

The following are a couple of Dr. Davis' prescriptions for this complaint:—

R̄ Acid Carbolie crept.	grs. iii.
Glycerin. pur.	̄ ss.
Tinct. Camph. Co.	̄ j.
Aquæ	̄ iss.
Mix.	

Sig. Give twenty drops every half-hour until the vomiting ceases, then extend the time to every two hours.

R. Hydr. Chlor. Mit	grs. iv.
Pulv. Opii	gr. i.
Sacch. Alb.	grs. xxx.

Mix and divide into eight powders.

Sig. One every eight hours.

Dr. Davis frequently adopts the method in these cases of giving anti-emetic medicines immediately after each act of vomiting. He says: "The rule to give whatever medicine is designed to suppress the vomiting, in small doses, *immediately* after each act of vomiting, is one of much practical value. Vomiting is an act that cannot be perpetuated continuously, but must always occur in paroxysms, with an interval of greater or less length between them. Hence, if a dose of medicine is swallowed immediately after a paroxysm of vomiting, it will remain in contact with the mucous membrane of the stomach a few minutes, at least, before another effort at vomiting can be performed: During these few minutes, if the medicine is soluble; or already in solution, it will gain some effect, both on the nervous filaments and the capillaries of the mucous membrane; and a repetition of the dose immediately after each paroxysm of vomiting will soon accumulate an effect sufficient to destroy the morbid sensibility, and consequently stop the vomiting. But if we follow the wishes of the patients, and the inclinations of almost all nurses, by withholding the medicine after vomiting until the patient has rested a little," that little period of rest is just sufficient for the muscular coat to regain its contractility, and the mucous coat to pour out a new supply of serous fluid, and consequently the patient is all ready for another paroxysm of vomiting. Now, if the dose of medicine is administered, in nine cases out of ten it will be rejected almost as quick as swallowed, and the effect is lost." Dr. Davis advocates the same method in the use of enemata for the suppression of diarrhoea or dysentery. They should be administered as soon as possible after the bowels have been moved, while the rectum is empty. If we delay in giving

the enema; more mucous or serous fluid will have accumulated in the bowel, and the more readily will its introduction be followed by immediate expulsion.

In cases of arrest of the secretion of urine as so often occurs in these cases of diarrhoea in children, the author recommends a combination of small doses of sweet spirits of nitre and the acetate of potash.

Dr. Davis' prescriptions in this book contain a number of medicines which are rarely, if at all, used by practitioners in Canada. Such are phloridgine (an astringent tonic derived from the bark of the apple-tree), cimicifuga, rocemosa, gelsemium, sempervirens, etc. It is, perhaps, a matter for regret, that we are so conservative, and neglect to use medicines, the value of which, in proper cases, seems amply proved by the testimony of able observers. Having noticed some of the merits of this little book, it behoves us to speak of some grave defects.

A slovenly style is noticeable in many parts of the book, especially in the various formulas given, scarcely one of which is correctly written. There is hardly a prescription in the book in which the Latin names of some drugs, and the English names of others, are not jumbled together promiscuously. Thus, on page 163 will be found the following:— (we give the formula literally.)

R—Ol. Terebinth	3 ii.
Ol. Wintergreen	20gtts.
Tinct. Opii	3 ii
Pulv. Gum. Arabic	} aa 3 iv.
White Sugar	
Rub together and add water	̄ iii.
Mix.	

Again, on page 158, we find

R. Quinia taunate	4 grs.
Pulv. Opii	1 gr.
Saccharum <i>Alba</i>	20 grs.

We had always thought that the Latin substantive *saccharum* was neuter and must have an adjective to agree with it in the same case. Not so, Dr. Davis, apparently, for the same error occurs throughout the book wherever the word is used. For these defects, of which he seems conscious, the editor tenders the very lame apology that the lectures were not given in one consecutive course, and reported by one amanuensis, but were delivered as parts of several annual courses in the hospital wards. We have, however, done with fault finding, and would only say to our readers, in conclusion, get the book by all means; it will repay a perusal.