

and followed it by copious draughts of warm water. Emesis was soon produced, and the ejected matter resembled closely in odor and appearance a quart of water to which had been added half an ounce of tincture of opii. By this time the young woman's friends became quite alarmed and desired me to call in another medical man in consultation; whereupon I suggested Dr. Perrigo's name. Dr. P. was forthwith summoned, and we watched the case together.

At 12.30 p.m., the drug began to produce its narcotic influence on the system. The pupils were somewhat contracted; pulse 120 and compressible, face flushed, eyelids red, patient restless and drowsy, and complained of numbness of the limbs, tightness of the chest, and a sense of constriction about the throat, and repeatedly affirmed that we wished to smother her.

Soon after Dr. P.'s arrival we administered an additional ten grains of sulphate of zinc. Now the vomited matter consisted almost wholly of the water administered, containing only a few particles, like bread crumbs, and emitting very faintly the odor of opium.

After the physiological effects of the drug began to manifest themselves we kept the patient moving about, allowing her at intervals to sit down for a few moments. During these intervals electricity was applied with apparently good effect, but as soon as she showed any inclination to sleep we had her on the move again, assisted by a friend. After 2 p.m. she had constantly to be kept walking about, and even then it was with difficulty that she could be kept awake.

About 2.30 p.m. she complained of abdominal pain, and half an hour later convulsive twitchings of the hands and arms were noticed. The objective condition of the patient at this time was as follows: face pale, surface cold and moist, lips and nails livid, pupils contracted and only slightly sensible to light, pulse 120. The patient also complained of a sense of fullness in her head.

We now put her feet into hot water and mustard, and applied cold effusions to her head, neck and shoulders. At this stage electricity was again applied. In a short time the patient began to improve, the narcotic (soporific) effects of the poison began to wear away, the expression of countenance became less stupid, eyes became brighter, pupils more dilated and sensible to light, but the sense of languor remained; pulse still 120; respiration rather slower than natural.

Shortly after midnight the patient fell asleep and slept for four hours. On waking she complained of

headache. In this condition I found her when I made my morning visit. I ordered her nourishing diet and a quinine mixture (gr. ss. ter die). Recovery was complete in a few days.

Montreal, July, 1872.

SIR HENRY HOLLAND, M. D.,

whose *Recollections*, lately published, is an entertaining record of a half century of professional life, says that very early in his practice he determined that he must never allow his work so to engross him as that he should not be able to give two months of each year to travel; and having made this resolution in the interest of health, long life, and the happy exercise of all the powers of his mind, some of which demanded regular travel into strange lands, he made the further resolution, in the interest of social enjoyment, that, during the ten months still remaining to him of his year, his earnings should never amount to more than a certain sum, and the whole of his time should never be mortgaged to his patients.

Progress of Medical Science.

ON PUERPERAL FEVER.

BY DR. EDWARD MARTIN, PROFESSOR OF CLINICAL MIDWIFERY IN THE UNIVERSITY OF BERLIN.

SINCE I had the honor of reading to this Society, in 1860, a Report on an Epidemic of Puerperal Fever, wherein I put forward the view that this disease depended upon a diphtheritic process set up in the female genital organs, I have omitted no opportunity of expanding and settling this doctrine; but if I venture to bring the subject again before you now, it is that I am impressed by the conviction that one reason why the views of this disease are still so divergent is, the confusion produced in the statistical reports by their comprising all the febrile diseases of lying-in women under the same rubric. Febrile conditions may be met with in lying-in women as well as in non-pregnant women, whether as a consequence of inflammation in almost any organ (but which has no connexion with the puerperal condition) or in connexion with various contagious diseases, as scarlatina, variola, etc. There may even be febrile affections consequent upon inflammatory action in the genitals of lying-in women, but which are essentially different from puerperal fever in the alarming sense of the word. Entirely unconnected with this, lying-in women may have very severe fever from inflammation of the breasts or nipples, after contusion or laceration of the uterus or vagina, as well as consequent on abscesses or ulceration which may ensue upon effusion of blood into the connective tissue. Such fever neither in its course, symptoms, or issue, resembles the conditions which arise from the diphtheritic process; and it is this which should be re-