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## Original Communications.

*The Graduates Valedictory Address at the Third Annual Convocation of the Medical Faculty of the University of Bishops College, April 9th, 1874.* By DAVID A. HART, C.M., M.D., of St. Zephirin, Quebec.

*My Lord, Mr. Chancellor, Mr. Dean, Members of Convocation, ladies and gentlemen:—*

To day, we have assembled in these classic halls for the purpose of taking part in the closing ceremonies of the Third Session of the Faculty of Medicine of this University, and to witness the sundering of ties that have long and pleasantly existed between the professors on the one hand and the students composing the graduating class of 1874, on the other.

Upon me, as Valedictorian of the Graduates, devolves the privilege, the sad yet pleasing duty of bidding a formal farewell to our Alma Mater, ere we leave her sheltering walls, and go forth to take our places in the ranks of those who are fighting the battle of life in the wider arena, and amid the more stirring scenes of the outside world. Glad though we may be that our time of probation has come to an end, and that we have been pronounced by skilled masters of the healing art worthy of being entrusted with the lives and happiness of fellow beings, yet it is with a feeling of regret that we take our departure from the Halls where we once met daily, where we shared the same hopes, the same anxieties, and finally, the same reward; where we have so often encountered one another in a spirit of generous rivalry, in our struggles to surpass one another in class-standing and to carry off the honors that our Alma Mater loves to bestow upon her deserving alumni. Where we have learnt a more peaceful meaning of Scott's

" Stern joy that warriors feel  
In foemen worthy of their steel,"

and where, too, have been cemented friendships, the recollection of which will always be dearly cherished.

We meet here, classmates, as a body for the last time; to-morrow will witness a separation that may, to some of us, prove a lasting one. It is impossible, then, to prevent a feeling of sadness from mingling with and subduing those other feelings of pride and delight which so largely fill our breasts on this occasion, and from pervading the spirit of the few words I shall address to you. Before proceeding to utter those words of farewell, I will avail myself of my privilege as Valedictorian to return thanks to

our Professors, to whom we are so deeply indebted for that knowledge of the science of medicine which has enabled us to stand in the honorable and gratifying position we now occupy.

I can scarcely find fitting words wherewith to express our thanks and our sense of gratitude to our professors for their unceasing and untiring efforts to impart to us that knowledge of the theory and practice of medicine and surgery which it has cost them years of toil and study to acquire; for the cheerfulness with which they ever responded to our requests for information upon any difficult or knotty point that may have puzzled us for the time being, and impeded us in our progress to the goal at which we aimed, the honorable degree of C.M., M.D. The difficulties which beset us were not few, for no sooner was one removed, than another appeared; and it is only to the kindness and attention of our professors, to the interest they always took in our studies, that we can attribute the success which has now crowned our labors. And it is deeply gratifying to me to be able this day to bear public evidence to the fidelity and zeal with which the professors of medicine of this University have discharged the onerous and tedious duties they have undertaken, and to congratulate the under-graduates in medicine on their good fortune in having masters so earnest in furthering the objects common to both, the diffusion of medical knowledge and the obtaining of medical degrees.

It is scarcely necessary for me to remind you, fellow graduates, that the curriculum of studies you have been pursuing during the past four years is but merely initiatory to the more extensive and thorough course of study to which you will henceforth have to devote yourselves. You will find that your past academical life will, in the future, be chiefly of value to you in respect to the lessons you then learnt, to the training you then underwent, and to the habits of patient, persevering and systematic study you then acquired. Experience will have already taught you that that training and those habits have enabled you to obtain much knowledge of difficult and abstruse; and even tiresome and monotonous, subjects in a comparatively easy and pleasant manner; that, insensibly, they have increased the interest, perhaps very slight interest, you originally took in your studies, and that consequently, your books have long since ceased to be bores and have now become agreeable companions. Some of you, indeed, may have even felt surprised by the reflection, if you have happened to think at all on the subject, that the honorable degrees which have just been conferred

upon you gradually lost that sense of vital importance you at first attached to them; that you came to consider them as of no value, or if valued at all, merely as the means to an end and the outward tokens of a certain degree of proficiency in your studies, and that *knowledge itself*, and not your degrees, was what you most earnestly desired to possess. If such has been the feeling that has actuated you during the latter portion of your academical career, I would most strongly recommend you to cherish it. It will be an assurance, satisfactory to your friends and to the professors who have taken and will continue to take deep interest in your progress, and an earnest to yourselves, of your ultimate success in erecting that edifice of lasting renown in your profession, the foundations only of which you have hitherto laid; and which I am sure each one of you anxiously desires to leave behind him, as a memorial to future generations of his endeavors to further the cause of science and improve and add to the means at present in the hands of physicians of diminishing and alleviating the ills to which suffering flesh is heir.

But no mere theoretical knowledge of your profession will be of avail. While you will have to keep up with the advancement of science, and the march of new ideas, as enunciated in the pages of medical journals and other writings of contemporary practitioners, you will have to depend greatly on your own close observation of the never ending phenomena of nature manifested in the various phases of disease as they come under your notice, and your own acuteness in diagnosis and prognosis. In order to show you to what a degree of proficiency it is possible to attain in this respect of close and accurate observation, I may mention a fact related by Archbishop Whately, in a lecture delivered by him on the influences of the professions. The Archbishop said; speaking of a celebrated Surgeon, whose attention had been chiefly directed to cases of deformity: "He scarcely ever met an artisan in the street but he was able to assure himself at the first glance what his trade was. He could perceive in persons not actually deformed, that particular gait or attitude, that particular kind of departure from exact symmetry of form, that disproportionate development and deficiency in certain muscles, which distinguished, to his anatomical eye, the porter, the smith, the horse-breaker, the stone-cutter, and other kinds of laborers from each other. And he could see all this, through, and notwithstanding, all the individual differences of

original structure, and of various accidental circumstances."

It cannot be expected that every one of you will arrive at a like degree of excellence, but you can all strive to approach it as closely as possible. Acute and practised observers, it may be remarked, are not always able to precisely explain the indications that influence their judgment; and if, when called upon you should ever fail to define all the reasons on which your decision may have been based, it may be some consolation to you to learn that it has been justly and happily remarked "he must be an indifferent physician, who never takes any step for which he cannot assign a satisfactory reason."

I do not propose to dwell at all on the duties that the practice of your profession will entail on you. Anything that I can say with regard to this part of a Valedictorian's usual address will be better said, and with more weight, by the eminent professor who will just now address you.

Strongly as I have recommended you to preserve those habits of systematic and diligent study of everything pertaining to your profession, which you have all to a greater or less extent already acquired, I would as earnestly urge you not to confine your studies to your profession. In order to become at all eminent in our profession, it is necessary to possess a superior vigor and order of intellect, combined with great diligence, and another quality, in which bright intellects have often been lamentably deficient, I mean, common sense. It will certainly not prove to be any drawback to your attaining eminence, that you devote some little portion of your time to other studies. Such a course has been recommended by the most profound thinkers of all ages. In the pursuit of some other branch of knowledge, let us say literature, for example, you will find a healthful recreation for your minds, a necessary something that will enlarge your sympathies and excite your faculties to a freer play, that will furnish you with a common bond of interest with men of other callings, that will supply you with common topics and common feelings, and enable you to acquire a more complete and generous education, and to act your part as physicians with better grace and more dignity. It will prevent your being influenced by those narrow prejudices and that illiberality of feeling, with which the exclusive study of one subject, or of one profession, must of necessity infect you: and which, in the days of Harvey and of Jenner led all other physicians to reject the magnificent and most important discoveries of the circulation of the blood and of vaccination.

I have now a very pleasing duty to perform, that of returning thanks to the ladies for their presence on this occasion. There is not any class or body of men more deeply indebted to woman, more fully alive to her sweetening, beneficial and healthful sway, than are physicians. In all the scenes of pain, of sorrow, of sickness and of death, in which it is the physician's lot to daily mingle, he asks for no better assistant, he recognizes no more sympathizing & zealous fellow worker, than woman. It is her gentle presence, the touch of her soft hand, the melodious tones of her low voice, that soothe and cheer the sufferer, and recall him to life, or that make the death-bed easy. Her gentle and assiduous nursing, and her unceasing watchfulness have often proved effectual, in cases where all the physician's skill and science would otherwise have been of no avail. And in our happier moments, amid all the pleasures of social life, her presence and assistance are eagerly sought. I may truly say that the happiness of the graduates would be very greatly diminished, were the ladies absent from the Convocation; and if the delicacy and refinement of their sex will not allow them to mix in the rougher scenes of every-day life, we may be sure that whenever, by their presence, they add brilliancy to public proceedings, the occurrence which wins from them their smiles and approbation is no ordinary one.

Among the many influences which sway the heart and mind of man, and urge him on to undertake toil and endure privation, there is none more general or more powerful than that which the ladies have it in their power to exert. And when by such means he has achieved success and occupies a distinguished position, he finds his chief satisfaction is in being able to share that position with the gentle beings who are dear to him, and their approval his highest reward. Whatever may be the relations in which they stand to us, whether as mother, wife, sister, or sweet-heart, their influence with us is always potent. And as it is in the second of these relations that the ladies have most frequent opportunities of exercising their beneficial influence over the lives and happiness of men, so I trust that those among the ladies present who do not yet stand in that relation, and if I may judge from the many lovely and bright young faces that I see here, I should say they are not few in number, and I would congratulate all bachelors upon that fact, I trust that these young ladies will soon become the happy wives of happy men and fortunate M.Ds.

As the time to which I am limited is expiring, I will now say to our professors farewell. We will

carry with us affectionate recollections of happy days spent with them in our Alma Mater, and we will always look back with pride and gratification to the time when we sat under them as students, drinking deeply at the spring of medical knowledge, and guided and aided by their invaluable experience.

To you, classmates, I would return my warmest thanks for the distinction and honor which you have conferred upon me, and I would also convey to you the earnest assurance that the remembrance of my collegiate days passed among you will ever be reckoned among the dearest and happiest memories of my life.

And now, my fellow graduates, I will bid you one and all an affectionate farewell. We stand here to-day on the threshold of a new life. In a few moments we shall face the world our own masters; nothing undaunted by the heavy responsibilities we have but just now by the oath of office assumed; but confident in our strength and ability to carve a niche in the Temple of fame, and with bright anticipations of success casting a golden hue over our prospective careers. We ignore, to day, the sad experience of others who have toiled slowly and patiently along the path which we feel we could clear with a bound; we will not allow to ourselves that the world has its caprices, fortune her vicissitudes, friendship its insincerities; we will not permit these facts to appall us, or to cast their discouraging influences around us. We will enjoy to the full the triumph that to-day closes our academical career amid the cordial congratulations of relatives and friends and kindly acquaintances, and we will yield ourselves up to pleasant dreams of the future. But, gentlemen, if it should come to pass that those dreams are never to be realized, if it should happen, as no doubt it will to some of us, that our hearts should grow faint during the weary and protracted struggle on which we are now entering, when we find that our dearest and most cherished hopes, our highest and noblest aspirations, are doomed to disappointment and defeat, and great and unsparing toil on our part is but poorly acknowledged and but grudgingly rewarded, let us not even then abandon all hope, let us struggle against the feelings that may then oppress us, let us remember that as we are toiling and suffering, so have others before us toiled and suffered and conquered, as in the end we will conquer; and that there has never lived a man, whose success in life has ever excited the wonder or the envy of his fellow-beings, but has at some earlier portion of his career, felt despair gnawing at his very vitals. Once more, farewell.

*Abstract of a Case of Dry Gangrene, by THOMAS SIMPSON, M. D., read before the Medico-Chirurgical Society of Montreal, March, 1874.*

A previously active and healthy young woman, aged 19, after a few days of indisposition was seized on the 15th of October last with symptoms which soon developed themselves into acute mania. On 27th she was suddenly reduced to a state bordering on collapse, and on the following day complained of an acute pain in the right foot which was cold; and several ecchymosed looking spots, unaccompanied by swelling, were remarked on the toes and upper surfaces; these gradually ran together, and terminated in dry or mummified gangrene which extended half way up the leg, the process occupying several weeks, during which she remained in a state of violent mania, requiring constant surveillance to prevent her injuring herself and others.

Separation between the living and gangrenous parts slowly took place. She sank into a typhoid condition, again rallied, the mania abated and on the 31st of January the leg was amputated immediately below the knee joint. The bloodless method of Esmarch was adopted and proved eminently successful. The stump healed slowly. The patient has recovered her reason, but not the mental vigor she possessed before her illness.

