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The Northern Lancet.

Gleanings 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 Pharmaceutical advances in both hemispheres.

WINNIPEG, JUNE, 1890.

PROCEEDINGS OF THE CONVENTION HELD IN WINNIPEG, ON THE 27TH OF MAY LAST.

It was moved by Dr. Pennefather and seconded by Dr. McArthur, That Dr. Macklin, of Portage la Prairie, take the chair.—*Carried.*

Moved and seconded, That Dr. Jones act as secretary.—*Carried.*

Moved by Dr. Orton and seconded by Dr. Harris, That this meeting resolve itself into the Provincial Medical Association of Manitoba.—*Carried.*

Moved by Dr. Benson, seconded by Dr. Pennefather, That Dr. Macklin be 1st President of the Manitoba Medical Association; Dr. O'Donnell, 1st vice-President, and Dr. McDonald, of Brandon, 2nd vice-President.—*Carried.*

Moved by Dr. Pennefather, seconded by Dr. Corbett, That Dr. Jones be Honorable Secretary-Treasurer.—*Carried.*

Committee was struck to appoint standing committees on the following subjects: By-Laws, Ethics, Legislation, Prevention of Quackery, scale of fees. The latter committee brought in their report, and after considerable discussion the following scale of fees were adopted by the Association:—

Ordinary office consultation	\$2 to \$10
Subsequent prescriptions	1 to 2
Ordinary visits by day	2 to 4
Ordinary visits by night	4 to —
Mileage by day in country	1
Mileage by night in country, 1 way	2
Administration of anaesthetics	5 to 10
Ordinary midwifery	15 to 40
Instrumental cases extra	10
Complicated cases extra	15
Fractures and dislocation of thigh	25 to 100
Fracture and dislocation of arm and leg	15 to 50

Fracture and dislocation of small bones	\$10 to \$40
Amputation and excisions, large	50 to 150
“ “ small	15 to 50
Major operations	50 to 150
Minor operations	10 to 25
Assistant's fee	10 to 40
Herniotomy	50 to 200
Hernia Taxis	5 to 20
Lithotomy and Lithotomy	50 to 250
Abdominal section	100 to 500
Ligation of arteries, large	50 to 200
“ “ , small	10 to 50
Vaccination	1 to 2

Verbal report of Committee on Legislation was made by Dr. Gray. In committee of the whole, Dr. Pennefather in the chair, it was moved by Dr. Wright, seconded by Dr. McArthur, That the fee for making post mortem examinations be raised from \$10 to \$25.—*Carried.*

Moved by Dr. Jones, seconded by Dr. Ohown, That the Association discontinue club contract practice.

Moved an amendment by Dr. Orton, seconded by Dr. Blanchard, That members be permitted to do club practice, but the minimum fee per head should not be less than two dollars.

Amendment lost and original motion *Carried.*

The following report by the Committee on Quackery was read by Dr. Pennefather:—

Quackery we divide under two headings, namely, the registered medical practitioner who descends to subterfuges adopted by quacks to ensnare the public, and those travelling empirics and charlatans, who vend patent medicines, and secret nostrums.

We consider that any medical man, meaning by such a qualified and registered Physician or Surgeon, who circulates hand bills or cards, describing his professional qualification and his superior knowledge of any particular professional subject comes under this appellation. That any medical man, who inserts in the daily papers, or procures to be inserted advertisements consisting of acknowledgements from patients he is stated to have cured, or who draws attention to his name as a specialist by unusually displayed advertisements, practices the wiles of quackery.

That any medical man who advertises himself as a specialist, more particularly

when his opportunities and practice could not have qualified him for the superior special knowledge which he desires to impress the public by his advertisements that he is possessed of, is guilty of quackery. We consider that in the event of any member of this Medical Association so acting, and if he persists in so doing after remonstrance from the constituted authorities of this Association that his name should be summarily removed from the list of members, and furthermore, that any medical man who is not a member of the Association, but is practising in the province, who adopts these artifices, shall be considered guilty of disreputable professional conduct, and if after being warned by the executive of this Association he continues his objectionable practices, that he shall be considered as ineligible for admission to the Association and shall not be met in consultation by any of its members.

With regard to the itinerant quacks who from time to time visit this Province, we consider that the College of Physicians and Surgeons of Manitoba have been handicapped in protecting the profession in Manitoba from their inroads, as we understand from their executive that in the opinion of their legal advisers they have no power in these cases, an opinion which from persual of the Medical Act we find it difficult to agree in, but, as this comes under the heading of legislation, we beg particularly to draw their attention to the imperative necessity of taking further advice on this point, and if this view be confirmed, then that such legislation be sought at the earliest possible date to amend the charter of the corporation of Physicians and Surgeons so as to endow them with the requisite power in all such cases.—*Adopted.*

Moved by Dr. McArthur, seconded by Dr. Wright, That the next annual meeting take place on the second Tuesday in June, 1891, in the *City of Winnipeg*.—*Carried.*

Moved by Dr. Benson, seconded by Dr. Orton, That Dr. O'Donnell be President-elect.—*Carried.*

Moved by Dr. A. H. Ferguson, seconded by Dr. Good, That *The Northern Lancet* be the official Journal of the Association.—*Carried.*

A lengthy discussion took place as to the advisability of holding a meeting of the Association in the Autumn during the exhibition. The matter was finally left in the hands of the executive.

The following bye-laws were discussed and adopted for the governing of the Association :—

MEMORANDUM OF ASSOCIATION OF THE MANITOBA MEDICAL ASSOCIATION.

1. The name of the association is the "Manitoba Medical Association."

2. Every person who is a legally qualified practitioner in this Province shall be entitled to become a member of the Association upon complying with the terms and conditions in that behalf. The objects for which the Association is established are the promotion of medical and the allied sciences, and the maintenance of the honor and the interests of the medical profession by the aid of all or any of the following:—

(a) Periodical meetings of the members of the Association, and of the medical profession generally, in different parts of the country.

(b) By the publication of such information as may be thought desirable in the form of a periodical journal (which shall be the journal of the Association), or otherwise.

(c) By the occasional publication of transactions or other papers.

(d) By the grant of sums of money out of the funds of the Association for the promotion of the medical and the allied sciences in such manner as may from time to time be determined on.

