

exceed five grain doses, and these he insisted on guarding by one grain of opium with each dose. As the case was his, and I could not dissipate his fears, I did not feel called on to contend against his scruples. In due course the peculiar lead gum put in an appearance. The acetate of lead given in its pure state, in large doses, not only requires no opium as a protective against its action, but it is my conviction it is always unwise to aim at any such protection; and in this relation I would also inculcate the inadvisability of the addition of acetic acid. I pretend not to go into the chemical merits of the question, but it is my impression that this addition of acetic acid is more likely to favour undesirable chemical transformation than to prevent it. I am, however, quite sure that no such precaution is necessary. I always took care to use a pure sample, free from any portion of the carbonate; but even should some portion of the latter be present, as it is insoluble in water, it soon falls to the bottom of the solution, and then we are perfectly safe in giving the clear fluid.

I remember one case of very profuse lung hæmorrhage in which I administered within twelve hours six drachms. The man was saved, and he lived several years after, but finally died of pulmonary phthisis. I gave eight drachms in the course of sixty hours to an asylum patient. In neither of these cases did any lead symptoms, nor, indeed, any other unpleasant result follow. My asylum patient survived her hæmorrhage three years, and died of phthisis also.

I was rather surprised, if not a trifle mortified to find that, in a total of perhaps one hundred and forty students of the two Toronto medical schools examined by me on obstetrics last April, only one gave, amongst the multifarious suppressors of post partum hæmorrhage, the exhibition of large doses of the acetate of lead, whilst dozens named it in paltry doses, guarded by acetic acid or opium. At Kingston, however, where midwifery is taught by my old friend and pupil, Dr. Lavell, I found a very different state of matters, and I felt I was not yet utterly ignored.

Not long ago a very clever medical friend, when discussing with me the merits of the acetate in post-partum hæmorrhage, exultingly asserted that before it could come into action the woman would be dead. My reply was, "I am convinced you have never tried it in large doses;" and neither had

he. So far from slowness of action being the fact, I have often been astonished at its quickness. More especially have I observed this when it has been speedily vomited. The uterus has appeared to me to shrink down into normal globular form, almost instantly. I do not believe we have, in all our materia medica, a more prompt, or potent promoter of uterine muscular contraction.

Why, in the name of Heaven, we should deluge a poor shivering woman with pailfuls of iced water, or inject into the uterus such irritants as the tincture of chloride of iron, when we have at command so harmless and efficient a suppressor of hæmorrhage as the acetate of lead, is quite beyond my comprehension.

A few days ago, in a conversation with my respected asylum successor, Dr. Daniel Clark, President of the College of Physicians and Surgeons of Ontario, I requested him to state his experience in the exhibition of the acetate in uterine post-partum hæmorrhage, and to inform me in what doses he had given it. His reply was that his usual dose had been a teaspoonful, its action had been prompt and efficient, and he had never seen any collateral result more remarkable than vomiting, in exceptional instances; but an invariable coincidence of this symptom was the complete contraction of the uterus.

Dr. C. has been even more heroic in his doses than Dr. Stephenson or myself. I more generally gave half a drachm than a whole one, repeating this when deemed necessary. Another of my old pupils some years ago informed me that his dose was two drachms.

I believe it will generally be found that in these large doses it acts as a moderate purgative within twenty-four hours; and, if it be desirable that, in order to avert transformation, it should be expelled from the bowels in this way, it may be better to err on the safer side, which certainly is *not* its exhibition in *small* doses.

I trust, gentlemen, you will not for a moment suppose that I inculcate the employment of this medicine in every case, however trivial, of uterine hæmorrhage, though I am firmly convinced of its harmlessness. You all understand too well the efficient mechanical means of inciting uterine contraction to imagine that where these are adequate to our purpose, I would employ uncalled for supplementary means.