It was noticed at the first appearance of the gangrene that there was no arterial pulsation in the affected limb, and that the pulsation in the arm of the same side was so weak as to be scarcely perceptible. A short time before the operation, the pulsation in the femoral could be traced only to a point about a couple of inches below Ponpart's ligament.

Throughout the illness the pulse was invariably rapid (120 to 140) and weak. No abnormal sounds indicating structural change in the heart could be detected.

The immediate cause of the gangrene was probably embolism of the femoral. The extremely weak pulsation in the right arm was possibly owing to a similar obstruction. The mania was the only symptom of diseased brain; there was no muscular twitching, convulsion, or paralysis.

The treatment during the early part of the illness consisted in the administration of bromide and of potas and an occasional dose of chloral hydrat when necessary to procure sleep. After the 27th Oct. quinine and phosphoric acid were substituted for the bromide, and morphine for the chloral hydrat. Diet simple, nutritious and easily digested, milk, oysters, &c., with a moderate allowance of fresh fruit.

## Progress of Medical Science.

### CURE FOR THE TOOTHACHE.

Dr. Henry T. Reynolds, of Baltimore, writes to the editor of the *Medical News* that, for eighteen months he, has been using acetate of lead as a remedy for toothache. He finds it better than any of the numerous remedies proposed in the books, and in cases in which it is applicable, the relief is instantaneous. He advises the sufferer to apply from one to three grains to the cavity for a moment or two, then to spit it out. It fails in fewer cases than any remedy that Dr. Reynolds ever tried, not more than eight per cent.

### PERMANGANATE OF POTASSA IN OXALURIA.

Dr. Thorne, of Chicago, praises in the *Mich. Univ. Med. Jour.*, the use of permanganate in oxaluria. He gives a case and adds:

When we consider the fact, that uric acid may disappear entirely from the urine, and that oxalic acid is not normally present: Is it not fair to conclude that the uric acid must, in the normal condition of things, undergo decomposition in the body? We find that by adding an excess of permanganate of potassa to uric acid out of the body, it is directly converted into urea and carbonic acid; and that when the oxidation is less complete, it passes into the form of urea, oxalic acid, and carbonic acid. If, therefore, we would prevent the formation of uric acid and oxalic acid we must supply, as per example, the seven equivalents of oxygen, and four of water. This is most conveniently done in the form of permanganate of potassa:

R. Permanganate of potassa, grs. viij.  
Water, ʒij. M.  
Sig.—One teaspoonful to be given three times a day.

It should not be given except on an empty stomach; for, in contact with organic matter, it is decomposed, yielding its oxygen to any element, simple or compound, that will receive it. I have repeatedly directed, during the last two years, the permanganate to be given as above, in oxaluria, with the most happy result.

### A BIT OF EXPERT TESTIMONY.

When Orfila, the celebrated French chemist, was on one occasion a witness at a trial for poisoning, he was asked by the president if he could state quantity of arsenic requisite to kill a fly. "Certainly, M. le Président," replied the expert; but I must know beforehand the age of the fly, its sex, its temperament, its condition and habits of body, whether married or single, widow or maiden, widower or bachelor."

## MIDWIFERY AND GYNÆCOLOGY.

*Fortnightly Hemorrhage during Pregnancy.*—

Dr. S. Haynes read the following case of this before the Worcester Med. Soc. H. H., æt. 36, states that in all her pregnancies there has been a hemorrhagic uterine discharge, more profuse than her menses (which are of usual quantity and quality), but of exactly the same nature, every fortnight up to the sixth month, whence, until labor, there has been no loss. Each flux is preceded by a few days' very severe headache, and is accompanied by much dorsal pain and very bad bearing-down sensations. She never has any leucorrhœa. When not pregnant, she has regular monthly catamenia; an abundant discharge every fortnight is therefore her test of pregnancy; this recurs fortnightly for four or five months after each labour; the menses then become natural. She has had seven children: all carried to full time, and born alive and perfect. When she was pregnant with her first, the hemorrhage was so copious that her medical attendant told her the pregnancy could not go on. It was not more abundant than it has always been since. Treatment, position, and rest, had no influence; so she now takes no extra precautions during her pregnancies. She does not lose much after her confinements, and there are no ordinary indications of hemorrhagic diathesis. She is a stout plethoric woman, who says she "makes blood" very quickly, and that her mother used to be often bled with benefit, and died from apoplexy. I attended her in her last confinement, when I did not find anything unnatural. She objects to any local examination.—*Brit. Med. Journ.*, Nov. 29, 1873.

## NOTE ON THE TREATMENT OF CHRONIC CYSTITIS. BY H. S. PURDON, M.D.; PHYSICIAN TO THE GENERAL AND SKIN HOSPITALS AT BELFAST.

The following note of a case of chronic cystitis occurring in a female, may not be uninteresting:—

Mrs. M—, aged about forty, a healthy-looking country woman, residing in the County Down, was admitted into the Belfast General Hospital, under my care, in February last, suffering from chronic cystitis. She is the mother of several children, and attributed her present disease to exposure to cold after last confinement. There was constant desire to make water, and pain over the region of the bladder. The former much worse at night; indeed, she was up nearly every hour, at least, to urinate, and her health was beginning to suffer. Her urine was scanty, ammoniacal, contained a little mucus, and frequently, when the last few drops were being voided, some blood appeared. No tenesmus; bowels regular; appetite pretty good; no thirst. My colleague, Dr. Murney, kindly sounded the bladder for stone; the result was negative. The usual routine treatment was tried in her case, such as uva ursi, pareira brava, buchu, &c. Iodoform vaginal suppositories gave temporary relief, as did also washing the bladder with tepid water and tincture of opium; after some time we tried dilute nitric acid and water, then a mixture containing copaiba; and, lastly, prussic

acid—about eight drops to the ounce of water—was tried. These remedies all gave slight relief, but only temporary, and soon lost their effect. About this time, April, I saw a notice of a paper by Dr. Clemens, of Frankfort, on the Treatment of Chronic Diseases of the Bladder by the Injection of Tepid Normal Urine, and I determined to try this method (after taking my then house pupil, Mr. L., into confidence, and who supplied the necessary normal urine). The urine was injected into the bladder—after being first washed out—night and morning, a few minutes after being made, and whilst quite warm, with the most beneficial results—my patient being discharged, seemingly cured, in some three weeks. She was to return and report, but as she has never done so, I take it for granted that she has remained well. No one in the ward knew of the treatment; otherwise they would have rebelled against it, especially my patient. Dr. Clemens offers the following remarks on the injection of the bladder with normal urine, and which may be interesting to reproduce. His paper first appeared in the *Deutsche Klinik*, No. 7. He says that:—"About four years since, in a very bad case of the disease of the bladder, in which this organ had been for months in contact only with decomposed and stinking urine, the idea occurred that advantage might accrue from introducing into the bladder urine with its normal proportion of uric acid. The experiment succeeded so well in this and some other cases that I became convinced that the urine in question formed a better material than the most esteemed injections. The bladder having been completely emptied by the catheter, from six to eight ounces of luke-warm distilled water was thrown in, and retained for about five minutes. After this had been removed, some tepid water is again slowly injected and retained for some minutes. A young and healthy individual now passes water into the syringe, which has been previously raised in warm water to a temperature of 25° R, and this is then immediately injected into the bladder, and left in for a longer or shorter time. The impression made by this normal blood-warm urine of a young and strong man—the temperature of which is generally higher than that which has issued from the diseased bladder—is sometimes in the highest degree favourable, so that in one case a single injection has been nearly curative." Whether this plan of treatment will prove successful in every case remains to be proved; however, it was useful in the one recorded. Probably chloral, or what has been called meta-chloral, might be tried instead, for, according to Dr. Dujardin-Baumetz, of Paris, chloral possesses the property of preventing decomposition of the urine; and Dr. Baumetz thinks that in certain diseases of the bladder it may be usefully injected into that viscus.—*Dublin Medical Press*.

## TO DISGUISE CASTOR OIL.

Rub up two drops oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it and ask for more.—*Druggists' Circular*.

A KNIFE SWALLOWED AND PASSED THROUGH  
THE ABDOMINAL WALL, AFTER AN INTERVAL  
OF NINE WEEKS.

A female twenty-six years old, during an attack of delirium tremens, swallowed a dessert knife, the metal part of which measured six inches and a half. Eight weeks later a globular swelling made its appearance in the right side, nearly on a level with the umbilicus, and the sharp edge of a foreign body could be felt distending the skin, which was freely movable over the tumor. After some days the blade of the knife protruded through the skin, and was easily removed by slight traction without additional incision. The ivory handle had been entirely digested, and the extremity of the blade was rendered very thin by the action of the gastric juice. The nervous shock was considerable at the time of the removal of the offending body, but a good recovery was made without the formation of a gastric fistula.—*Lund: Liverpool and Manchester Medical and Surgical Reports, 1873.*

BILIOUSNESS.

Some day we may arrive at definite ideas respecting the conditions included under this term. At present it is employed to mean almost any derangement of the chylipoetic process. In consequence of some experiments lately made in Germany, by injecting cholesterine into the circulation of animals, Professor Austin Flint, jr., who had long previously worked at the subject, has re-stated his views before the New York Academy (*Med. Record, Dec., 1873*). He says the elements of secretion do not pre-exist in the blood; but those of excretion do, and they are separated, not manufactured, by glands. He finds that cholesterine is always present in the blood, which gains twenty-three per cent. of this substance by passing through the brain, and loses as much by passing through the liver. He concludes, therefore, that it is excrementitious—formed in the nervous system, and removed by the liver. If this organ becomes disorganized, it accumulates in the blood; and the term cholesteræmia is justifiable. Having been separated by the liver, the cholesterine in the bile passes into the intestines, and there changes into stercorine, of which some ten grains daily are discharged.

Dr. Barker alluded to the several sluggish conditions termed "biliousness," and which had also been called "cholæmia," though they have never been properly explained. But, if cholesterine be really the effete debris of nerve-tissue, we can certainly understand the torpor, headache, and some other symptoms that appear to arise in over brain work. Dr. Barker, too, has found convulsive cases sometimes depend, not on uræmia, but, perhaps, on cholesteræmia; and he has been successful by diverting attention to the liver, rather than the kidneys. Dr. Barker's name is a sufficient guarantee for his clinical facts; and it appears to us that the question of acting upon the liver is still one to be entertained, or at any rate, that imperfect function of that organ may give rise to disease.—*The Doctor.*

PEMPHIGUS.

Picot (*Jahresbericht Gesammten Medicin, 1873, from Gaz. des Hop.*) strongly recommends the treatment introduced by Hillairet, and which resembles that for burns, described in the last semi-annual report. It consists in applying to the affected skin, bandages soaked in a liniment of oil and lime-water. In the two cases reported by him, the bullous eruption extended over nearly the whole body, and was accompanied by severe itching. The fever was considerable. Both patients were bound up, from head to foot, in wadding, soaked in the preparation, which was daily changed. The general condition improved, the temperature sank without internal medication, and, later, the fever entirely disappeared. The excoriations, arising from the bursting of the bullæ, quickly dried, and healed in a short time. In one of the cases, no new bladders appeared after six weeks, while, in the other, perfect recovery only followed in two and a half months. In the latter case, a new eruption immediately followed a few days' interruption of the treatment. Hillairet has pursued this method for two years, in eight or ten cases, and always with similar results. In two cases of pemphigus foliaceus, it was less favorable.—*Boston Medical and Surgical Jour.*

A REPORT ON THE PROGRESS OF OBSTETRICS  
AND OF GYNÆCOLOGY.

By WILLIAM GOODSELL, M.D.

From *Transactions of Medical Society of State of Pennsylvania, 1873.*

THE ABORTIVE ACTION OF QUINIA.