(e) And such other lawful things as are incidental or conducive to the attainment of the above objects.

3. The income and property of the Association, from whatever source derived, shall be applied solely towards the promotion of the objects of the Association as set forth in this Memorandum of Association, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend or bonus or otherwise by way of profit to the persons who at any time are or have been members of the Association, or to any person

claiming through any of them, provided that nothing herein shall prevent the payment in good faith of remuneration to any officers or servants of the Association, or to any member of the Association or other person in return for any services actually rendered the Association.

4. Every member of the Association undertakes to contribute to the assets of the Association in the event of the same being wound up, during the time that he is a member, or within one year afterwards, for payment of the debts and liabilities of the Association contracted before the time at which he ceases to be a member, and the costs, charges and expenses of winding up the same, and for the adjustment of the rights of the contributories amongst themselves such amount as may be required, not exceeding the sum of five dollars, (or in case of his liability becoming unlimited, such other amount as may be required in pursuance of the last preceding paragraph of this Memorandum.)

ARTICLES OF ASSOCIATION OF THE MANITOBA MEDICAL ASSOCIATION.

1. The Association is established for the purposes expressed in the Memorandum of Association.

QUALIFICATION, ETC., OF MEMBERS.

2. Every person who is a legally qualified practitioner in this province, shall be entitled to become a member of the Association, upon complying with the terms and conditions in that behalf.

No female shall be eligible for election as a member of the Association.

3. The terms and conditions upon which any such person may become a member, and also under what circumstances any member may be expelled from the Association, so as to cease to be a member thereof, shall be prescribed from time to time by the Association in general meeting.

4. Every member shall pay a subscription to the Association of two dollars per annum. The subscription shall date and be considered due in advance on the 1st of January in each year commencing on the 1st of January, 1890.

5. Any member whose subscription shall not have been paid on or before the 31st of December of the current year, shall, without prejudice to his liability to the Association, be suspended from all privileges of membership, and at the end of the succeeding year, if the arrears be still unpaid, he shall cease to be a member, and shall be ineligible for readmission until he shall have paid all arrears due at the period of his suspension. No member shall (except in case of his death or expulsion, or his ceasing to be a member under the previous provisions of this article) cease to be a member without having given previous notice in writing of his intention in that behalf, on or before the 1st day of December in the current year, to the Secretary, hereinafter mentioned, and paid all arrears of subscriptions (if any) due from him.

6. Honorary members, without any of the liabilities of members, may be elected from time to time, by the Association, in general meeting on the recommendation of two members. The following classes of persons shall be eligible as honorary members:

(a) Members of the medical profession of scientific eminence.

(b) Gentlemen who may have rendered distinguished service to the Association. No honorary member shall be entitled to any vote, or any further privilege than that of attending the annual general meetings. Every honorary member shall cease to be such member upon a resolution to that effect passed in general meeting.

GENERAL MEETINGS.

7. The first general meeting shall be held at Winnipeg on the 22nd day of May, 1890.

8. Subsequent general meetings shall be held once in every year, commencing with the year 1891, at such time and at such places as may be prescribed by the Association in general meeting; and if no time is so fixed, a general meeting shall be held on the 10th day of June in every year, commencing as aforesaid, and shall, if no place is so prescribed, be held at such place as may be determined by the officers.

9. The above-mentioned first general meeting and subsequent annual general meetings shall be called ordinary meetings, and all other general meetings shall be called extraordinary.

10. The officers may, whenever they think fit, and they shall upon a requisition made in writing by any five or more members, convene an extraordinary general meeting.

11. Any requisition made by the members, shall express the object of the meeting proposed to be called, and shall be forwarded to the Secretary of the Association.

12. Upon the receipt of such requisition, the officers shall forthwith proceed to convene a general meeting, and if they do not so within twenty-one days from the date of the requisition, any ten members may themselves convene a meeting.

PROCEEDINGS AT GENERAL MEETINGS.

13. Seven days' notice at the least, specifying the place, the day and the hour of meeting, and, in case of special business, the general nature of such business, shall be given to the members in manner hereinafter mentioned, or in such other manner, if any, as may be prescribed by the Association, but the non-receipt of such notice by any member shall not invalidate the proceedings at any general meeting.

14. All business that is transacted at an extraordinary meeting, and also all business that is transacted at an ordinary meeting, with the exception of scientific and professional discussions and addresses and the consideration of the accounts, balance sheets and the ordinary reports of the officers, and the other routine business of the Association, shall be deemed special.

15. No business shall be transacted at any meeting unless a quorum of members is present at the commencement of such business, and such quorum shall not be less than ten.

16. If within one hour from the time appointed for the meeting a quorum of members is not present, the meeting, if convened upon the requisition of members, shall be dissolved. In any other

case it shall stand adjourned to the same day in the following month, at the same time and place; and if at such adjourned meeting a quorum of members is not present, it shall be adjourned *sine die*.

17. The President of the Association (to be appointed as hereinafter mentioned), or, in his absence, the 1st or 2nd vice-President of the Association (to be appointed as hereinafter mentioned), shall preside as chairman at every general meeting of the Association.

18. If at any meeting, the President or either of the vice-Presidents of the Association is not present within fifteen minutes after the time appointed for holding the same, the members present shall choose some one of their number to preside as chairman.

19. The chairman may, with the consent of the meeting, adjourn any business from time to time, and from place to place, but no business shall be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

20. At a general meeting, unless a poll is demanded by at least twelve members, a declaration by the chairman that a resolution has been carried, and an entry to that effect in the book of proceedings of the Association shall be sufficient evidence of the fact, without proof of the number or proportion of the votes recorded in favor of or against any such resolution.

21. If a poll be demanded in manner aforesaid, the same shall be taken in such manner as the chairman directs, and the result of such poll shall be deemed to be the resolution of the Association in general meeting. In case of an equality of votes at any general meeting, the chairman shall be entitled to a second or casting vote.

OFFICERS.

22. There shall be the following officers of the Association, viz: a President of the Association, a President-elect, 2nd vice-Presidents, and a Secretary Treasurer. The officers shall respectively be elected by ballot during the last session of each general meeting, and hold office for such period, and have and enjoy such duties,

powers, and privileges, as herein provided.

VOTES OF MEMBERS.

