

measures. The only objection to the method that he is aware of is, that at first it shocks the prejudices and alarms the patient. They should not be resorted to prior to the tenth day after delivery, in consequence of the fatigue and danger which their application might then give rise to. Care must be taken, also, that the temperature of the water (about 34° C. or 93° Fahr.) should be rather raised than lowered, all chilling being avoided. From twenty to thirty minutes is a long enough duration to secure the general revulsion sought for; and as one bath rarely proves enough, they may be repeated daily. Prof. Tarnier was induced to try the procedure in puerperal metrorrhagia in consequence of having observed its efficacy in the hands of M. Salgue, of Dijon, who successfully employed it in non-puerperal metrorrhagia; he adopted it for this form of hemorrhage after delivery, and has for many years recommended it.

In another number of the *Bulletin* (Oct. 30) we find an article by Dr. Constantin Paul, Professeur-Agrégé, upon the great utility of hypodermic injections of ergotine in various forms of metrorrhagia. The formula which he has employed has been—ergotine two grammes, water and glycerine of each fifteen grammes. The solution assumes the brown colour of the extract of ergot, and keeps well, not losing any of its activity in even three months after its preparation. In the fourteen cases in which he has employed this, Dr. Paul has found it succeed in almost a marvellous manner; the hemorrhage, which was always severe and often dangerous, having in all been arrested in sixteen minutes at latest, and in several much earlier. The patients were either the subjects of more or less advanced cancer of the uterus, or in the puerperal condition. The advantageous action of ergot, taken internally, on uterine hemorrhage, has been long known; but on comparing this with the effect of hypodermic injection, the latter proves of much greater value. The time required for the operation of ergot varies from a quarter of an hour to thirty-six hours; while ergotine arrests the hemorrhage in from five to ten minutes; and in hemorrhages time is everything. Not only is the action of powder of ergot less rapid than the injection, but it is also less constantly efficacious, three or four doses being sometimes required. Ergot in powder also always gives rise to colicky pains, of which the patients complain much; but this is not so with the ergotine. The injection is not very painful, and does not produce any local inflammation, sometimes only leaving a slight hyperæsthesia at the point of insertion. So employed, intolerance of ergotine has never been noted. As Prof. Gubler has already observed, it is most remarkable that while a dose of even four

grammes taken by the mouth is very doubtful in its action, a dose sixty times less, given by injection, exerts so marked an effect. Certainly there is far greater discrepancy in the doses required, according to the mode of administration, than is observed with regard to most medicinal substances. In the cases related by Dr. Paul in his paper, an injection of sixty-six milligrammes of ergotine arrested the hemorrhage in from five to ten minutes.—*Med. Times and Gaz.*, Dec. 8, 1877.

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RETIREMENT OF T. SPENCER WELLS.

T. Spencer Wells has retired from the Samaritan Hospital of London, at which institution he made his reputation as an ovariologist. He performed in the above hospital 408 ovariectomies, with 309 recoveries. Of the last 29 performed last year, 27 recovered. His remarks on his retirement are worthy of being read. We give them below:

“A long while ago I was deeply impressed by some remarks made by Sir Benjamin Brodie on his retirement from St. George’s Hospital, after 18 years’ service as surgeon. I forget the exact words, but he has reprinted something very like them in the conclusion to his ‘Autobiography.’ He says: ‘It was not without a painful effort that I made up my mind to resign an office to which I had been sincerely attached. In doing so I was influenced by various considerations. One of them was, that I began to feel the necessity of diminishing the amount of my labors. Then, I have long since formed the resolution that I would not have it said of myself, as I had heard it said of others, that I retained a situation of such importance and responsibility when, either from age or from indifference, I have ceased to be fully equal to the duties belonging to it. And, lastly, when I saw intelligent and diligent and otherwise deserving young men around me, waiting their turn to succeed to the hospital appointments, it seemed to me that there was something selfish in standing longer in their way, when, as far as my own