The thrice-veiled question of the action of quinia upon the uterus has claimed a large share of attention. That this agent does sensibly excite uterine contractions can hardly be doubted; the evidence on this point is overwhelming. Yet it is uncertain whether the few reported cases of abortion under its use have been owing to this action, or to the paludal poison for which it was prescribed. The testimony here is so conflicting, that the *Societe de Medicine*, of Gand, Belgium, has proposed the subject as a prize essay for 1874. After carefully weighing the evidence of his own experience and that of others, your reporter has arrived at the following conclusions: 1. That quinia, by producing intermittent contractions of the womb, has, in large doses, occasionally brought on an abortion in the very early months of gestation. 2. That it should not on that account, however, be withheld from pregnant ague-patients; for, other things being equal, an abortion is more likely to be induced by the visceral congestions and muscular succussions attending an attack of ague than by the oxytocic property of the antiperiodic. 3. That the uterine action of this drug is too slow and too uncertain to be relied upon in the emergencies of ante- or post-partum hæmorrhages. But that, in decided doses, it will often prove of service in menorrhagic or

metrorrhagic attacks. 4. That, like ergot, it acts most efficiently after labor has begun; a dose of ten grains being usually followed, in inertia, by a prompt return of the pains. 5. That, apart from its tonic and antiseptic properties, quinia is *par excellence* the remedy for puerperal disorders. By lowering the high temperature generated both by accelerated molecular metamorphosis and by rapid chemical combinations, it retards the oxidation of the tissues, hinders the formation of fibrinous concretions, and, therefore, prevents cardiac plugging. By contracting the walls of the womb, it tends to keep the protective coagula of the uterine sinuses from becoming loose and soluble, and to inhibit putrid and purulent absorption. Both by constricting the coats of the capillary system of blood-vessels, and by paralyzing the amoeboid movement of the white blood-corpuscles, it presents, in puerperal fevers, an obstacle to fibrinous exudation and to the migration of the leucocytes into serous cavities.

REMEDY FOR CHRONIC HOARSENESS.

An eminent physician of Philadelphia contributes the following: In chronic hoarseness, arising from thickening of the vocal chords and adjacent membrane, the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be appropriately mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times a day.—*Amer. Prac.*

EXTENSIVE USE OF ETHER FOR ANESTHESIA.

Since the introduction of ether as an anesthetic it has been used in the Massachusetts General Hospital in 15,000 cases, with an average of half a pound to a patient. In one case four and a half pounds were used in twelve hours.

WHOOPIING COUGH.

The following two formulæ are highly recommended in this disease, by writers in the *Lancet*.

R. Chloral hydrate, gr. xij.  
Ipecacuanha wine, ʒj.  
Syrup of orange, ʒij.  
Peppermint water, ʒjss.

To a child three years old, one teaspoonful of the above mixture should be given every four hours.

R. Bromide of potassium, gr. xxx.  
Dilute hydrocyanic acid, M v.  
Tincture of conium, ʒj.  
Syrup of squills, ʒij.  
Water, ʒij.

Two teaspoonfuls to be taken every four hours.

PHOSPHORIC EMULSION.

Dr. G. M. Beard (*Archives of Scientific and Practical Medicine*) recommends as a restorative tonic in certain diseases of the nervous system, a combination of cod liver oil with phosphoric acid. The following is his formula:

R	Vitelli ovi,	No. ʒ.
	Ol. morrhuce,	ʒij
	Vini xerici	ʒ iss
	Acidi phosphorici dil,	ʒij
	Syrupi simplicis,	ʒ v
	Aq. amygdal. amar,	ʒiv.

• Rub the yolk of the egg very thoroughly in a mortar, adding the oil little by little. Then add and incorporate the other ingredients *secundum artem*, the phosphoric acid being added last of all. When properly made the taste of the oil is nearly annihilated, and the emulsion will keep a long time. The dose of this emulsion is a tablespoonful. The quantity of wine and of phosphoric acid may be varied to suit individual cases.

Dr. Harlingen gives the following formula, which he recommends highly in the treatment of chronic eczema accompanied by itching:

R.	Oleo-stearate of zinc (dry),	3 parts.
	Mutton suet,	15 parts.
	Oil of sweet almonds,	15 parts.

Slowly incorporate the oleo-stearate of zinc with one part of the oil of almonds, in a slightly warmed porcelain mortar, and add, little by little, the melted and partially cooled mixture of the remainder of the oil with the suet.

REMOVAL OF GLASS STOPPERS.

It may not have occurred to every one—at all events it is not noticed in any of our treatises on practical pharmacy—that the easiest way to take out a stopper which has become fixed in the neck of a bottle is to reverse the motion given to it when putting it in, that is, to knock the stopper from *right to left*. In most instances when a stopper is fixed, without the intervention of an adhesive substance, it is by turning it as one would drive a screw. The direction is almost invariably from left to right, and thus a thread is formed, which is easier to follow backwards than to break. The trouble with which the removal of stoppers is usually attended must form my apology for introducing a suggestion of so little apparent importance.

HOW TO SWALLOW A PILL.

The *Chicago Medical Times* is responsible for the following:—"Put the pills under the tongue and behind the teeth, and let the patient immediately take a large swallow of water, and he will neither feel the pill nor taste it. In fact, they cannot tell where it has gone, and I have seen them look about the floor to see if they had not dropped it."



## FRECKLES.

The following lotion is recommended for the removal of freckles:—

℞ Hyd. perchlor.....	gr. v.
Acid hydrochlor.....	gtt. xxx.
Sacch. alb.....	ʒ i.
Spt. vini rect.....	ʒ ij.
Aquæ rosæ.....	ʒ vij.
M.	

## LOTION OF ACETIC ACID FOR BALDNESS.

The following lotion is said to be superior for a shampooing liquid, for removing dandruff, and useful and pleasant application for baldness. It is, of course, moderately stimulating, and in those cases in which the hair-follicles are not destroyed, but have become merely inactive, we should think it might prove both efficacious and agreeable:—

Take an acetic acid.....	1 drachm.
Colonge water.....	1 ounce.
Water, to make in all.....	6 ounces
M.	—Exchange.

## SINAPISMS.

In making a mustard plaster, use no water whatever, but mix the mustard with the white of an egg, and the result will be a plaster which will "draw" perfectly, but will not produce a blister even upon the skin of an infant, no matter how long it is allowed to remain upon the part.—*The Medical Brief.*

## GLYCEROLE FOR CHAPPING OF THE SKIN.

℞ Oxide of zinc.....	gr. xx.
Tannic acid.....	gr. xv.
Glycerine.....	ʒ ix.
Tincture of benzoin.....	ʒ ss.
Camphor.....	gr. xv.
M.	

## THE PLAY AND THE AFTER PIECE.

Douglas Jerrold at a party noticed a doctor in sober black waltzing with a young lady who was dressed in a silk of brilliant blue. "As I live!" exclaimed the wit, "there is a blue pill dancing with a black draught." It may not be out of place to relate the following:—Douglas Jerrold accompanied the late Mr. Wakley to witness some operations at the Royal Free Hospital. The first operation was amputation of the leg; the second was a minor one, for the removal of piles. Mr. Wakley told the wit the nature of the operation, and thought it was not worth his time to stay to observe it. "Oh!" said Jerrold, "I have seen the 'play,' and I would rather wait to see the 'after-piece.'" We believe this little episode with respect to Jerrold is now made public for the first time.—*Times and Gaz.*, Nov. 22, '73.

## ONYCHIA MALIGNA.

Rest and attention to the state of general health having preceded, the fungous growth is then burnt with strong nitric acid, washed with water, and poulticed. The relief is certain, and the repetition of the application seldom necessary. If there should be any trouble with the nail, the tender flesh may be protected by the insertion of a thin piece of compressed sponge, kept in its place by strips of plaster applied longitudinally to avoid compression.—*British Medical Journal.*

## TREATMENT OF BURNS AND SCALDS.

Dr. de Breynne highly recommends the following treatment in *L'Union Pharmaceutique*; Hydrate of lime (newly precipitated), forty-five grains; glycerine, five ounces; chloric ether, forty-five drops. It makes up a transparent, colourless liquid, with an agreeable odour, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain, and prevents or abates inflammation.—*Lancet*, Oct. 18, 1873.

## THERAPEUTICAL NOTES.

## SYKOSIS.

This troublesome affection is treated in the Cant-statt hospital by *acetic acid*. The beard is cut short, scabs are removed by poultices, the parts are for several days anointed with tar ointment, and the hairs plucked out, and then the acetic acid painted over the diseased surface. It is painful, but usually one application is enough.

## POWDERED COAL-TAR FOR WOUNDS.

M. Magnis-Lahens, of Toulouse, adds charcoal to coal-tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the albumen, and prevents its decomposition; thus effectually assisting the carbolic acid contained in the coal-tar.

## QUININE AND BLISTERS IN PNEUMONIA.

Dr. Payne, in the *Southern Med. Record*, recommends large blisters to the chest, and from 20 to 30 grain doses of quinine twice or thrice a day in the treatment of pneumonia when it has reached the stage of hepatization. He claims for this plan of treatment greater success than is usually obtained by the ordinary methods. He gives a report of several very bad cases successfully treated in this way, and mentions one case that was given up by a Medical friend, that made a rapid recovery after the application of the blister, and one dose of quinine.

## PROCEEDINGS OF THE DUBLIN OBSTETRICAL SOCIETY.

*The Preventive Treatment of Post-partum Hæmorrhage.* By A. H. M'CLINTOCK, M.D., &c. &c.

The subject of *post-partum* hæmorrhage is one of such vast importance, and of such deep practical interest, that its introduction here can never be out of place. It is, moreover, one of those subjects on which every one of us must have had more or less experience, and, therefore, have somewhat to say about it. I am not going, however, to treat of it *in extenso*, but merely to consider the prophylactic measures which may be employed where we have reason to expect the occurrence of flooding, consequent upon the birth of the child.

There are certainly two, and probably three, conditions which influence the production of hæmorrhage after delivery; one of these, and by far the most important, is the muscular contractility of the womb. Another is the state of the circulation at the time of delivery. The more free the patient be from vascular excitement the less firm need be the amount, or degree, of contraction of the uterus that will suffice to resist the escape of blood from the utero-placental vessels. This must be self-evident, and yet recent writers on the anticipation and prevention of *post-partum* hæmorrhage take no notice of this element in the production of the flooding. A third condition there is, whose influence must not be altogether ignored, and that is the coagulable power of the blood itself. This property, I fully believe, plays some part, though probably a subordinate one, in arresting sanguineous discharges from the womb after labor, as well as at other time.

Keeping these fundamental principles before us, let us proceed: and first, with regard to the premonitory symptoms of the hæmorrhage in question. Vascular excitement towards the end of gestation and during labor, always forebodes hæmorrhage. Madame La Chapelle seems to have been well aware of this, but the author who lays most stress upon it, and has most ably pointed out and illustrated its influence, is Gooch. Hæmorrhage after delivery, attributable to this cause, Gooch describes as "a peculiar form of hæmorrhage," but the correctness of this title may justly be questioned, "for though it possesses some features which distinguish it from the ordinary attacks of flooding (solely referable to atony of the uterus), yet they are not sufficient to constitute any essential difference, or materially to affect the practice that is to be pursued for its suppression."\*

I confess I always feel uncomfortable when I find the pulse permanently rapid and jerking towards the end of labor, especially if the uterine action be wanting in strength; and under such circumstances I endeavor, as far as time will permit, to adopt precautions against hæmorrhage, and to have every available resource in readiness to suppress it. I very well remember the late Dr. Labatt, a man of great expe-

rience and sagacity, impressing on me the importance of attending to this symptom after delivery. He said that whenever he found the pulse to range above 100 at this critical period, it led him to look out for flooding or convulsions, and to be in no hurry leaving the patient's house.

It very seldom happens we can foretell, during gestation, that the uterine contractions will be inefficient, except by the experience of the woman's past labors. The presence of any tumor in the uterus, however, might lead us to fear this result, and I have published a case of this kind where fatal hæmorrhage succeeded to delivery.† In like manner, unusual distension of the uterus from plurality of fœtuses, or from dropsy of the amnion, might awaken an apprehension in our minds that hæmorrhage *post-partum* would be apt to take place. Levret held precisely the same opinion, for he says that, on all occasions when we see a patient extremely large, we must carefully guard against a too rapid delivery; and he points out very clearly and distinctly how a sudden emptying of the uterus—as when the child and waters are discharged at the same time—favors the production of hæmorrhage.