23. Every member shall have one vote and no more. No member shall be entitled to vote at any meeting unless all moneys which, at the time of such meeting, shall have been due from him to the Association for more than one year shall have been paid.

NOTICES.

24. A notice may be served by the Association upon any member, either personally or by sending it through the mail in a letter addressed to such member at his registered place of abode.

25. Any notice, if served by mail, shall be deemed to have been served at the time when the letter would be delivered in the ordinary course of the mail, and, in proving such service, it shall be sufficient to prove that the letter was properly addressed and put into the post office.

We, the several persons whose names and addresses are subscribed to the foregoing Memorandum and articles, are desirous of being formed into an Association in pursuance of the same.

Dated this 22nd day of May, 1890.

NAMES, ADDRESSES AND DESCRIPTIONS OF SUBSCRIBERS.

BY-LAWS

OF THE
MANITOBA MEDICAL ASSOCIATION.

Passed 22nd day of May, 1890.

ELECTION OF MEMBERS.

1. Any qualified medical practitioner not disqualified by any by-law of the Association who shall be recommended as eligible by any member may (subject as hereinafter mentioned) be elected a member of the Association.

2. No person shall be elected a member unless he has a majority of the votes of the members present at the meeting of the Association at which he is proposed for election, and has agreed in writing to become a member, and to pay his subscription for the current year.

3. Any member may be expelled from the Association by a resolution of the

Association if carried by three-fourths of the members present at an annual general meeting, and he shall thereupon cease to be a member. One month's notice of the intention to propose such resolution shall be given to any member affected thereby.

SUBSCRIPTION.

4. The subscription to the Association shall be two dollars *per annum*, which shall entitle each member to the privileges of membership. The subscription shall date, and be considered due in advance, on the 1st day of January in each year.

5. Any member whose subscription shall not have been paid on or before the 31st December of the current year shall be suspended from all privileges of membership; and, at the end of the succeeding year, if the arrears be still unpaid, he shall cease to be a member, and shall be ineligible for readmission until he shall have paid all arrears due at the period of his suspension. Any member wishing to withdraw from the Association shall give written notice of his intention to the Secretary-Treasurer on or before the 1st December of the current year.

HONORARY MEMBERS.

6. Any medical man of professional eminence and recommended by two members, may be elected an honorary member at the annual meeting of the Association.

ANNUAL MEETING

7. The date of the annual meeting shall be fixed and the place of meeting determined prospectively in each year by the vote of the Association.

OFFICERS.

8. The President of the Association shall be elected annually, at the annual meeting, and shall enter upon the duties of his office at the next annual meeting, and until then shall bear the title of President-elect. The President and President-elect shall be *ex officio* members of all committees and sub committees of the Association.

9. The Vice-Presidents shall be elected annually and shall immediately enter upon the duties of office, and the Treasurer of the Association shall receive the subscriptions and other moneys payable to

the Association, and discharge all accounts which have been ordered by the Association to be paid.

10. The Secretary-treasurer of the Association shall be elected at the annual meeting. He shall reside in Winnipeg. His duties shall include being present at the meetings of the Association; the recording their minutes; the conducting the correspondence of the Association; the superintending the collection of subscriptions; the enforcement of the regulations as regards those in arrear, and acting in general obedience to the directions of the Association.

11. The officers shall annually prepare a report of the general state and proceedings of the Association for the past year, to be presented by them at each annual meeting of the Association.

12. The officers shall manage the general affairs and business of the Association, except as otherwise provided by the Articles or By-laws. They shall also regulate the order of business, and shall nominate the readers of addresses at each annual meeting. They shall decide what shall constitute a section, and who shall preside over the same; and shall also arrange the division into sections of the matters to be discussed and considered at such meeting. And shall take cognizance of any matter which may require immediate decision.

13. The Association shall at each annual meeting appoint an Auditor to audit the accounts of the Association, and if directed by them, to prepare a balance-sheet, financial statement, and report, up to May 31st in each year.

14. In the event of the incapacity of any officer of the Association during his term of office, the officers may appoint any member to act for him. In the event of the death or resignation of the holder of any office, the holder of which is required to be elected by the Association at annual meeting, the officers may appoint a successor till the next annual meeting.

TRUSTEES.

15. The property of the Association shall, when necessary, be vested in three trustees chosen by the Association. The Trustees shall be eligible for any other office of the Association.

COMMUNICATIONS.

16. All communications to the Association, shall be the property of the Association, unless the officers allow the right of property therein to be specially reserved to the contributors.

ALTERATION OF BY-LAWS.

17. No by-law shall be made, altered, or repealed except at an annual meeting, nor unless a written notice, specifying the nature and object of the proposed amendment, shall have been given to the Secretary at least one month previously. Such notice shall be included in the notice provided for in Article 13, of Association.

APPENDIX TO BY-LAWS.

I.—APPLICATION FOR ADMISSION AND AGREEMENT AS TO TERMS OF MEMBERSHIP.

I, residing at, am desirous of being elected a Member of the Manitoba Medical Association; and I agree, if elected, to pay the subscription, and to conform in all respects to the articles of Association, and to the by-laws now existing, or which hereafter may be made under or by virtue of the same.

Name.....
Professional title.....
Address.....

II.—FORM OF CERTIFICATE.

I, the undersigned, hereby certify that, of, is a fit and proper person to be elected a member of the Manitoba Medical Association.

From personal knowledge or otherwise.

Signed }
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ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

Through the courtesy of Dr. O'Rielly, the late highly esteemed Medical Superintendent of the Winnipeg General Hospital, now filling a similar position as locum tenens for his brother at the Toronto Hospital, we have received the President's inaugural address at the above meeting. We at first, from its length, intended giving extracts from it, but it is so admir-

able in its entirety, breathing those elevated sentiments which should animate every member of our noble profession and pregnant with the advice of wisdom, that we publish it in extenso. It may be read with advantage, pleasure and interest by every physician in the Dominion of Canada. He expresses no uncertain note when speaking of club practice, and in view of the action lately taken on this matter by the Manitoba Medical Association, it will be read by its members with increased interest.

ADDRESS OF PRESIDENT TEMPLE, M. D.

