

ceps, would exclaim: "Who then may be saved?" These are his expressions which I copy verbatim from his work still on my shelves. "If then the pains are subsiding gradually, or have entirely disappeared—if the strength is failing, the spirits sinking, the countenance becoming anxious, if the pulse is 120, 130 or 140, the tongue covered with a white slime, or dry brown or raspy, if there have been two or three rigors, if on pressing the abdomen there be great tenderness of the uterus, if there be green discharge, if there be preternatural soreness of the vulva with heat and tumefaction of the vagina, if the head has been packed, and has made no progress for six or eight hours, if there be hurried breathing, delirium, or coldness of the extremities, then we are at any rate warranted in having recourse to the forceps." What horrible results must have happened in the practice of those students who in after years when in some country place, with no chance of consultation with a senior practitioner, but with these words ringing in their ears—hesitated until too late to use the forceps, and when all was over thought themselves lucky in having the patient escape with only a vaginal fistula, either rectal or cystic, to be a source of the greatest discomfort to the poor suffering woman for all time; for repairing was not thought of then—and so on ad infinitum.

How much a student of that period like myself had to unlearn! Step by step this line or that line of treatment driven into our brains by the sage lecturer, with almost sledgehammer emphasis, had to be laid aside; and that quickly by reading the wonderful advances in all departments of our noble profession, and by the experiences gained at such hazard. It was a serious task, but necessity was a master which dealt no lenient blows, and we became by experience and severe and persistent

study to correct our ways. And this was no easy task, as after these long and wearisome journeys we were more inclined to seek the couch than pour over voluminous tomes. Still when one's heart and ambition is in his work, the duty becomes less arduous, and many an hour has been snatched from needed sleep to keep abreast of the times.

And here I would strongly advise the present generation of medicos not to be too anxious to buy in a hurry a large library, but procure as necessity calls. Old editions soon become worthless. Old ideas are soon exploded, and consequently such volumes are rarely opened. One yearns for newer ideas. One new volume should always be at hand on the desk to take up at every spare moment, when waiting for an engagement, or for meals, etc. Bright and progressive magazines should be also on hand ready to be stuffed in the pocket to scan over while waiting for development at the patient's house. We thus stop the chances of getting into ruts. We meet our younger medicos (fresh from college) in consultation, armed with knowledge of the latest date and we are thus put in a position of being relegated to the back seat of the "Old School" department.

One's light should be shining brightly to the last, and in his heart of hearts having the strong conviction that it "were better to wear out than rust out."

I have dotted down these desultory remarks only to shew how many advances have taken place in the brief space of a little over half a century.

Perhaps it may be left for some other, when this century begins to wane, to take up the thread and continue it for another half century, shewing even greater advances.

Yours truly,

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