In the progress of labor, and especially in the second stage, the character of the pains affords a very reliable indication as to the probability of hæmorrhage. This every accoucheur of any experience must have observed. Both Dr. Whittle and Dr. Atthill pointedly allude to this premonitory symptom. "The pains," writes Dr. Whittle, "are of this kind—they are strong and quick; they do not gradually culminate into a strong pain, and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains."‡ Such pains as these he regards as very sure forerunners of flooding, and in this I quite agree with him, and think Dr. Whittle has done good service in directing the attention of practitioners to so reliable and so obvious a precursory symptom of hæmorrhage. In a subsequent communication he tells us that the above description was not intended for cases in which the uterus had become exhausted by prolonged labor, nor does he think the same mode of treatment would be at all applicable to the two cases. I have frequently had occasion to observe, and I am sure there are many here whose experience can corroborate what I am about to say, that extreme mental depression (whatever may be its cause) can exert a somewhat paralyzing influence upon the uterus. The free administration of chloroform, too, very often does the same, but not always, whilst there certainly are some women in whom this anæsthetic has quite the opposite effect: these latter patients, I have remarked, are keenly susceptible to pain of any kind, and the intense terror and agitation which the labor pains create in their minds prove a psychological cause of derangement in the function of the uterus (analogous to what may occur with regard to the functions of other organs of the body.) Now, by

\* M Clintock and Hardy's Midwifery, p. 217.

† Clinical Memoirs on Diseases of Women, p. 116.

‡ Brit. Med. Jour., 27th Sept., 1873.

the exhibition of chloroform this source of disturbance of the uterine action is at once removed. Except in these special cases, however, I would not use chloroform in any instance where there was reason to dread the occurrence of flooding.

It must be admitted that not a few cases of *post-partum* flooding present themselves without any warning whatsoever, and where consequently we could not have anticipated it unless by the experience of the woman's previous labors. If flooding followed delivery in any former confinement, it should then be our duty to adopt precautionary measures against it, and at the same time be prepared to meet it.

The prophylactic measures against *post-partum* hæmorrhage are based on the principles I have just endeavored—though very briefly—to point out. It is always desirable that the circulation should be not only free from excitement, but, moreover, not in an excitable state when labor comes on. "That disturbance of the circulation," writes Mr. Robertson, "plays an important part in uterine hæmorrhage, and that it consequently deserves the especial attention of practitioners, is most true." In cases where the history of the patient's previous labors lead us to apprehend flooding, attention to the pulse is of paramount importance. To secure the desiderated quietude of the vascular system, all that is required in ordinary cases is open-air exercise, abstinence from stimulants, and regularity of the bowels; in addition to these means, we might give digitalis and cooling medicines; and in full plethoric persons, I have no doubt the abstraction of blood from the arm, as recommended very strongly by La Chapelle (and at one time commonly resorted to in the management of pregnancy), would be very serviceable. Although the use of the lancet is still out of favor—or rather out of fashion—I am one of those who believe it will yet regain its true place as one of the most potent of our therapeutic agents. To Dr. Gooch belongs the merit of directing the special attention of practitioners to the important part which the circulation plays in the production of *post-partum* flooding, but I long ago expressed doubts of the propriety of styling the hæmorrhage where this symptom is prominent "a peculiar form of hæmorrhage,"\* as it does not differ essentially from hæmorrhage the result of simple atony of the uterus, and, once it sets in, is to be treated on the same principles.

We occasionally meet with pregnant patients in whom rapidity of the circulation depends on causes quite the opposite of plethora or over-sanguification. Here a line of treatment, totally differing from that above described, must be pursued.

Where the premonitory symptoms, or the result of previous labors, furnish grounds for expecting hæmorrhage, there are two means which should be employed in addition to the slow extraction of the fœtus, and following down of the uterus with the hand, &c. These two are, letting off the liquor amnii by artificial rupture of the membranes, and the adminis-

tration of ergot of rye. That the discharge of the waters early in the second stage increases the energy of the pains, and favors the tonic contraction of the uterus after its contents have been expelled, not only coincides with every-day experience, but is in accordance with the well-established law of uterine contraction, that to be permanent and enduring it must be gradual and not sudden. The principle, then, on which this practice rests, is perfectly clear and rational, and the practice itself has been recommended by many obstetric writers, some of them of the highest eminence. Both the principle and the practice deduced from it were clearly and fully described by Levret over 110 years ago. Dr. Robert Lee, in his lectures upon Midwifery, published in 1839, (in *London Medical Gazette*), very strongly advocates rupturing the membranes early in labor where we have reason to fear *post-partum* hæmorrhage, and he narates some striking examples of the good effects of the measure. That so comprehensive a writer as Dr. Churchill should make no mention of the practice in question appears to me very strange, and supplies some palliation for the complete silence of Dr. Whittle and Dr. Atthill on the same point. The time to select for this puncture of the membranes is when the os is nearly fully dilated—the presentation, of course, being known to be a head or pelvic extremity. It is important for the success of the measure that the waters drain off, and to aid in this object it may be requisite, as Lee points out, to push up the head during a pain.

Where hæmorrhage after delivery is threatened, Levret advises the patient to be restricted to a lying posture from the beginning of the labor, in order, as he says, to guard against acceleration of the process; but another advantage from this precaution, which Dr. Dewees pointed out, is that it tends to keep the circulation more tranquil. Denman gives quite the opposite advice. He writes:—"When from former events there is reason to be apprehensive of hæmorrhage subsequent to the exclusion of the placenta, that has been altogether prevented, or very much lessened by delaying the time of the patient's going to her bed till the child was upon the point of being born, or even suffering it to be born while the woman sat upon the lap of one of her attendants." Great though my respect is for the authority of Denman, still I must candidly admit he leaves himself open to the severe but just criticism which Dr. Dewees pronounces on this piece of advice:—"Now," Dr. Dewees writes, "we would ask any one at all conversant with the economy of the uterus during and after labor; how an erect position, and the sudden evacuation of the waters at the moment the child was about to be born, can possibly contribute to the only circumstance at all available in the case under consideration—namely, the permanent contraction of the uterus? In the first place, an erect position will always be attended with a quicker circulation than a recumbent one; it will permit the waters to escape with more suddenness and rapidity than a horizontal and, consequently, the risk of atony must be increased."

In Dr. Hardy's and my "Midwifery," we devote

\* McClintonck and Hardy's Midwifery, p. 217.

a few pages to the consideration of the "prevention of hæmorrhage after delivery;" and, having noticed the recommendation of Dewees, to "rupture the membranes as soon as the labor is active, and the os uteri sufficiently dilated, or easily dilatable," we go on to say—"as regards breaking the membranes, we cannot speak from experience. The proposal, certainly, seems a rational one, and well calculated to promote the object in view, but should not be acted upon, we think, without mature consideration, and taking all the circumstances of the case into account: it has, however, the sanction of Dr. Lee to recommend it." It is twenty-six years since I penned the passage just quoted, and I now can say that I have adopted the precaution there described on very many occasions, and am fully persuaded it is a most valuable, and always a feasible, auxiliary in the prevention of flooding after delivery; and Dr. Dewees, from "many years of experience," was convinced it is the principal means to be relied on for preventing hæmorrhage.

Of all the resources, however, against *post-partum* flooding, I believe the most effectual to be ergot of rye. The possibility of the ergot exerting some hurtful influence on the child need not deter us from its employment in these cases, for, if the ergot fail to excite uterine contractions, the child will most assuredly be no way influenced by it;\* and if the drug produce the desired effect on the uterine muscles, delivery will in most cases take place before danger can arise to the child—and if not, we have the alternative measure of the forceps, which can safely be resorted to.

Who first employed ergot for the purpose of averting hæmorrhage, I cannot say. It seems highly probable that, soon after the peculiar properties of the drug became known to accoucheurs, it would be so used. I find Dr. Dewees gave it with this intention in a case related in the fourth edition of his "Midwifery," published in the year 1830.

When I was assistant to Dr. Charles Johnson, at the Lying-in Hospital, I frequently saw ergot given as a preventive of hæmorrhage. It used to be administered at one of three periods, viz., when the head was on the perinæum, or immediately after it had cleared the vulva, or after the expulsion of the fœtus, and as soon as the insertion of the cord into the placenta could be felt.

"By giving ergot before the child has been expelled," writes Dr. Hardy,† some time may be gained, but should the placenta be morbidly adhering to the uterus, the difficulty of introducing the hand for its removal will be greatly increased. By adopting the third plan, this source of apprehension is avoided. To this method it may be objected that much time will, perhaps, elapse, and a considerable quantity of blood be lost, before the ergot is administered; nevertheless, the possibility of the placenta being morbidly adherent should be ever present in

the mind of the practitioner, and deter him from resorting to a measure which may so greatly augment the danger of the complication." Thus wrote Dr. Hardy in 1845, and the opinions therein expressed I held in common with him. But all my later experience has convinced me that, to be of real service, the ergot must be given some little time before delivery; and, also, that the objection he advances against this mode, is practically of no weight, inasmuch as morbid adhesion of the placenta is a very rare occurrence. Dr. Whittle's plan is to administer, as soon as the os uteri is fully dilated, a full dose (that is, one teaspoonful) of a liquid extract of ergot twice the strength of that of the Pharmacopœia. This is exactly equivalent in strength to what I myself give, viz., two drachms of the liquid extract of the British Pharmacopœia—a preparation I have used for some years back to the exclusion of all others, and which very seldom fails to produce the specific effects of the medicine on the uterus. In dealing with primiparæ, Dr. Whittle very properly cautions us not to administer ergot until the soft parts are pretty well dilated, as well as the os uteri; and to give the drug in much smaller doses, as it sometimes acts with unusual energy in primiparous women.

In a paper published, May, 1846, the late Dr. Thomas E. Beatty—so well known and respected in this Society—relates his experience and his impressions as to the value of ergot under the particular circumstances we are now considering, and he states he had been in the habit of administering *secale cornutum* "immediately upon the birth of the child, and before hæmorrhage takes place." On analysing his cases, I find that in five, out of the seven which he details, the medicine was actually given some twenty or thirty minutes before the expulsion of the fœtal head; so that it is fair to assume his more usual practice was not to wait for the child to be born before administering the prophylactic. His concluding remarks are so apposite that I must be allowed to borrow them:—"The cases I have adduced are, I think, sufficient to show the value of the practice I would wish to recommend. They are, in my mind, convincing proofs of the efficacy of the *secale cornutum* as a means of preventing one of the most formidable evils we encounter in obstetric practice. Indeed, my confidence in it is so great that I now fearlessly undertake the management of cases which, without such aid, we all dread to encounter. It appears to me," he continues, "that the ergot prevents uterine hæmorrhage after delivery in two ways; first, by inducing a complete and permanent contraction of the uterine fibres, thus causing constriction of the blood vessels; and, secondly, by diminishing the force and frequency of the heart's action, and thus rendering the effusion of blood less impetuous and more easily restrained. In all cases where this medicine is given in a full dose, it has the effect of moderating the action of the heart." This lowering effect of ergot upon the pulse had previously been noticed by Dr. Hardy, in the paper from which I have already quoted, and no doubt it contributes, as Dr. Beatty points out, to the hæmostatic action of ergot on the uterus. In these cases of

\* That the action of ergot on the fœtus is mechanical and not physiological, I have endeavored to show in a paper read before this Society, and published in *Dub. Quar. Jour.*, May, 1865, p. 484.

† *Dublin Quarterly Journal*, May, 1845.

apprehended flooding, whilst it is most important to maintain a moderate compression of the uterus with the hand, it is, at the same time, desirable that we should not be in any hurry to press off the placenta; but wait for ten or twenty minutes, so as to give the uterus time to recover from the strong efforts required to propel the fœtus into the world. Should hæmorrhage come on in the mean time this rule may have to be departed from.

Dr. Atthill seems to avow himself an advocate for the forceps in preference to ergot as a means of averting hæmorrhage. Every one must admit that a patient will be less liable to flooding if delivered before her system is exhausted and the muscular irritability of the uterus worn out; but in the present day there is little danger of this happening, as the forceps is so frequently and so promptly resorted to in the management of labors, that any additional incentive to its early employment is assuredly superfluous. In point of fact, it is not after tedious labors that hæmorrhage is most apt to occur, but rather in those where there is little resistance to the expulsion of the child, and where, consequently, the second stage is brief in duration. The short, inert pains which prognosticate hæmorrhage, arise from what we may call idiopathic atony of the womb; and here the use of the forceps without previous stimulation of the uterus, would be directly calculated to induce the very danger we would avert; whereas, if we stimulate the torpid uterus first (by rupturing the membranes and by ergot), there will rarely be any need for a subsequent recourse to the "iron hand."