After a few preliminary observations, the President, in touching terms, spoke of the loss the association had sustained by the death of several members—particularly two past vice-presidents, Dr. Mackay, of Woodstock, and Dr. Yeomans, of Mount Forest. Passing from this he went on to say that a resolution was passed to memorialise the Minister of Finance that all surgical instruments should be admitted free of duty. "Acting on that resolution," said Dr. Temple, "I wrote to the Minister at Ottawa, setting forth, in as strong language as possible, the desirability of having the duty abolished." I regret that we did not meet with success, as you have already learned from the reply to our communication that has been read by the secretary. Another point raised by the Committee of Registration was in reference to the registration in Canada of English registered practitioners. I have made very full inquiries of Dr. Pyne, the registrar of the College of Physicians and Surgeons of Ontario, and find that the college has been in constant correspondence on the subject with the English authorities. The College of Physicians and Surgeons is quite willing to register English graduates in this country provided that a similar privilege of registration in England be accorded to graduates of the College of Physicians and Surgeons of Ontario, and it is a matter of regret that an agreement of this kind has so far not been arrived at. The English authorities, while fully recognising the high standing of our examinations, are not willing to place our graduates on the English register. They offer us a

colonial register which, in my opinion, the College of Physicians and Surgeons was justified in refusing, for we should, by accepting it, have the appearance of placing our men on a plane of inferiority. While we cannot well agree to reciprocity on other than an equal footing, we may yet hope that a way out of the present difficulty will be found. When we recognize that for one Canadian who desires to register and practice in England there are probably five or more Englishmen who come to practice in Canada, it is evident that the English graduate has more to gain from a satisfactory settlement of the question than his Canadian fellow. With reference to the examination as conducted by the Ontario Council—I may speak without presumption after fifteen years' experience in medical teaching—I do not hesitate to say that there is no country, not even in England, in which a higher standard is required of the medical student than in ours."

Dr. Temple expressed a hope that the session would not close without appointing a committee to memorialise the authorities to have the law so amended, if possible, that in all suits of malpractice security for costs shall be given: "It was a scandalous thing that they should be obliged to pay not only their own costs, but the costs of the other side. To render keener the injustice, it was notorious that in many instances where these actions were brought the services of the physician had been given gratuitously, because the patient was too poor to pay for them." The subject of a uniform license for the Dominion was next taken up by the president, who suggested that action should be taken in that direction. "It bordered," he said, "on the ridiculous that a man who had graduated before the council here and who wished to settle in Manitoba should be obliged to pass before the Manitoba Council as well. If each Province were represented on the Board of Examiners it could be easy to set this right, to spare the young student a hardship and his pocket an expense that he might be in no position to bear after the final outlay on his medical course. In thus pleading the cause of the student I feel confident of your sympathy and support."

"There is one more subject," added Dr. Temple, "I would wish to bring to your notice in the hope that some united action might be taken to rectify what I believe to be a positive injury to our profession—I mean the practice of attending our lodges and clubs for an annual fee of so much per head. I regret to say that this custom is becoming more and more widespread every day in our midst. I do not speak from motives of jealousy or personal interest, because I myself have none of it to do, but because I have always considered the practice as one lowering the standard of the profession. I sincerely believe that the man who indulges in this practice does himself a great injustice by giving his services for a fee far beneath their value. He injures his fellow-practitioner by depriving him of the legitimate means of making his living, and he lowers his profession in the eyes of the public by allowing them to buy his services at their own price. Surely if the laboring man by united action can fix the price and value of his labor, and declines to work unless he gets what he believes he is worth to his employer, we as a profession ought to be able to sustain a uniform standard of fees. It is a subject I would earnestly commend to your most careful consideration, and see if some means cannot be devised to rectify the present evil."

Dr. Temple then reviewed the history of the association, and pointed out the advantages it afforded to practitioners. If, he said, they sought for proof that the yearly gathering had accomplished much for the progress of the science, they need but listen to the members, who, while their days of the medical school were in the more or less distant past, discussed for the benefit of the association the most recent discoveries and theories of medicines with the consciousness of mastery that could only come from reading and from thought. The longer they practised the more clearly they realised that the classroom did not end their education. The existence of the association was an added bone of union between them, and must tend to foster the esprit de corps that would, if anything could, keep the profession free from quackery. The character and honor of the profession was in their

ows hands individually, as well as collectively, and just in proportion as they strive to raise it in public estimation would be the measure of their success. With reference to the elevation of the standard of medical education the President remarked that they were rapidly advancing in the right direction, and he hoped to live to see the day when medical and law students would be obliged to take a university degree before entering on their purely professional studies. There could be no question of the after benefit of a thorough education, and one reason, in his opinion, why more of their men did not contribute to the medical press was that they felt weak in their groundwork. While the improvement in the standard of preliminary education had been decided, although not all they could wish, the progress in purely medical training had been so rapid that the student of the present time found himself in an enviable position when compared with that of his less fortunate brothers of a few years ago. The attention given to clinical instruction was a credit to Ontario institutions. The wards of the hospital afforded abundant material for the learner, and in addition to the present clinical advantages, there would shortly be another hospital, thanks to the munificent gift of the late Senator Macdonald.

The promotion of the public health was an important branch of the association's objects. It might seem paradoxical that they should do their best to minimise the existence of the very thing the treatment of which they had chosen to supply their means of livelihood. Joking apart, this prevention of disease was one of the many noble, self-denying acts of the honorable physician.

Having spoken briefly of some of the other objects of the association, the President dwelt at some length on the question of the etiology of the so-called puerperal fever, and the best method of preventing rather than curing the complaint. He went exhaustively into the views of pathologists and bacteriologists who had given the question particular study, and reviewed the nature of the disease and gave some excellent advice to physicians as to the methods they should adopt to

prevent its spread. Puerperal fever was, in his opinion, preventible in the large majority of cases, and by the adoption of strict antiseptic precautions the spread of it might be prevented.

On the motion of Dr. Poole, seconded by Dr. Powell, a hearty vote of thanks was accorded the President for his able address.

TREATMENT OF CARCINOMA OF THE BREAST.

