for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is, par excellence, the remedy for that condition, which, unfortunately, is very frequent in India.

I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hæmorrhage attending the latter condition it appears to exercise but little force. I can recall one case in my practice in India where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

I could say a few words in its favour, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—British Medical Journal.

#### HÆMOPTYSIS.

Dr. Brown says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. Thus the extractum ergotæ fluid may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of fifteen drops, or ergotine may be used. If the stomach is irritable, ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with sulphuric acid, which

makes a more efficient and pleasant mixture: R. Acidi gallici, z ij; acidi sulphurici aromat., z j; glycerinæ, z j; aquæ, q. s. ut. ft., z vj. M. Sig.—A tablespoonful, as required. This is to be given every half hour or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and wh re the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.—Med. Brief.

### LOCAL ANÆSTHETICS.

The following formulæ from the *Medical News* may be found serviceable as local anæsthetics for small operations:

Mix. This may be painted with a eamel's-hair brush over the area to be incised; allowed to dry, and repeated as necessary to render the part insensible. Prof. Redier proposes the following:

Mix. Apply with a brush.

Crystallizable acetic acid....... 1 part. Chloroform.........20 parts.

Dissolve. Apply with a brush.

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## COLLEGE OF PHYSICIANS AND SUR-GEONS, PROVINCE OF QUEBEC— METHOD OF ELECTING ITS GOVERNORS.

There can be no question in our opinion that the feeling of the members of the College of Physicians and Surgeons of the Province of Quebec is against the present method of electing the Board of