In a former part of this communication I threw out the suggestion that some deficiency in the coagulating property of the blood might probably be a predisposing cause of *post-partum* flooding. On this principle, whether it be correct or not, I have sometimes given gallic acid for days or weeks previously to the setting-in of labor, and have reason to think well of the practice. In the same way, I think, we are to explain the good effects which Dr. Bassett, (of Birmingham,) attributes to a course of iron. He writes (*Brit. Med. Jour.*, 22nd Nov., 1873):—"After an active experience, extending over five-and-twenty-years, and a very careful examination of all the circumstances surrounding *post-partum* hæmorrhage, I have arrived at the conclusion that the best method of anticipating it is to prepare the patient for her confinement by a course of medical treatment extending over a period of from four to six weeks, the basis of such treatment being the administration of iron."

In the way of preparative treatment of this kind, Denman says that in those who have suffered from hæmorrhage in their former labors, he "has recommended their taking some tonic medicine, as one grain of zincum vitriolatum two or three times a day for several weeks before the time of their delivery, and the use of the cold bath throughout the latter period of pregnancy, even to the day of their delivery."

The Vice-President (Dr. Atthill) said there were several points in Dr. M'Clintock's valuable and interesting paper which ought to be specially discussed.

Dr. M'Clintock referred to the rate of the pulse as being, in addition to the peculiar pains observed by Dr. Whittle, a premonitory symptom of impending hæmorrhage. He (the Vice-President) had no hesitation in bearing testimony to the accuracy of this statement in a certain class of cases. The condition of the pulse was sometimes a very important indication. A quick pulse in labor occurred in connexion with two very different classes of patients—namely, in those who were of full plethoric habit and in those who were in an anæmic condition, with an easily-excited and easily-exhausted nervous system. Now, as far as his experience went, he had not seen that the quick pulse of a plethoric woman was an indication of *post-partum* hæmorrhage—in other words, he did not think that women of plethoric habit, in whom a quick pulse existed during labor, were more liable to hæmorrhage than other females. Possibly in these women the blood might possess a higher degree of coagulability than in women of a different constitution, but certainly he did not look on a quick pulse in an ordinary plethoric woman as an indication of any great importance. On the other hand, when he met with a quick pulse in an anæmic woman of feeble muscular habit, he regarded it as an important index, but then he considered it as an indication of nervous exhaustion which, in the paper alluded to by Dr. M'Clintock, he (Dr. Atthill) had pointed out as a cause of *post-partum* hæmorrhage. The mental depression alluded to by Dr. M'Clintock was nearly always marked by a quick pulse, and was but another phase of nervous exhaustion. Dr. M'Clintock was mistaken in supposing that he (Dr. Atthill) recommended the forceps in preference to ergot in the class of cases under consideration. He was not aware that he had ever treated a patient in whom he anticipated *post-partum* hæmorrhage with the forceps alone. He invariably administered ergot first, and then, if necessary, delivered the patient with the forceps. He did not give ergot to cause the expulsion of the child. He gave it, as Dr. M'Clintock rightly laid down, for the purpose of stimulating the uterus to contract, and he was always prepared to use the forceps if delivery did not rapidly occur; and in these cases of exhaustion of the uterus, that was seldom the case. He thought the forceps a valuable aid to the ergot in these cases. He would take the liberty of quoting from his (Dr. Atthill's) paper, referred to by Dr. M'Clintock, (*British Medical Journal*, 1st November, 1873):—"In fine, give ergot in cases of labor in which you suspect that *post-partum* hæmorrhage is likely to occur, but do not rely on it exclusively; when symptoms, indicating that the power of the uterus is flagging, show themselves, prevent the exhaustion becoming excessive by the use of the forceps; when you do apply them, use them as *aids* to the uterus, not as *substitutes* for its action." "Use the forceps *judiciously*, and you will seldom have any hæmorrhage. Here, however, I would protest, as I did at the meeting of the Association, against the injudicious and indiscriminate use of the forceps. Judging from published returns, I believe that not a few practitioners apply the forceps simply to save time and to free themselves from an irksome delay.

Lamentable consequences must certainly follow such a practice." These passages accurately expressed his (Dr. Athill's) views. With respect to early rupture of the membranes, he wished to say that he never administered ergot without rupturing of the membranes previously. He had made this an invariable practice, without being aware of the recommendations of Drs. Hardy and M'Clintock to rupture the membranes as soon as the os was fully dilated, and he thought that was a practice which should always be carried out.

He (the Vice-President) had laid it down, in his paper "On the Anticipation of *Post-partum* Hæmorrhage," that the too rapid evacuation of the uterus, whether naturally or by injudicious extraction by the forceps, or a too rapid expulsion of the placenta, might produce *post-partum* hæmorrhage; but that case was different from the hæmorrhage caused by the exhaustion of a long labor. All of them had seen cases where the uterus was exhausted even after a labor that had only lasted a few hours. There was one other point which had not been alluded to by Dr M'Clintock, and that was, that *post-partum* hæmorrhage was often induced by the injudicious management of the third stage of labor. He believed that a large number of cases of *post-partum* hæmorrhage were caused by the too rapid extraction of the placenta, a practice which was too generally carried out, and to which he strongly objected. Dr. Denman, in his admirable work, stated he had tried experiments to see whether any harm would follow from leaving the placenta for a considerable time in the uterus. He found no unfavorable results to follow, and he laid it down as an axiom that the placenta might be left in for four hours. Four minutes would, Dr. Athill thought, be nearer the time the placenta was now, in general, left in the uterus; but he considered a medium between the two extremes should be adopted. In his opinion no attempt should be made to remove the placenta for at least fifteen minutes after the expulsion of the child. Even that, he thought, was often too soon. He always kept his hand on the fundus until the after birth was expelled. Doubtless the pain that expelled the child frequently also detached the placenta, but it seldom expelled it, and he thought nature intended it to be left for a time in the uterus to cause that organ to contract. Many practitioners, for the sake of getting rid of the trouble of being kept at the bedside of the patient, removed the placenta immediately after the birth of the child. If this practice be adopted, it should be done by pressure and not by traction. Dr. Mathews Duncan pointed out that when traction was employed the placenta acted like a piston, and drew blood from the uterus.

Dr. Churchill said that perhaps the omission in his book arose from the fact that he took it for granted that the membranes either had ruptured, or had been ruptured at the beginning of the second stage. He thought, perhaps, Dr. M'Clintock meant that they should be ruptured a little earlier, before the first stage was completed. He thought there was a slight want of precision in speaking of the quick pulse, and he should like to insert a word in the

paper—viz., "permanent quickness." A great many years ago he read a paper before the Society upon the variations of pulse during labor and after delivery; and he remarked then that whenever the pulse did not diminish in frequency after delivery, they might certainly look out for hæmorrhage. During the second stage the pulse is quickened during a pain, and then subsides; as the stage went on it subsided less, and went on quickening until the end. When the labor is over the pulse, which during the last bad pain might be 140, fell down to about its natural standard. Then, when reaction took place, it might rise again, to fall afterwards to its natural standard; but when it remained at 120, then they might anticipate danger. In all Dr. M'Clintock said about ergot he agreed, and he had nothing to add to it. There was, however, another matter, although it did not quite come within the purview of Dr. M'Clintock's paper, which was rather the signs than the treatment of hæmorrhage, but which was not altogether alien to it, and that was when the patient had had hæmorrhage before, he always stood over the patient with the uterus grasped in his hand; and he found that he was able to control the hæmorrhage. He had one patient in whose successive labors he had to stand over her thus for two hours. Now he wanted to say a word in opposition to what the Chairman said as to the precipitate delivery of the afterbirth. Provided the Chairman's observations were confined to forcible abstraction by the cord, he quite agreed with him, but he did not agree that the placenta should not be extruded as soon as possible. For a great many years he had been in the habit, by firm pressure and grasp of the uterus, of making the uterus expel the placenta within five minutes, and he had never yet seen hæmorrhage follow. He had seen far more hæmorrhage follow the birth of the child when the placenta was not interfered with, or where the placenta remained half an hour in the uterus before being taken away. He did not know that in a single instance in which the placenta was extruded in the manner he had stated, any hæmorrhage ensued.—*Dublin Medical Journal.*

#### DIET OF DIABETES.

The patient must be supplied with a diet consisting of nitrogenous food, such as butcher-meat, fish, eggs, and soups. Fat (which does not contribute in the least to the formation of sugar) may be given in all its forms, such as cream, butter, cheese, and oil. Spinach, lettuce, and cresses may be freely used, but celery and radishes only sparingly; while potatoes, carrots, parsnips, turnips, peas, French beans, cabbage, Brussels sprouts, cauliflower, brocoli, asparagus, seakale, and fruit of all kinds, both fresh and preserved, should be avoided, with the exception of nuts and almonds. Instead of bread, the patient should take either the gluten-bread supplied by Ronthorn, 106, Regent Street and Van Abbot, 5, Princes Street, Cavendish Square, or the bran- or almond-biscuit prepared by Blatchley, 362, Oxford Street. Dr. W. Richardson strongly recommends that the

change from an ordinary to a restricted diet should be made very gradually, lest the patient become disgusted with his food. Rather than produce this injurious effect, it is better to relax the diet and permit him to eat sparingly of bread made of whole meal, or even of white bread toasted and potatoes. In the cases of diabetes which depends on imperfect glycogenesis, the restricted diet will be sufficient to prevent the appearance of sugar in the urine. Should it still continue notwithstanding the adoption of this regimen, the circulation in the liver must be reduced as much as possible. For this purpose, the blood-pressure should be reduced, and the blood should be drawn to the surface of the body by warm clothing and warm baths.—*Brunton: Brit. Med. Journ.* Feb. 21, '74.

#### THE THERAPEUTICAL VALUE OF THE SULPHIDES.

An excellent article is contributed to the *Lancet*, February 21st, by Professor Sydney Ringer, on the sulphides of potassium, sodium and calcium. He says:—

I wish to call attention to the value of sulphides present in many natural waters, in abscesses, boils, and scrofulous sores. The influence of the group on the suppurative process is easily made manifest. Thus when sulphide of potassium or calcium is administered, a thin, watery, unhealthy discharge becomes at first more abundant, afterwards diminishing, and throughout continues thicker and healthier, possessing indeed the characters of "laudable" pus. The condition of the sore improves correspondingly, and its healing is promoted.

Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve months old, suffers from a slight sore-throat, perhaps occurring in scarlet fever or measles. The soar throat produces considerable enlargement of the glands behind the angle of the jaw. The swelling, of stony-hardness, may be sufficiently large to interfere with swallowing and to push the head on one side. Suppuration takes place, but is very deep-seated, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts or is fit to be opened, when a deep hole is left, with considerable induration around it. The pain and constitutional disturbance are so great that the child sometimes dies; and even if this termination is averted, the deep discharging hole heals very slowly, owing to the indurated and unhealthy state of the adjacent tissues. If a tenth of a grain of sulphide of calcium mixed with a grain of sugar of milk, is given in such a case every hour or two hours, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it is evacuated leaves a benign wound which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain, a remark which seems sometimes to hold good

with respect to boils. But as a rule the pain is speedily mitigated. Singular to say, I have found these remedies of much less use in forwarding the maturation and expulsion of pus in indolent buboes, but my experience of their use in buboes has been but small.

In boils and carbuncles these remedies yield excellent results. A tenth of a grain of sulphide of calcium, given every two or three hours, generally prevents the formation of fresh boils, while it lessens the inflammation and reduces the area of the existing boils, and quickly liquefies the core, so that its separation is much more speedy, thus considerably curtailing the course of the boil. Where the skin is not yet broken, and the slow-separating core therefore not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged, and the wound at once heals. These remedies meanwhile improve the general health, removing that debility and malaise ordinarily so markedly associated with these eruptions. In some cases, however, as in the deep-seated boils and abscesses of diabetes, they are powerless. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. In abscesses and carbuncles it is useful to apply belladonna over the inflamed part to reduce inflammation and allay pain. The skin should be thickly smeared with equal parts of belladonna and glycerine, and over this a poultice applied, renewing the belladonna each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, one of the following plans should be adopted: Smear belladonna ointment some distance round but not over the boil, and then apply a poultice, the greasy application thus protecting the neighboring tissues. Or, still better, apply a belladonna or opium plaster on leather, with a hole the size of the boil around the swelling, and through the opening smear glycerine and belladonna, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin and averts the production of fresh boils.