At a meeting of the Philadelphia County Medical Society, held Sept. 26, 1888, Dr. S. W. Gross (*Jour. Am. Med. Assoc.*, Oct. 20, 1888), urged the necessity of a more extended operation than is usually performed in the treatment of this disease. Dissatisfaction with the results obtained in his own practice and in that of others led him, ten years ago, to adopt a radical procedure, the object being to effect riddance of all the tissues in which the experience of hundreds of years demonstrates that a recurrence or a new outbreak of the disease takes place. He amputates, by a circular cut, the entire breast with its overlying skin and fat, dissects off the pectoral fascia, and carries an incision into the axilla, through which he is enabled to extirpate its contents. If nodules are found in the pectoral or intercostal muscles, they are removed with an unsparing hand. The edges of the wound are then approximated, the closure of the breast incision being greatly facilitated by raising the flaps from the subjacent tissue from one and a half to two inches, and the employment of button sutures. In some cases the wound cannot be entirely united, so that it has to heal by granulation. He removes the entire breast and attacks the axilla in all cases because recurrence or new outbreak of the disease ensues in tissues which are left behind by the less radical modes of operating. The accumulated observations of surgeons show that recurrence may be expected in the skin and subcutaneous tissues, especially at or near the cicatrix, in the fascia covering the pectoral muscles, in the remnant of the breast from which the tumor alone has been excised, in outlying lobules which were overlooked dur-

ing the performance of the less complete operation, and in the lymphatic glands, especially those of the axilla. Sound pathology demands that the entire mammary gland, along with its circumjacent tissues, should be amputated, first, because we have to deal with a carcinomatous degeneration commencing at one point, from which the cells migrate in various directions into the remainder of the breast and the surrounding tissues, the extent of which migration into the lymphatics and their radicles it is impossible to determine with the naked eye; secondly, because the disease is sometimes multiple, and the smaller growths are only detected on examining the breast after its removal; thirdly, because minute lobules frequently lie at some distance from the main body of the gland, particularly toward the axilla and the clavicle, which may subsequently become the seat of a new outbreak, even as late as ten years, as in a remarkable instance recorded by Banks; and, fourthly, because nodules may be found in the subcutaneous tissues at a relatively great distance from the breast, which would certainly have escaped detection in the lesser operations. He attacks the axillary glands in every case because they are almost always diseased, even though they cannot be felt prior to operation. Of his forty-five cases, the glands were not palpable in 18, but in 15 of these they were present when the axillary space was opened. In 57 out of 65 similar cases, Kuester found that the glands were infected, so that their combined experience demonstrates that the glands are invaded in 86 out of every 100 cases in which there is no external evidence of their implication. Hence, if the axilla be not evacuated of its contents in every case, a subsequent operation will almost surely be demanded. Dr. Gross claims that this extensive operation is followed by better results than are any of the minor operations. Of his 45 cases, 2, or 4.44 per cent., perished from the operation, and 5 were lost sight of after recovery. Deducting the 7 that died and could not be traced, 38 cases show local recurrence in 11, or 28.95 per cent. Including the deaths, out of 40 cases, 9, or 22.5 per cent., recovered. Of

these, 1 died of an intercurrent disease in 7 years and 10 months after the operation, while the remainder are still doing well, 1 for 9 years and 10 months, 1 for 9 years and 1 month 1 for 6 years and 9 months, 1 for 4 years and 3 months, 1 for 3 years and 11 months, 2 for 3 years and 6 months, and 1 for 3 years and 5 days. Let us contrast these results with those afforded by the next best operation, namely, the removal of the breast by flaps, and the evacuation of the contents of the axilla in every case. Of 328 cases of this description in the hands of Banks, Kuester, and Von Bergmann, 10.67 per cent. perished, there was local recurrence in 54.92 per cent., and 15.15 per cent. were cured, so that Dr. Gross' operation is safer by 6.23 per cent., is less liable to local recurrence by 25.97 per cent., and affords 7.35 per cent. more of permanent recoveries.

DILATATION INSTEAD OF THE SUPPORT OF THE PERINEUM.

BY H. ERNEST TRESTRAIL, M.R.C.P., F.R.C.S.

The dread of the perineum becoming ruptured during the passage of the child's head led to the practice of supporting it, and this has been more or less done from time immemorial to the present day. A large midwifery experience convinced me many years ago of the fallacy and danger of this practice; and in a paper read before the Obstetrical Society, of London, and published in their *Transactions* of 1875, I recommended a diametrically opposite line of treatment, which is certainly followed by far better results.

Let us consider for a moment the object we have in view—namely: We want the soft parts of the outlet of the pelvis to dilate, so as to allow the passage of the child's head, without its weakest part rupturing. What does support do? It presses the perineum between the hand on one side and the child's head on the other, so that the more support we give the more squeezed, thinned out, and lengthened the perineum becomes. No wonder, then, that it frequently gives way. One can hardly imagine anything so likely to favor a rupture as this pressure on both sides. True, the support may

delay the advance of the head, but this pressure against the perineum rouses the uterus and makes the pains more violent, so that, if delay is the object sought, direct pressure upon the child's head is infinitely preferable, and safer in every way.

In cases of ruptured perineum what has occurred? Either the outlet was abnormally unyielding, or there was not time for it to expand, so that the weakest part gave way. The obvious way of preventing this unfortunate result is to dilate the perineum before the child's head reaches it, and practically this is easily effected. One can readily form an opinion as to the necessity for this proceeding by ascertaining the dilatability of the parts, the size of the outlet, the length of the perineum, and the character of the pains.

If there is reason to believe that the parts will not readily yield to the advancing head, they may be gradually dilated by drawing back and expanding the perineum during each pain, first with two and then with three fingers, and keeping up as firm extension as can be borne short of pain, and continued from time to time until the required amount of dilatation has been obtained.

By this simple proceeding (1) the pains are strengthened; (2) the latter part of labor is materially shortened, and is far less painful; (3) the perineum is preserved intact.

Fifteen years ago I confidently recommended the dilatation of the perineum as the best means of avoiding the danger of its rupture and of facilitating the latter stages of labor; and further experience fully confirms the favorable opinion I had then formed of its usefulness, and which led me to bring before the profession a mode of treatment which, so far as I know, had not up to that time been recommended.

RESORCIN IN WHOOPING COUGH.—Dr. Andeer (*Centralbl. f. Med. Wiss.*) employed resorcin successfully in the complaint named, giving to children half a wine-glassful of a 2 per cent. solution in water, of which a portion was directed to be used as a gargle.

