

administer the ipecac in the form of large pills, not in a solution. It must also be given at night. at the time of going to sleep, never in the morning, and not during the day and no liquid is to be taken after the dose has been given.

Sometimes the patient vomits a little mucus towards the morning hours, but the greater portion of the remedy has by that time absorbed. This treatment must be renewed every night, and usually the improvement is marked by the third morning or sooner, blood, mucus, pain all three have disappeared. A disease which formerly made us despair has now lost its terror to us.

The opium may be substituted by a hypodermic injection of morphia. Bismuth subnitrate may be given during the day. Small doses of ipecac are more than useless; they have been tried in India for more than two centuries without lessening the mortality in dysentery. Since more than twenty years the above has been adopted as almost the only treatment in British India and has given the best results.—*Weekly Medical Review*.

DELIVERY AFTER DEATH.

Last Saturday, Mrs. Rosseau living in Engene Sue street, succumbed to a peritonitis occurring at full term.

The medical certificate having been filled in, the employes of the undertaker called Sunday to place her in the coffin, when to their horror they found that she had been delivered of a child, that likewise was dead.

The burial was delayed—a new certificate was made, and this circumstance, that had given rise to the strangest ideas, was explained in a natural way.

This confinement or delivery after death, was but the normal consequence of the development of gases, due to the very rapid decomposition consequent upon great heat.—*Le Petit Journal* Paris, August 10th, 1887, translated for *Record*.

TREATMENT OF LATE CASES OF PUERPERAL INFECTION.

Dr. Hirst (*Philadelphia Med. News*) reports four cases of late puerperal infection, successfully treated by curetting the cavity of the uterus with antiseptic precautions. More or less decomposing decidua was thus removed in each case, and the temperature fell promptly.

LINDSAY AND BLACKISTON'S VISITING LIST.

This, the pioneer visiting list of this continent is early on our table. It still maintains its place, as being the very best, in spite of numerous rivals. We speak from a twenty years' experience of it.

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THE CANADIAN MEDICAL ASSOCIATION.

The annual meeting of this Association was held in Hamilton, Ont., on the last day of August and the first day of September. The attendance was about equal to what it generally has been, but not by any means what it should have been. The reason for this lack of interest it is hard to understand, unless we come to the conclusion that the bulk of the Canadian profession are absorbed in gathering what our America cousins call "the Almighty Dollar." Yet, in a sordid point of view, attendance on these association meetings is not without its value. Much that is valuable, in a practical point of view, is always to be obtained at these meetings, and those who attend are sure to return home with new ideas, new points which are valuable additions to their store of knowledge. It is this knowledge which we charge for, and the more we have the better we will be paid for it. We fear another reason for non-attendance is that want of national enthusiasm, which is so characteristically present with our friends across the lines, and so markedly absent with us. We did hope that Confederation would remove this blot from us, and that it has done something towards that end is beyond question; but we have still too much Provincialism, too much Quebec, too much Ontario, for our national prosperity. The President, Dr. J. H. Graham, of Toronto, delivered an admirable address, dealing with the general interests of the profession. General addresses upon special subjects named at the previous meeting were read. This was the first time that this had been attempted, and the result proves, we think, that the move was a wise one. Several prominent medical men from abroad were present, among them our old Montreal friend and confrère, Dr. Osler, Professor of Clinical Medicine in the University of Pennsylvania. The next meeting will take place in Ottawa.