I have thought it worth while to mention these useful plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides, I have employed them alone, or at most sometimes using only a poultice. The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children.

The sulphides appear to me to exercise a very beneficial influence in suppurating scrofulous glands in the neck. Here again they hasten the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continued slowly discharging a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter, which prevents the healing of the wound, and at the same time softens the round indurated edges, so that the sore heals much more speedily.

If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

#### THE HYPODERMIC USE OF CARBOLIC ACID.

The Berlin *Centralzeitung* contains an article by Dr. Hunter on the practical value of the subcutaneous injection of carbolic acid as an antiphlogistic remedy in local inflammatory conditions.

He uses a solution of 2 parts of carbolic acid in 100 parts of water. This is injected by means of a Pravaz's syringe, which holds about 0.9 gramme of the solution, or rather less than 0.02 gramme (three-tenths of a grain) of carbolic acid. The injection of two syringefuls of the solution at the same time has not been found to produce any symptoms of poisoning, nor has any darkening of the color of the urine been observed. Dr. Hunter has not exceeded the quantity of two syringefuls at one injection; and he repeats the operation when necessary, only after an interval of one or two days. No pain or swelling follows; the point where the needle is inserted only becomes a little tender. The injection is attended with so little pain, that it does not produce any even in small, sensitive children.

The antiphlogistic action of the parenchymatous injection of carbolic acid was well marked in nearly all cases; and Dr. Hunter specially mentions some of the diseased conditions in which its effects have been distinctly observed.

In hyperplastic granular synovitis (white swelling) of the knee, the injections are made at the most central part of the joint, so that the needle touches its surfaces. The result is abatement of the pain, falling of the evening temperature, which had been persistently high, and distinct reduction of the swelling. The injections must be repeated at intervals of two or three days, according to the chronicity of the disease.

In subacute glandular swellings having a tendency to suppuration, and in inguinal and femoral buboes, the injection leads to abatement of the pain, redness, and œdema; while the glands become reduced in bulk. It is sometimes necessary to repeat the injections several times before the cure is complete.

In acute phlegmon of the subcutaneous and sub-fascial connective tissue, the injection is made at the periphery, as it may be calculated that the lymphatics will carry the remedy towards the centre; when the phlegmon is extensive, two injections are made at different points. The result is to produce contraction of the tissue in a few hours, with cessation of the pain. Recovery takes place without suppuration, even if this, though imminent, have not already appeared.

In traumatic erysipelas, Dr. Hunter makes an injection at different points along the edge, so as, for instance, to prevent the erysipelas from spreading

from the forehead to the hairy scalp. He has, however, not yet ventured to treat the entire circumference of the erysipelas with numerous injections, so as to cut it short. Dr. Wilde, of Plau, has also recorded some successful cases of treatment of subcutaneous erysipelas by the injection of sulphocarbonate of soda.

Dr. Hunter attaches great importance to making the injections into the parenchyma, so that the carbolic acid may be carried into the cavities of the largest joints, into the connective tissue surrounding the vessels, and into the interior of the lymphatic glands, and there exert its antiphlogistic influence. He regards the parenchymatous injection of carbolic acid as the most powerful antiphlogistic means which we possess; neither the application of ice, nor withdrawal of blood, nor any other means short of operation, can be compared with it in this respect.

#### LOTION FOR FETID FEET.

The *Union Medicale* recommends permanganate of potash, fifteen parts, distilled water, 1000 parts. The feet to be washed twice a day with the lotion. They are then to be carefully dried, and powdered either with potato-starch or lycopodium.

#### NOCTURNAL MUSCULAR CRAMPS.

A writer to the *British Medical Journal* says, that if a person subject to this distressing affection will place blocks of wood, six inches high, under each post at the head of his bed, and have his bed made slanting from the head to the foot, he will not suffer from cramps.

#### CAUTERIZATION OF THE UTERUS.

Dr. Wm. A. Gillespie, of Louisa Court House, Va., writes to the October (28th) number of the *Boston Medical and Surgical Journal*, as follows: Much has been said about the difficulties and different plans of cauterizing the internal surface of the *cervix uteri* and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am, therefore, prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly, in a large number of cases, with the happiest results.

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver; which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through a cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hand has done more good in a short time, in chronic inflammation, engorgement, enlargement, or ulceration of the *os* and *cervix uteri*, and I have never known any unpleasant results from it.



# THE CANADA MEDICAL RECORD

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## A SMALL-POX HOSPITAL FOR MONTREAL.

Montreal is a very progressive city—it has made gigantic strides within a few years, and it still pushes forward its claims for pre-eminence with a vigor which plainly shows that the present is but the prelude to that magnificent future which is in store for it. But it is also a peculiar city; for, when a person is taken sick within its limits, it must needs be ascertained whether the unfortunate is a Catholic or a Protestant, before the proper means can be arranged for his treatment. At least, we should judge this to be the case, from the fact that among a portion of the population there is a loud denunciation of the proposed erection of a Small-Pox Hospital, to be under civic control, and to be used for the admission of patients, irrespective of creed. Those who thus oppose this measure are desirous that \$30,000 out of \$50,000, set apart by the amended City Charter for a Small-Pox Hospital, should be donated to the very estimable ladies of the Hotel Dieu, who would engage to erect on their grounds a Small-Pox Hospital. The remaining \$20,000 they are willing should be given to the authorities of the Montreal General Hospital—to be used in the erection of another Small-Pox Infirmary. This division of opinion has, we regret to say, manifested itself very strongly among a portion of the City Council, and the unfortunate consequence of this state of things has been, that, for a considerable time, this question has been allowed to remain in abeyance. The result has been the disease, beyond the peradventure of a doubt, has carried off, during the past year, many whose lives might have been saved, had they been placed where they would have received good medical attendance, and, what is very essential, good nursing, and been surrounded by favorable hygienic conditions. Such a state of things, so detrimental to the interest of the city, attracted the attention of our new Mayor, Dr. Bernard, and he sought counsel from the various Medical Faculties of the city. In seeking their advice, he doubtless did so because they were more easily reached, and would

be more likely to come to unanimous conclusions, than could possibly be arrived at by a meeting of the general profession. In doing so, we think he acted wisely, for among those consulted were nearly all the hospital physicians of the city, and none, therefore, more competent to express an opinion upon the subject. In accordance, therefore, with the request of the Mayor, the Faculties of McGill College, the Montreal School of Medicine and Surgery, (Victoria College,) and Bishop's College, met, and discussed the question, and on the 8th of April, by invitation, delegates from these various bodies met the Board of Health. McGill College was represented by its Dean, Dr. Campbell, and Dr. Howard; Victoria College, by Drs. Peltier, Munro and Rottot; and Bishop's College, by its Dean, Dr. David, Dr. Godfrey and Dr. F. W. Campbell. The reports from these various bodies are so important, and may in the future be referred to, we therefore clip from the *Montreal Gazette*, the following:

“The Mayor, in opening the proceedings, stated that the meeting had been called especially to consider the question of the spread of small-pox and the establishment of a small-pox hospital. The dread disease still prevailed extensively in the city, and must be stamped out. The medical gentlemen present would enlighten the Board as to the best means for doing so. He had, as Mayor of the city and Chairman of the Board of Health, called upon the Deans of the different medical faculties, and requested them to obtain an opinion from their faculties on the establishment of a hospital, and the mode of stamping out the disease. The need of doing so had long been felt, and the Board would be glad to have, on this subject, the advice of skilled and learned men. The moot point was, should the hospital be isolated and under civic control, or should the funds voted for its establishment be divided between the Hotel Dieu and the Montreal General Hospital? They would now hear the opinion of the Medical Faculties.

Dr. CAMPBELL, as Dean of the Medical Faculty of McGill, and as the oldest member of the profession in Montreal, spoke for McGill College. Three questions had been submitted to them by His Worship the Mayor.

1st. Should the hospital be isolated?

2nd. Should compulsory removal of small-pox patients to the hospital be insisted on?

3rd. Should vaccination be made compulsory?

He himself and Dr. Howard had been deputed by the Faculty to meet the Board of Health and lay the answers before the members.

The Faculty were unanimously of opinion—

1st. That the proposed small-pox hospital should be thoroughly isolated and under the control and management of the Corporation, which should appoint the medical officers. That it was better to have one hospital than to divide the fund between two small ones under the management of the Hotel Dieu and the Montreal General Hospital.

2nd. That compulsory removal would be highly desirable if practicable, but the Faculty doubt its being so, as many patients would prefer being attended to in their own houses.

3rd. That compulsory vaccination should be enforced.

The Faculty were also of the opinion that the new hospital should contain private wards, to which the better class of patients could be removed, and where they could be attended by their own physicians.

Dr. PELTIER, on behalf of the Medical Faculty Victoria College, stated—

1st. That the Faculty recommended the acceptance of the offer of the Ladies of the Hotel Dieu to erect a small-pox hospital on their own grounds, and favored the idea of its being isolated as far as possible.

2nd. That the Faculty did not deem compulsory removal practicable.

3rd. That compulsory vaccination was absolutely necessary, and that the Board of Health be recommended to obtain pure vaccine matter, at its own expense.

Dr. DAVID, on behalf of the Medical Faculty of Bishop's College, stated that the Faculty had fully discussed the matter, and was unanimous in recommending:—

1st. That an isolated hospital be established, and be under the control of the Corporation.

2nd. That the buildings be temporary, so that they could be destroyed every four or five years.

3rd. That the law of public vaccination be rigorously carried out, and that the School Commissioners be requested to obtain from every pupil, desirous of admission into the public schools, a certificate of vaccination.

Mr. PERRAULT wished to ask Dr. Peltier whether, in case the Ladies of the Hotel Dieu obtained permission to build the hospital, they would allow the Corporation to have the control of it?

Drs. PELTIER and MUNRO could not answer that question.

Mr. PERRAULT could. They would not.

Dr. CAMPBELL was decidedly of opinion that such a plan would never work. The Faculty of

McGill was unanimously in favor of an isolated hospital under civic control, and was decidedly of opinion that there should be one large and not two small buildings.

Dr. F. W. CAMPBELL thought it a pity that \$20,000 should be wasted on one building and \$30,000 on another, instead of the whole sum of \$50,000 being concentrated on one. He alluded to the necessity of having private wards, and referred to a house-to-house visitation he had made a few years ago, stating that of nearly 2,000 persons of French nationality examined by him in St. Lawrence Ward alone, ninety per cent. could scarcely show a good vaccine mark, a fact which proved the necessity for compulsory re-vaccination.

Dr. CAMPBELL had practised in Montreal for 41 years, and had always had a large practice. He had never had one fatal case of small-pox among patients whom he had vaccinated himself, having always taken care to use pure matter.

The medical delegates having to leave,

Alderman ALEXANDER moved—

That the thanks of the Board of Health are hereby tendered to the Deans and members of the Faculties of McGill College, Victoria College and Bishop's College, and that the Board trusts that it will always have the hearty co-operation of the medical schools of this city in the stamping out of the terrible scourge—small-pox."

The vote of thanks was unanimously carried.

Dr. CAMPBELL, in acknowledging, said that the Medical Faculties would be always be glad to assist the Board of Health in any way.