A CASE OF DILATATION OF THE
STOMACH ACCOMPANIED BY
THE ERUCTION OF IN-
FLAMMABLE GAS.

BY J. MCNAUGHT.

A factory operer, twenty-four years of age, a tall and rather spare man, somewhat pale, but not anæmic, gives a history of stomach trouble dating back four and a half years. At the beginning of the time he suffered chiefly from pain after eating, but for the last three years his greatest complaint had been of acidity and flatulency. He has occasionally but only rarely vomited, mostly after dinner, but never at any time has he brought up any blood, nor such copious quantities as would point to ectasia. During the last two years he has suffered most severely from flatulency, and in connection with this the most remarkable feature of the case made itself evident. His work requires him to rise early, and on one occasion after striking a match to see the time, and when holding it near his mouth, an eructation of gas from the stomach took place. To his consternation the gas took fire, burned his face and lips considerably, and set fire to his moustache. On a subsequent occasion a similar accident happened. At the time I saw him flatulency was extreme and persistent from one meal to another, and he was also much troubled with rancid and sour eructations. His appetite was good, tongue broad and pale, and bowels regular. In examining the abdomen the subcutaneous fat was noticed to be less than normal; there was a deep depression running across the abdomen a little above the umbilicus, but below this there was evident distension and marked tympanites. The lower line of stomach dulness was about three inches below the naval on the left side, and from this point it extended in a curved line to the right, where it reached the level of the umbilicus. A semilunar area of dulness showed the presence of a considerable quantity of food in the stomach, and above this a highly tympanitic note was given extending up into the left hypochondrium.

Occasionally a splashing sound could be well elicited, but on other days it was absent. There was a little, but not marked, tenderness midway between the umbilicus and the ensiform cartilage. It was evident from these signs that the stomach was dilated. The stomach-tube was used on several occasions about five hours after meals, and quantities of fluid and debris of food varying from one to two pints or more obtained. At first it consisted of a soupy matter smelling exactly like sour yeast, and when it was allowed to stand, a layer of frothy stuff half an inch thick, like dirty yeast, formed on the top. This was full of bubbles of gas which could be seen forming and bursting as it stood in the vessel, while below there was a considerable quantity of clear fluid through which gas bubbles could be seen rising, and at the bottom there settled a sediment of grumous remains of food in a very fine state of division, resembling the sediment from pea soup. The fluid after filtration gave an acidity equal to 3.2 grammes of caustic soda per litre, and it was found to contain 0.55 gramme per litre of volatile acid, and 0.13 gramme of lactic acid per litre, the residue, equal to 2.4 grammes of caustic soda, being due to mineral acid or acid salts. A strong reaction was obtained with methyl blue and congo red.

The microscope showed enormous quantities of yeast and some sarcinae, with various remains of food. At first I was unable to detect any bacteria, but subsequent more careful examination of the clear fluid showed their presence in great numbers. The fluid extracted from the stomach a week later gave an acidity equal to 2.44 grammes of caustic soda per litre, and of this 0.26 gramme was due to volatile acid, and 0.4 gramme to lactic acid. One hundred and fifty cubic centimetres were put in a flask connected with a gas-collecting apparatus, and kept at a temperature of 100° F. In a few hours forty cubic centimetres of gas came off, and when a light was applied it exploded with a loud report and burnt with a blue flame. Analysis of a portion of the gas subsequently collected, which I owe to the kindness of my friend, Dr. Bailey, of Owens College, Manchester, gave:

CO₂ — 56 per cent.
 H — 28 “
 OH, — 6.8 “
 and residual air 9.2 “

That the inflammable gas existed in the stomach itself was put beyond question by pouring water into it in a thin stream through a tube and igniting the gas as it issued therefrom owing to the displacement. Only one experiment of this kind was made, as the result of the first was to produce a flame of dimensions alarming to both the patient and myself.

As a result of various fermentation and culture experiments it was determined that the inflammable gas was developed by a rod-shaped bacillus closely resembling the clostrydium butyricum.

The patient gained considerable weight and was very much benefited by daily washing out of the stomach by a weak antiseptic solution and the administration of the salicylate of soda in fifteen to thirty grain doses.—*Brit. Med. Jour.*, March 1, 1890.

THE SALE AND DISPENSING OF POISONS.

A judgment was delivered in the Queen's Bench Division on Tuesday last by Mr. Justice Hawkins, on behalf of Baron Pollock and himself, which will probably have an important influence upon the manner of distribution of poisons in this country in the future. The judgment was in respect of an appeal in the case of the Pharmaceutical Society *v.* Wheeldon against a decision of the Wandsworth County Court Judge, the circumstance being briefly as follows: An unqualified servant of a registered chemist and druggist, during the absence of his master and of the qualified assistant in special charge of the business, sold a packet of Battle's vermin killer, containing strychnine, to a girl, who used it to commit suicide. After the inquest the coroner, Mr. Braxton Hicks, brought the evidence that had been laid before him under the notice of the Council of the Pharmaceutical Society, with the result that proceedings were instituted in the Wandsworth County Court to recover

from the unqualified servant a penalty of £5, on account of a breach of the Pharmacy Act, 1868, which regulates the sale and dispensing of poisons. The precise offence charged was that a sale of a scheduled poison had been made by an unqualified person in contravention of the fifteenth section of the Act, in which it is enacted that "any person who shall sell, or keep an open shop for the retailing, dispensing, or compounding poisons," not being a registered pharmaceutical chemist or chemist and druggist, shall be liable to penalty. For the defence it was urged that the word "sell" in the section in question applies to the owner of the goods sold, and not necessarily to the person by whose hands the sale is effected; in fact, that the qualification of the employer, even in his absence, covered the act of the unqualified servant. The county court judge, however, held that the words quoted were "wide enough to embrace this case," and that the defendant was liable to the penalty, but he granted leave to appeal. The appeal was ably argued on February 4th and 5th last, when their lordships deferred judgment, but rather, it was stated, because of the importance of the interests affected than through any doubt as to what their decision should be.

