chest, difficulty of respiration. After a certain time he had severe signs indicating the formation of pus. On examination, the right side was found swollen and œdematous. On comparing it with the opposite side of the chest it was obviously enlarged. There was dullness on percussion and absence of the respiratory murmur. The diaphragm was depressed and the liver considerably displaced, leading me, at one time, to think that there was considerable hepatic enlargement. The first week that he was under my care there was total inability to lie on the affected side. During the second week he only could rest on the affected side. The treatment having failed to produce absorption, I called in Dr. Godfroi Dubuc in consultation. We decided to puncture the chest at once. The patient having been placed in a proper position, the space between the sixth and seventh ribs was selected and an exploratory puncture made, which justified the diagnosis of suppuration having taken place. The trocar with its canula was at once introduced, when the pus flowed freely till six pints were withdrawn. From the date of the operation the patient improved rapidly, and is now perfectly convalescent.

Chambly, P.Q., November, 1873.

Acetate of Lead in Post partem Hemorrhage. By JOHN CHANONHOUSE, M.D., of Eganville, Ont.

On the morning of the 6th of July, I was called on about 2 o'clock to attend a woman in labor. Mrs. D, a Canadian by birth, is about 40 years of age, and the mother of eight children, the youngest being about two years old.

Arriving at the house, I found labor progressing rapidly, the os well dilated, the labia were everted, and parts swollen, and notwithstanding every advantage was taken by restraining the rapid advance of the fœtal head, the patient was delivered at 6 a.m., having been just four hours in labor, the placenta following a few minutes afterwards.

After a lapse of ten minutes, and when hoping all would progress favorably, excessive hemorrhage set in, accompanied with cold extremities, pulse flagging, vomiting, &c.

The cold douse was applied to the abdomen, and ice introduced into vagina, but all of no avail, and a fatal termination seemed imminent if relief was not soon afforded, as the patient was rapidly sinking from loss of blood. In this extremity, and as a *dernier* resort, I administered one drachm of crystalized plumbi acetas, which I hoped would stay the hemorrhage, which it did.

In a few minutes after the medicine was given, the tissues of the uterus commenced to contract, and its sedative effects were visible in the system, and in a few weeks the patient was able again to attend to her ordinary duties.

Mrs. T. A., aged 32, the mother of six children. I was called to attend her on the night of the 14th of August; was only two hours in labor when she was delivered of a large male child; placenta followed, and immediately profuse hemorrhage set in, followed by the following symptoms: sighing, yawning, cold extremities, pulse wavy, weak, and continuous loss of color in face, lips blue, &c. I applied cold to abdomen, introduced ice into vagina, compressed aorta, and tried the usual treatment, and all proved abortive, when again I adminstered the three doses of crystalized plumbi acetas, and its happy effects were the same as the Canadian woman, Mrs. D.

From my experience I would strongly recommend the plumbi acetas in casse of exessive hemorrhage after delivery.

Correspondence.

Editor of C. M. Record.

DEAR SIR,—I have read in the few last numbers of the London *Lancet* of a case where a chemist refused to dispense a prescription containing half an ounce of tincture of digitalis, for a patient suffering from delirium tremens, and the controversy it excited between the Medical and Pharmaceutical journals. The chemist refused, as he considered the dose excessive, and was not able to recognize the initials of the doctor, who, it appears, had only arrived in the neighbourhood. The patient died, and at the inquest some rather hard things were said about the druggists taking too much on themselves to discriminate what should and should not be. There is no doubt in this case, the druggist was wrong, as he should have asked the messenger who the medical man was, and then have communicated with him, before acting as he did. I readily admit any chemist has a perfect right to refuse to make up a prescription containing excessive doses of dangerous drugs, but at the same time it is equally his duty to put himself in communication with the doctor. There is no doubt there are a good many chemists that like occasionally to snub an unfortunate M.D. who has not been over-successful in this world, to