It will be seen at once that two English Schools—McGill and Bishop's College—had unanimously arrived at the same conclusions, viz.: that it was advisable to have but one hospital, open alike to all, to be under civic control. On the other hand Victoria College recommended that the Corporation give \$30,000 to the Hotel Dieu, who would erect on their grounds a Small-Pox Hospital, and they recommend further that, *as far as possible*, it should be isolated. In order that the value of the advice thus tendered may be received at its true worth, we have to inform our readers that the Victoria Faculty have entire control of the Hotel Dieu Hospital, the arrangement, we have reason to believe, being by notarial contract,—so that, in truth, they were really soliciting aid to build a Small-Pox Hospital, which would be under their control,—nearly, if not quite as much as it would be under the control of the Ladies of the Hotel Dieu. Why they should have added the words—that it should be *isolated as far*

as possible, we were, at first, at a loss to imagine. It was not that advice which we think was to have been expected from a body of scientific gentlemen, who should certainly have expressed the opinion that isolation was an absolute necessity. Within a few days, however, we have we think been furnished with information which explains the very singular addition to their report; and it is this. If the money is given to the Hotel Dieu, to erect a Small-Pox Hospital, we are assured by one who should know, that it will be connected with the main building by means of a covered way. If this should be done, we need hardly say, the expenditure of money will have been perfectly useless, and without the comforting reflection that the expenditure was made in ignorance. Is not the unfortunate experience of the Montreal General Hospital, to our hand, to show that notwithstanding that admirable Institution, has as far as it is possible, made the separate building, (about three feet from its main building,) used for small-pox patients, an isolated hospital, yet the disease has spread to those who were admitted with other affections. It is, therefore, to us a matter of very sincere regret that the Montreal School of Medicine did not see their way clear to come to conclusions similar to those arrived at by McGill and Bishop's Colleges, which we honestly believe, are simply scientific deductions drawn, after viewing the matter in a purely scientific light. We can but believe that, had our friends of the School of Medicine, reasoned the questions put them by the Mayor, from a purely scientific stand-point, there would not have been any difference between the report presented by them and that presented by their English confrères. Unfortunately, we feel constrained to believe that they have not done so, and the result has been that their report, which will strongly influence the action of many members of the council, is one which will not, in our opinion, bear investigation. It is not clear and plain, its advice is not distinct and emphatic, unless indeed it be in advising that the \$30,000 be given to the Hotel Dieu. Their first scientific advice, that with regard to isolation, is not, in accordance with the views held by all eminent authorities of the present day on the subject. Did space permit us, there is another part of this report, which we would like to notice, viz: Their advice with regard to vaccination; but, although we listened very attentively to the report, and to the subsequent remarks of their representative, (which seemed to us not to accord precisely with the report) we confess that we left the City Hall, not knowing exactly what their recommendation on this point was, although we

thought they were in favor of compelling primary vaccination but not of compulsory re-vaccination. If so, we think that here again their advice is not that which is now generally received by the medical world.

We will not follow this matter further, for it is not a pleasant one to handle; but we feel that the meeting of the Representatives of the three Medical Faculties, with the Board of Health was a fit and proper matter for discussion in the *Record*. We wish most earnestly that it were in our power to make those who hold the decision of this matter in their hand see the matter as we do. We earnestly ask them to pause before they ultimately commit this City of Montreal, to a blunder, which would make us the scorn of the scientific world. The great glory of medicine is the universality with which its benefits are bestowed, showered alike on all. Shall we in this enterprising city be the first to lay down the maxim that Protestant and Catholic, Jew and Pagan cannot occupy the same building when stricken down with disease. God forbid, that a doctrine so monstrous, should first see light in Montreal.

#### BISHOP'S COLLEGE MEDICAL FACULTY.

The third annual Convocation for the conferring of degrees in the Faculty of Medicine of Bishop's College, was held in the Convocation Hall of the University, at Lennoxville, on the 9th April. The Chancellor, Hon. Edward Hale, presided, having on the platform the President of the Corporation, his Lordship the Anglican Bishop of Quebec. There was a large attendance of the friends of the University.

Dr. David, Dean of the Faculty, announced that thirty students had matriculated on the College Register—twenty-six from the Province of Quebec; three from Ontario, and one from Barbadoes. That the Faculty prize for the best final examination had been awarded to Mr. Robert Costigan, a gentleman who had commenced and finished his medical education at the College.

The following gentlemen passed their examinations on botany:—Messrs. Gravelly, Lane, Shee and Davis.

The following gentlemen passed their primary examination, viz., John M. Mackay, David A. Hart, P. Arthur Shee, Israel Lemieux, Edward Rose, Joseph Arthur Pidgeon, Victor J. A. Venner.

The Dean then presented the following gentlemen for graduation, when the usual oath having been

administered to them, the Venerable Chancellor conferred upon them the degree of C.M., M.D.; viz., W M Hunter, Cornwall, Ont.; Valmore St. Germain, St. Hyacinthe, Que.; David A. Hart, St. Zephirin, Que.; Israel Lemieux, St. Urbain, Que.; Esrom A. Duclos, Montreal; Jeremiah Eneas, Montreal; John M. Mackay, St. Eustache; P. Arthur Shee, Quebec; Victor John A. Venner, Quebec; Robert Costigan, Montreal; Charles Lafontaine, Chambly; Edward Rose, St. Philomène.

Professor Leprohon then addressed the graduates upon behalf of the Faculty, and Dr. David A. Hart delivered the valedictory on the part of the graduates, after which the Convocation adjourned.

#### ANNUAL CONVOCATION OF MCGILL UNIVERSITY.

The annual convocation of McGill University for the conferring of degrees in the Faculty of Medicine was held in the "William Molson Hall" of the University, the 30th March, 1874.

The Students, Graduates, and many friends of the University began to arrive long before the commencement of the ceremonies, the Hall being well filled with ladies, many of whom were relatives of those who were about to graduate in Law and Medicine. About three o'clock the members of Convocation, who had assembled in the Library, marched in order of precedence to the Convocation Hall, headed by the Hon. Mr. Justice Dunkin.

The opening prayer was read by Rev. Prof. Cornish, LL.D.

The dean of the Medical Faculty, George W. Campbell, A.M., M.D., submitted the following report of the Medical Faculty for the session just closed.

The total number of students attending the Lectures of this Faculty during the past season was 130, of whom there were from Ontario, 71; Quebec, 50; Nova Scotia, 3; United States, 2; Newfoundland, 1; West Indies, 1; New Brunswick, 2.

Thirty-three gentlemen have passed their primary examinations.

The following gentlemen, 31 in number, have passed their final examination in medicine: Cameron James C., Montreal; Cline John D., B. A., Cornwall, Ont.; Harvey William A., Newbridge, Ont.; Henderson Edward G., Belleville, O; Hickey Samuel A. B., A., Aultsville, O; Hockridge Thos G., Bradford, O; Jones Charles R., Hastings, O; Jones George Nelson, St. Andrews, Q; Macdonald Roderick A., Cornwall, O; McBain John, Williamstown, O; McCormick Andrew G. Durham, Q; McDonell

Alex. R., Loch Garry, O; McMillan Abneas J., Edwardsburg, O; McQuillan James, Marquette, Mich, U S; Mines William W., Montreal, Q; Molson William A., Montreal, Q; Moore Charles S., London, O; Moore Jehiel T., Holbroke, O; Norton Thomas, Montreal, Q; Pattee Richard P., Hawkesbury, O; Pacian James, Stratford, O; Prosser William O., Lunenburg, O; Rattray James C., Portage du Fort, Q; Reddick Robert, Prescott, O; Ritchie John L., Halifax, N S; Rogers Amos, Bradford, O; Sinclair Coll, St. Thomas, Q; Speer Andrew M., Richmond, Q; Sutherland Walter, Helena, Q; Wales Benjamin N., St. Andrews, Q; Wallace Isaac W., Milton, Q.

The Holmes medal was awarded to John D. Cline, B A, Cornwall, Ont. The prize for the final examination was awarded to James C. Cameron, Montreal.

The prize for the primary examination was awarded to Simon J Tuustall, B A, Montreal.

The following gentlemen, arranged in the order of merit, deserve honourable mention:—

In the final examination, Messrs. Sinclair, Molson, Mines, Ritchie, Sutherland.

In the primary examination, Messrs. Benson, Hanington, Burland, Bain, Scott, Brossard and Langlois.

PROFESSOR'S PRIZES.—*Botany*—First prize, W. Washburn; second prize, C. L. Cotton; prize for collection of plants, C. McL. Lang. *Practical Chemistry*—Prize, C. S. Sinclair. *Practical Anatomy*—Senior prize, Smith; junior prize, Campbell and Murray.

The graduates in medicine were then brought forward, and the "Sponsio Academica" having been administered by the Registrar, Professor Craik, M. D., the ceremony of capping was performed by Principal Dawson.

The valedictory address, on the part of graduates, was then delivered by Dr. Mines, after which Professor Ross, addressed the graduates on behalf of the Medical Faculty.

#### QUEBEC COLLEGE OF PHARMACY.

The usual monthly meeting of this Institution was held on Thursday evening, the 9th April, Mr. H. R. Gray, president, in the chair, and Mr. Harper, in the absence of Mr. Mattinson, acting as Secretary. A donation of two bound volumes of the "Chemist and Druggist" was announced. Dr. A. H. Kollmyer, professor of Materia Medica of

Bishop's College and lecturer on *Materia Medica*, chemistry and Botany at the Quebec College of pharmacy, then delivered a very interesting lecture on "Electrolysis." The lecturer, before entering upon his subject, gave a short history of electricity itself. He said that the term electricity is derived from a Greek word *Elektron*, signifying amber, because it was first noticed by the Ancients in that substance, and that we are told that Thales of Miletus spoke of this property in amber six hundred years before the Christian era; but that no further progress was made concerning it till the beginning of the last century, when new and important facts were discovered, and that these attracted general attention among philosophers, and speedily acquired for it the regular form of a science—a science, indeed, which has since been applied to so many useful and ornamental purposes and also one which has served in a manner almost to annihilate time and distance, as exemplified in the telegraph.

He then entered upon the discussion of the true nature of electricity, which he defined to be one of the forms of *force*, and he demonstrated by experiments and diagrams how electricity could be converted into heat, light, and the other forms of force, and how it could not only produce motion, but how motion could also produce electricity. He afterwards entered into a description of the three forms of electricity:—1st, that excited by friction; 2nd, magnetism, and 3rdly, galvanism. He explained the theory of thunderstorms, and described the effects of lightning and of galvanism on both living and dead animals. He described fully the component parts of the various galvanic and voltaic batteries or piles, as well as the construction of magnets, and by many numerous brilliant and instructive experiments he was enabled to decompose water and to effect other chemical changes and decompositions in bodies. He then spoke of the numerous discoveries of metals by Sir Humphry Davy, by the aid of this means of decomposition; that this philosopher had proved that potash, soda, lime, &c., were not the simple bodies that they had up to that time been regarded, but that they were in reality compounds of potassium, sodium, calcium &c., with oxygen gas, whose disunion he effected by "Electrolysis." Through its instrumentality chemists have been enabled to become acquainted with the true nature of many other elementary bodies and new fields have been opened up for investigation, and he felt certain that new and important discoveries will yet be made. The study of elec-

tricity in its different forms, he remarked, had charms and attractions about it scarcely possessed by any other branch in science, and most undoubtedly unsurpassed by any in the brilliancy, variety, grandeur, as well as in the usefulness of the results. The experiments throughout were of the highest order, most interesting and instructive, and the lecturer concluded by thanking Dr. Shaw and Mr. Anthony Kerry for their assistance in enabling him to demonstrate the various points under consideration.

A vote of thanks, proposed by Mr. Mercer and seconded by Mr. Saunders, was given to the lecturer and the meeting then adjourned.

This concludes the monthly meetings of this session. It was a subject of remark that the unnecessarily late closing of the drug stores kept many young men from availing themselves of these lectures.

#### MEMOIR OF PROFESSOR JAMES SYME.

Our readers will be glad to learn that a volume with the above title has just appeared from the pen of Dr. Robert Paterson, of Leith. The author gives an interesting account of the education, early professional life, and ultimate success of the great Scotch surgeon, and supplies many details of the most notorious circumstances connected with his career, including the polemics in which he so actively engaged. The book ought to be widely read by the profession.

#### PERSONAL.

Dr. Thomas R. Dupuis has been appointed to the Chair of Anatomy, in the Royal College of Physicians and Surgeons, Kingston, Ont.

Dr. J. Baker Edwards has resigned the Chair of Chemistry in Bishop's College Medical School. He remains in the Faculty, as Professor of Practical Chemistry and Microscopy.

Dr. George Begg Shaw, appointed last year Lecturer on Chemistry in Bishop's College Medical School has been appointed Professor of Chemistry in place of Dr. J. Baker Edwards resigned.

Dr. Thomas G. Roddick has resigned the House Surgeoncy of the Montreal General Hospital. He commences practice in Montreal, and has the heartiest good wishes of his many friends.

Dr. Clarence J. H. Chipman has been appointed House Surgeon to the Montreal General Hospital.

Dr. P. Arthur Shee, (Bishop's College, 1874), has commenced practice in Quebec.

Dr. Lemieux, (Bishop's College, 1874), has settled in St. Urbain, Chateauguay County.