The judgment delivered on Tuesday last sustains the decision of the county court judge in most emphatic terms and the appeal has been dismissed with costs. In reply to the argument that hardship would be caused in some cases by requiring that all sales of poisons should be conducted by qualified persons, their lordships said that, to their understanding, nothing could be clearer than that the object of the Act was, beyond all other considerations, to provide for the safety of the public, and to guard as far as possible the members of the community from disastrous consequences arising from the sale of poisons by persons inadequately acquainted with their baleful properties. In their opinion, the whole object of the Act would be frittered away, and the Act itself would become a dead letter, if by their judgment they were to declare that any unqualified assistant can with impunity sell any poison to which the Act

applies, unless upon the occasion of the sale he acts under the personal superintendence of a qualified employer or a qualified assistant to such employer. Further, it was stated that by "personal superintendence" was meant not mere presence in the shop or room where the sale takes place, but actual personal supervision, so that every individual sale shall be so guarded round by precautions prescribed in the Act that the safety of the public may be provided for as far as the law can accomplish that object.

As regarded the appeal made on behalf of qualified persons who cannot afford to keep qualified assistants, their lordships were of opinion that if such persons desired to absent themselves from their shops for greater or less periods of time, they must take such precautions as are within their power, either by locking up the poisons or by other means, to prevent any sale of them during their absence.

Several other arguments urged on behalf of the appellants were referred to in detail by their lordships; but enough has been quoted to show that, in the light of this judgment, the provisions of the Pharmacy Act, 1868, relating to the sale and dispensing of scheduled poisons, have a force and stringency not hitherto generally recognised.

In conclusion, it may be well to consider how this decision affects the medical practitioner who may keep what is known as an "open shop" for the supply of drugs and chemicals. Of course it does not apply to medicines that may contain scheduled poisons when supplied by a legally-qualified apothecary to his patients, for these are specially exempted from the operation of the Act. But the measure of the exemption of the qualified medical practitioner from the legislation that would otherwise limit the right of supplying scheduled poisons to persons registered under the Pharmacy Act, 1868, is distinctly defined in the amending Act of the following year (32 and 33 Vict., cap. 117). It is there enacted that nothing contained in the sections relating to the limitation "shall affect any person who has been registered as a legally qualified medical practitioner before the passing of this Act," or to "any person who may here-

after be registered as a legally-qualified practitioner, and who, in order to obtain his diploma for such registration, shall have passed an examination in pharmacy."

In regard, therefore, to the sale of scheduled poisons and medicines containing them to others than their patients, such persons enjoy the same rights as qualified chemists and druggists, neither less nor more. It seems necessarily to follow that they will have to exercise the same vigilance in ensuring that sales of poisonous substances shall not be made in their establishments except by qualified hands, or at least under the "immediate superintendence" of a qualified person.—*British Medical Journal.*

ROSENBERG (H. L.) ON ERYSIPELAS AS A CAUSE OF DEATH IN TYPHOID FEVER.—

A woman of twenty-five had been suffering from typhoid fever for fourteen days. On the fourteenth day her morning temperature was 104.4 F.; pulse 124, and respiration 30. In answer to the inquiry if anything hurt her, she said she was well except her arm, which was paining her very much. She bared the arm, and there was a little blue spot the size of a penny, surrounded by a deep red circle the size of a half dollar. This seemed insufficient to account for the aggravation of all the symptoms, as her bowels were no worse. She asked what it was, and I told her it was certainly erysipelas. While I was still looking at her arm another spot the size of a silver dollar appeared above the first spot, over the insertion of the deltoid. The two spots soon coalesced. It spread with such rapidity that while I was there it had involved nearly the whole of the arm.

She died at 6 p.m. I saw her after death and the eruptions had spread so as to cover the entire surface of both arms, chest, face, and head. The death of the fetus occurred in the morning of the day she died, before my visit.

In substantiation of the diagnosis of typhoid fever, I may say that a sister of Mrs. L. died a week later of typhoid fever, and two brothers and a sister recovered from very severe attacks.—*Columbus Medical Journal*, January, 1890.

 THE NORTHERN LANCET.

THE injury that a chemist may do to a Medical Man can be readily understood, and instances have occurred in this city to our own knowledge when either the chemist or his assistant has been the cause of a patient changing his medical attendant. The medicine vendor in insinuatingly confidential discourse while making up the prescription, descants on the merits of the prescriber, according to his ideas, in comparison with those which he alleges are possessed by his favorite Medical Man. The seeds of doubt are sown and the desired result of these remarks, not infrequently follows. Too extended a notoriety cannot be given to this practice and any authentic cases of the kind again coming before us shall receive the completest exposure the columns of this journal can afford. There are a large number of chemists in Winnipeg, in proportion to its size and population in receipt probably of much larger incomes than the majority of the Medical Practitioners, and if the leaven of distrust be once thoroughly introduced between the prescriber and dispenser, it must result in Medical Men adopting the universal English practice of General Practitioners, viz: the dispensing their own prescriptions, which, though adding to their work, is largely to the interest of their patients. Cases where the above has occurred have been laid before us from time to time, and we are now determined to use all the means in our power to curb the evil. A chemist has a perfect right to name any Medical Man when asked for a recommendation, though, the English chemist will very rarely do otherwise than refer his questioner to the medical directory. This wise and just discretion, it is probable would not be in keeping with sur-

roundings here, and the keen desire for immediate interests is too powerful to allow of any opportunity being let pass by which they may be promoted, no thought being given, that as "pleasure is oft bought with pain" so "immediate gain is as often purchased by future loss" for, frequently by roundabout channels, these actions become known to the injured party, when a Roland for an Oliver spirit is engendered by which in the long run the Pharmacist is the greatest sufferer. We should be sorry to suppose that there exists in this city a compact so discreditable as the sharing a chemist's profits with the prescriber, in other words of a practitioner prescribing physic from which he receives a return, the idea is too nauseous to contemplate. If it were possible that such a demoralizing agreement was in existence, a double barrelled motive for the course we are criticizing becomes apparent, but we prefer to believe that all the Medical Men practising in this city are above such action.

