

code of ethics (the work house), the insane asylum and the pest house for smallpox, etc. I will spare you the visit to the last, and waive the visit to the work house and asylum until another time.

As we enter the obstetric wards we see a very much crowded but clean place, where women are admitted after the 4th month of gestation. Here their urine is examined from time to time and their general health attended to. As they near the time for labor an examination is made by touch and auscultation of foetal heart to make out, if possible, the position of the foetus. When labor has actually begun the woman is removed to a solitary ward in a solitary cottage; she is placed in a cot; her abdomen, thighs and external genitals are bathed in a 1 to 2000 solution of corrosive sublimate, her labor, if normal, is allowed to proceed until the head begins to press upon the perineum, when chloroform is invariably administered and the head delivered, between pains if possible. Ergotine is then administered, an assistant compresses the womb over the abdomen, and if the placenta be not delivered spontaneously in twenty minutes, he, by external manipulation, assists in its delivery.

If the introduction of the hand into the uterus were, for any reason, necessary, disinfected though it be, the organ is washed out with the corrosive sublimate solution by means of a fountain syringe. I will say here, however, that their last rule, although not expunged from the written regulations which govern the ward, is frequently transgressed, from the fact that several cases of salivation have occurred from the procedure. If, however, no such introduction of the hand has been resorted to, or if instruments have not been necessary, a piece of lint moistened with corrosive sublimate solution is placed over the vulva, over that a piece of oiled silk, and then oakum wrapped in a napkin is applied, so that it will absorb the discharge. This napkin is attached to the bandage and changed three times a day. Half a teaspoonful of fluid extract of ergot is given three times a day for a week, otherwise no interference is made if the discharge remains odorless and the temperature normal. If any signs of septicæmia develop the uterus is washed out with a solution of carbolic acid, using the fountain syringe and a single catheter. These injections are repeated every 3 or 4 hours until all septic symptoms have disappeared. Peritonitis is treated by morphia, and the application of the coil through which iced water passes. If at the end of nine days the woman is doing well she is returned to the ward from which she came, where

she remains in bed another week. The cottages in which the woman is placed after confinement have beds for five or six patients. These cottages are disinfected every two weeks; they are closed air tight and ten pounds of sulphur are burnt in each. After twenty-four hours they are fit for use.

I give these bare facts without any comments, more than to say that they about represent the status of the profession in this city at the present time, in this particular. And when I tell you that they have reduced the death rate (which has been as high as 15 per cent.) to almost nothing you cannot doubt but that there is *something* in obstetric antisepsis.

We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle containing a gallon of warm water is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run *ad libitum*. I think that the longer this is kept up and the oftener it is performed the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous "pil. duo" which consists of one grain of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercury the symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.

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