rapidly fatal peritonitis followed the injection of staphylococci into the blood or into a compound fracture wound in cases where the intestine was ligatured.—*Lancet.*

HALSTEAD'S OPERATION FOR INGUINAL HERNIA.—Dr. W. S. Halstead exhibited, at a meeting of the John Hopkins Hospital Medical Society, Baltimore, in October, five patients upon whom he had performed his operation for the cure of

inguinal hernia. In operating, the incision is commenced at the external abdominal ring, ending one inch or less to the inner side of the anterior superior spine of the ilium on an imaginary line connecting the anterior superior spines of the ilia. Every structure superficial to the peritoneum is divided throughout the whole length of the incision. The vas deferens and its vessels are isolated up to the outer termination of the incision, and held aside. The sac is then opened and dissected from the tissues which envelop it. The abdominal cavity is closed by quilled sutures passed through the peritoneum at a level higher, by about two inches, than the neck of the sac. The vas is then transplanted to the upper outer angle of the wound. Strong silk sutures are passed through all the layers on each side of the wound beneath the skin, and tied; the cord then lies superficial to these sutures and emerges through the abdominal muscles about one inch to the inner side of the anterior spine of the ilium. The skin is closed after a manner practised by Dr. Halstead on all skin wounds. Interrupted sutures of very fine silk are passed through the under side so as to include only its deep layers, not occupied by the sebaceous follicles. The sutures do not perforate the skin and when tied become buried. One or two small, short, gauze plugs are used as drains to the wound, and are removed about the seventh day, when the wound is dressed for the first time. The patients are allowed to walk about on the twenty-first day.

Discussion on Anæsthetics at the Medical Society, London.—Dr. Lauder Brunton delivered a very interesting address on his work at Hyderabad at the Medical Society on Monday evening. Describing the methods he employed, now pretty familiar to those who have pursued physiological research, he passed round a number of tracings illustrative of the fall of blood pressure under chloroform, etc. Dr. Brunton reiterated in the main the conclusions which have already appeared in our columns, but supplemented them by details of work which could hardly find a place in the formal report. The discussion to which Dr. Brunton's singularly lucid descriptions gave rise tended to indicate conclusions not altogether in harmony with the Hyderabad Commission's results. While admitting the force of Dr. Brunton's arguments as applied to the lower animals, the practical anæsthetists present deprecated the extension of conclusions from the lower animals to man, unless positive evidence of uniformity of behavior of chloroform towards man and beasts were adducible. It was further pointed out that the evidence produced was, so far as the action of the drug upon the heart went, wholly negative, and that the clinical observations of Snow, Clover, and living anæsthetics were opposed to the Commission's contention that chloroform kills through the failure of respiration, and not by primary heart failure. While conceding the obvious and great value of experiments made upon the lower animals to elucidate conditions prevailing in man, one of the speakers pointed out that considerable divergence in reaction towards chloroform existed in them, and this was an additional reason for not relying too much in the present discussion upon the negative evidence Dr. Brunton advanced. None will seek to diminish the great value, both scientifically and practically, of Dr. Brunton's painstaking researches, and it must be accepted as a sign of respect to him that so eager and lively discussion was elicited by his description of his part in the work of the Hyderabad Chloroform Commission.—*Lancet.*