THE Sun Life Assurance Company of London, has made what at first appears to be a startling departure in the preliminaries hitherto in vogue for the effecting a life assurance, and this is, their insuring 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, 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. Now this system may work somewhat injuriously in a financial aspect towards certain members of our profession, but we believe that in the interests of this company and in that of the public, it is a very wise and desirable one. We have long regarded the multitude of questions, placed in the mouths of the

Medical Men as so much twaddle which in 999 cases out of 1000 have little or no bearing on the life sought to be assured. The answer to these questions, generally a monosyllable, are placed before the Medical Examiners of the Company, and on their recommendation the candidate is either accepted or rejected. These gentlemen work by the rule of thumb, a man is a certain height, ergo he must be a certain weight, to be a good life. If the Medical Man states, as has occurred to the writer of this, that the candidate's urine contains no excess of sugar, sharing the opinion of others that all healthy urine contains traces of sugar, he is written to by the Medical adviser of the Company sternly enquiring how he could state that there was no excess of sugar in the urine and yet recommend the acceptance of the candidate as a first class life. The accepted method of building up a history of probabilities as regards the soundness of the life to be assured is eminently faulty, misleading and vexatious to the applicant, and we believe that the departure which the Directors of the Sun Life has made, will tend much to popularizing Insurance and what is more, that the first decade of their system of working under the new regulations will abundantly prove its soundness and largely increase their business. If the medical referee of an Insurance office was provided with a blank sheet of paper and requested to give the result of a thorough Medical examination of the Candidate with any salient points in the history of his immediate family he thought necessary, Insurance Offices would not so frequently reject sound, and accept shaky lives, but a multitude of useless questions are placed in his mouth, and a large amount of trouble imposed upon him for which a very miserable fee is tendered. These remarks do not apply to the Medical

referees of the various Insurance companies who reside in the cities where the head office is, and who report, both verbally and in writing to the directors, but in country and out lying districts; we believe the new system of the Sun Insurance Co. will be found to have many advantages.

A WONDERFUL CASE.

OUR attention has been drawn to a so called "Wonderful Case" given in the *Daily Columbian*, published at New Westminster. The circumstance was a very ordinary one, the patient, a young lady, had at some time previous, sat on a needle which remained in the leg and subsequently set up considerable disturbance. The Medical Men, who were called in, and who must be greatly chagrined at their names being so prominently brought forward as having performed a wonderful operation, cut down at the seat of pain and removed the offending portion of steel. There are few parts of the human body that needles have not remained in, for long periods of time without causing any un-easiness, eventually becoming troublesome. Cutting down and extracting a bit of a needle is a proceeding which a second year's student would probably brilliantly perform. So that the Medical Men whom the reporter of this paper has no doubt desired to honor are probably exclaiming, "Save me from my friends." It is a great pity that cases such as the above, find their way into the public papers, but the ubiquitous reporter must dish up tit bits for his journal, no matter where they come from, and the innocent detail of an interesting case, under the facile pen of the press man is soon repeated with extraordinary exaggerations, no doubt in many instances to the intense annoyance of professional men in connection with it.

MISCELLANEOUS.

NIGHT SWEATS.—From five to eight grains of sulphonal, it is claimed will stop night sweats.

A NEW SYSTEM INDICATIVE OF FŒTAL DEATH.—Recently a new proof of the death of the fœtus has been brought forward, and it is the presence of peptones in the urine of the mother—that is, she has peptonuria.—*The Clinic Reporter.*

PREFERRED CREDITORS.—Medical men in general are probably not aware that in France, the doctor's claim on the estate of a deceased patient has precedence of all others. Even the landlord's claim for arrears of rent must yield to the doctor's fee. The courts have decided that as it is an imperative right of humanity that the dying should have the necessary care and treatment, such attendance should be paid for before all the other debts.

A FOOD FOR INFANTS.—In the summer diarrhoeal troubles of infants, where milk in any form disagrees and vomiting is easily provoked, Jacobi says that a mixture which has rendered him valuable services is about as follows: Five ounces of barley water, the white of one egg, from one to two teaspoonfuls of brandy or whiskey, some salt and sugar; a teaspoonful every five, ten or fifteen minutes, according to circumstances. Mutton broth may be added to the above mixture, or may be given by itself, with the white of an egg and some salt.—*Archives of Pediatrics.*

VENTRILLOQUISM.—The utterance of sounds which resemble the voice of a person speaking from a distance is produced by first making a prolonged inspiration, so as to protrude the abdominal viscera by the descent of the diaphragm; then speaking while the expiration is slowly performed through a very narrow glottis by means of the lateral walls of the thorax alone, the diaphragm remaining depressed. The ventriloquist at the same time calls into play certain tricks and dissimbling devices to deceive other senses than hearing, and by directing our attention to the supposed point whence the sound originates, draws largely on our imagination.

SEPTIC PERITONITIS AMENABLE TO TREATMENT.—Hadra, of Galveston, tells how we may operate for the relief of peritonitis with purulent accumulation and drum-like distension of the abdomen, which hitherto has been deemed hopeless, as he overcomes the previously insurmountable difficulty of restoring the distended intestines by leaving them outside of the abdominal cavity, protected by a warm antiseptic covering, until the inflammation subsides and the gaseous distension slowly passes away. Thus they can be reduced with ease, and the abdominal cavity can be freely drained and washed.

TEMPORARY TRANSFIXION LIGATURE.—Dr. Thomas H. Manley, of New York, calls this a temporary ligature, because it is not intended to remain in longer than is necessary to accomplish a given purpose. In most cases a spear-pointed, curved needle and antiseptic silk are sufficient; for deep vessels a needle-holder may be necessary. In use "the needle is passed in, on as near a vertical line as possible, and sent down perpendicularly until it is reasonably certain that the base of the vessel is passed, when the heel of the needle is quickly made to describe the segment of a circle at as sharp an angle as possible, in order that the needle's point may participate in the movement of the hand, and reach the surface again by embracing as little of the tissues as possible. The *veue comites* must be always included with the artery. If it appears, when the needle is introduced, that a vein of considerable size has been punctured, I withdraw, and re-introduce it further down, taking care the second time to go deeper and include more tissue." This temporary transfixion ligature may be used for occluding vessels during amputations and other operations, in cases of traumatic injury to vessels, in this case giving more time to secure skilled assistance for the careful search for and antiseptic ligation of the vessels. In accidental wound of an artery during an operation, where the ends of the severed vessels are retracted and hard to find, or where some other part demands immediate attention, this ligature may prove very serviceable.—*International Journal of Surgery*, Dec. 1889, p. 275.