#### REVIEWS.

*A Practical Treatise on the Diseases of Children.*

By J. FORSYTH MEIGS, M.D., one of the Physicians to the Pennsylvania Hospital and William Pepper, M.D., Lecturer on Clinical Medicine in the University of Pennsylvania; fifth edition revised and enlarged; Philadelphia, Lindsay & Blackiston, 1874; Montreal, Dawson, Brothers.

Works upon diseases of childhood have to us always a peculiar interest. The longer we are in the profession, the more firmly do we become convinced that in this class of diseases, more than in any other, we find ourselves often at sea, with but little to guide us. The peculiar attention which within the last ten years, has been given to children's diseases, is doing much to make their diagnosis plain. To the two gentlemen, who have written this book, the profession owe much, for they have labored well and zealously in this peculiar field. The volume of almost one thousand pages, now before us, is the result of their united efforts, and it stands pre-eminent, as a scientific treatise, among the many admirable works of this kind, which have appeared during the past ten years. One would have imagined that as the third edition appeared in 1870, there would be but little to do, to bring out the fifth edition. So rapid does medicine progress, that such seems not to be the case, for we notice that the articles on diseases of the heart; on progressive muscular sclerosis; on the treatment of scarlet fever, and of measles; on variola and the vaccine disease have been entirely rewritten, others entirely new, having been previously omitted, are now supplied. Among these we may mention; Pulmonary emphysema, pneumothorax, affections of the tonsils, retro-pharyngeal abscess, malaria fevers, and scrofula. As a work of constant reference, we have used Meigs & Pepper, for several years, and when we desired to seek for information and advice, we have rarely found it fail us. In making this statement, we think we say much in its favor, for we have several works on diseases of childhood in our library, which are very often useless, because they are destitute of any information upon many diseases common to infantile life. We therefore honestly recommend this volume, either to those who may

desire to add to the books, which they already have on this subject, or to them who being unable to get many, desire a really good one. They may take our word for it, they will never regret its purchase.

*Clinical uses of Electricity.* By J. RUSSELL REYNOLDS, London, Eng.; Lindsay & Blackiston. 2nd Edition, Philadelphia; Dawson Bros., Montreal, 1874.

*Galvano—Therapeutics.* A Report made to the Illinois State Medical Society, 1873. Lindsay & Blackiston, Philadelphia; Dawson Bros., Montreal.

This little work is thoroughly practical, and for those just beginning the study of electrical treatment, we would strongly advise them to read this work first, and afterwards take either Beard & Rockwell's Medical and Surgical Electricity, or the larger work by Althaus. The author gives a good simple description of each form of electricity, and very properly clears up a great deal of the confusion existing from the use of too many synonymous terms. The chapter on the therapeutical uses of electricity contains valuable matter, and nearly altogether gives the author's own views. They who are somewhat advanced in the knowledge of the subject would do well to read it attentively. We see our author is not opposed to the application of electricity to the head, and affirms it to be of much benefit when properly applied. Such is our experience. Prof. Cyon, of St. Petersburg is opposed to it, but his objections are purely theoretical; and practical experience, the crucial test of all theories, shews him to be wrong. It is only another instance of how eminent men will differ upon points where one would think all should agree. To those who are desirous of looking into the subject of medical electricity, we would strongly advise them to begin with this work of Russell Reynolds.

At the same time we received the above, a revised report of Galvano-Therapeutics, made to the Illinois State Medical Society, came to hand. It contains a good deal of interesting matter, but advances nothing new—at least, nothing that is new on this side of the Atlantic. The Americans, although by no means the originators in the application of electricity to medical and surgical purposes, are now, at all events, ahead of Europeans in its more general uses.

*The Physician's Dose and Symptom Book containing the doses and uses of all the principal articles of the Materia Medica, &c.* By JOSEPH H. Wythes, A.M., M.D., eleventh edition; Philadelphia, Lindsay & Blackston, 1874; Montreal, Dawson Bros.

This little volume is, in its way, a gem, containing an immense amount of information, in a manner so terse and yet so comprehensive, that it will be found of great value to all who are busily engaged in practice. The fact that it has gone through ten editions is a good guarantee that the profession has not failed to appreciate its merits.

RIP VAN WINKLE, M. D.

By Dr. Oliver Wendell Holmes, Boston, Massachusetts.

AN AFTER DINNER PRESCRIPTION TAKEN BY THE MASSACHUSETTS MEDICAL SOCIETY, AT ONE OF THEIR RECENT MEETINGS.

CANTO FIRST.

Old Rip Van Winkle had a grandson, Rip,  
Of the paternal block a genuine chip;  
A lazy, sleepy, curious kind of chap;  
He, like his grandsire, took a mighty nap,  
Whereof the story I propose to tell  
In two briefs cantos, if you listen well.

The times were hard when Rip to manhood grew;  
They always will be when there's work to do;  
He tried at farming—found it rather slow—  
And then at teaching—what he didn't know;  
Then took to hanging 'round the tavern bars;  
To frequent toddies and long-nine cigars,  
Till Dame Van Winkle, out of patience, vexed  
With preaching homilies, having for their text  
A mop, a broomstick—ought that might avail  
To point a moral or adorn a tale,  
Exclaimed—"I have it! Now then, Mr. V.!  
He's good for *something*—make him an M. D.!"

The die was cast; the youngster was content;  
They packed his shirts and stockings, and he went.  
How hard he studied it were vain to tell—  
He drowsed through Wistar, nodded over Bell,  
Slept sound with Cooper, snored aloud with Good;  
Heard heaps of lectures—doubtless understood—  
A constant listener, for he did not fail  
To carve his name on every bench and rail.

Months grew to years; at last he counted three,  
And Rip Van Winkle found himself M. D.  
Illustrious title! in a gilded frame  
He set the sheepskin with his Latin name,  
Ripum Van Winklum, quem we—scimus—know  
Idoneum esse—to do so and so;  
He hired an office; soon its walls displayed  
His new diploma and his stock in trade,  
A mighty arsenal to subdue disease

Of various names, whereof I mention these:  
Lancets and bougies, great and little squirt,  
Rhubarb and Seina, Snakeroot, Thoroughwort,  
Ant. Tart, Vin. Colch. Pil Cochiae and Black Drop,  
Tinctures of Opium, Gentian, Henbane, Hop,  
Pulv. Ipecacuanhae, which for lack  
Of breath to utter men call Ipecac,  
Camphor and Kino. Turpentine, Tolu,  
Cubebs, "Copeevy," Vitriol—white and blue,  
Fennel and Flaxseed, Slippery Elm and Squill,  
And roots of Sassafras and "Sassafrill,"  
Brandy—for colics—Pinkroot, death on worms—  
Valerian, calmer of hysteric squirms,  
Musk, Assafoetida, the resinous gum  
Named from its odor—well, it does smell some—  
Jalap, that works not wisely but too well,  
Ten pounds of bark and six of Calomel.

For outward griefs he had an ample store,  
Some twenty jars and galipots, or more:  
*Ceratum simplex*—housewives oft compile  
The same at home, and call it "wax and ile;"  
*Unguentum Resinosum*—change its name,  
The "drawing salve" of many an ancient dame;  
*Argenti Nitras*, also Spanish flies,  
Whose virtue makes the water-bladders rise—  
(Some say that spread upon a toper's skin  
They draw no water, only rum or gin)—  
Leeches, sweet vermin! don't they charm the sick?  
And sticking-plaster—how it hates to stick!  
*Emplastrum Ferri*—ditto *Picis*, Pitch;  
Washes and Powders, Brimstone for the—which,  
*Scabies* or *Psora*, is thy chosen name  
Since Hahnemann's goosequill scratch'd thee into fame,  
Proved thee the source of every nameless ill,  
Whose sole specific is a moonshine pill,  
Till saucy science, with a quiet grin,  
Held up the *Acarus*, crawling on a pin?  
Mountains have labored and have brought forth mice:  
The Dutchman's theory hatched a brood of—twice  
I've well nigh said them—words unfitting quite  
For these fair precincts and for ears polite.

The surest foot may chance at last to slip,  
And so at length it proved with Dr. Rip.  
One full-sized bottle stood upon the shelf  
Which held the medicine that he took himself;  
Whate'er the reason, it must be confessed  
He filled that bottle oftener than the rest:  
What drug it held I don't presume to know—  
The gilded label said "Elixir Pro."

One day the Doctor found the bottle full,  
And, being thirsty, took a vigorous pull,  
Put back the "Elixir" where 'twas always found,  
And had old Dobbin saddled and brought round,  
—You know those old-time rhubarb-colored nags  
That carried Doctors and their saddle-bags;  
Gracious beasts! they stopped at every place  
Where blinds were shut—knew every patient's case—  
Looked up and thought—the baby's in a fit—  
That wont last long—he'll soon be through with it;  
But shook their heads before the knocked door  
Where some old lady told the story o'er

Whose endless stream of tribulation flows  
For gastric griefs and peristaltic woes.

What jack o' lantern led him from his way,  
And where it led him, it were hard to say ;  
Enough, that wandering many a weary mile  
Through paths the mountain sheep trod single file,  
O'ercome by feelings such as patients know  
Who dose too freely with " Elixir Pro."  
He tumbl—dismounted, slightly in a heap.  
And lay, promiscuous, lapped in balmy sleep.

Night followed night, and day succeeded day,  
But snoring still the slumbering Doctor lay.  
Poor Dobbin, starving, thought upon his stall,  
And straggled homeward, saddle-bags and all ;  
The village people hunted all around,  
But Rip was missing—never could be found.  
" Drowned " they guessed—for more than half a year  
The pouts and eels *did* taste uncommon queer ;  
Some said of apple-brandy—other some  
Found a strong flavor of New-England rum.

Why can't a fellow hear the fine things said  
About a fellow when a fellow's dead ?  
The best of doctors—so the press declared—  
A public blessing while his life was spared,  
True to his country, bounteous to the poor,  
In all things temperate, sober, just and pure ;  
The best of husbands ! echoed Mrs. Van,  
And set her cap to catch another man.

So ends this Canto—if it's *quantum suff.*,  
We'll just stop here and say we've had enough,  
And leave poor Rip to sleep for thirty years ;  
I grind the organ—if you lend your ears  
To hear my second Canto, after that  
We'll send around the monkey with hat.

## CANTO SECOND.

So thirty years had past—but not a word  
In all that time of Rip was ever heard ;  
The world wagged on—it never does go back—  
The widow Van was now the widow Mac—  
France was an Empire—Andrew J. was dead,  
And Abraham L. was reigning in his stead.  
Four murderous years had passed in savage strife,  
Yet still the rebel held his bloody knife.  
At last one morning—who forgets the day  
When the black cloud of war dissolved away ?—  
The joyous tidings spread o'er land and sea.  
Rebellion done for ! Grant has captured Lee !  
Up every flagstaff sprang the Stars and Stripes—  
Out rushed the Extras wild with mammoth types—  
Down went the laborer's hod, the schoolboy's book—  
" Hooraw ! " he cried, " the rebel army's took ! "  
Ah ! what a time ! the folks all mad with joy  
Each fond, pale mother thinking of her boy ;  
Old gray-haired fathers meeting—Have — you —  
heard ?

And then a choke—and not another word ;  
Sisters all smiling—maidens, not less dear,  
In trembling poise between a smile and tear ;  
Poor Bridget, thinking how she'll stuff the plums  
In that big-cake for Johnny, when he comes ;

Cripples afoot—Rheumatics on the jump,  
Guns going bang ! from every fort and ship—  
They banged so loud at last they wakened Rip.

I spare the picture, how a man appears  
Who's been asleep a score or two of years ;  
You all have seen it to perfection done  
By Joe Van Wink—I mean Rip Jefferson.  
Well, so it was—old Rip at last come back,  
Claimed his old wife—the present widow Mac—  
Had his old sign regilded and began  
To practice physic on the same old plan.

Some weeks went by—it was not long to wait—  
And " Please to call " grew frequent on the slate.  
He had, in fact, an ancient, mildewed air,  
A long grey beard, a plenteous lack of hair—  
The musty look that always recommends  
Your good old doctor to his ailing friends.  
—Talk of your science ! after all is said  
There's nothing like a bare and shiny head.  
Age lends the graces that are sure to please,  
Folks want their doctors mouldy, like their cheese.

So Rip began to look at people's tongues  
And thump their breasts (called it " sound their  
lungs,")  
Brushed up his knowledge smartly as he could,  
Read in an old Cullen and in Doctor Good.  
The town was healthy ; for a month or two  
He gave the sexton little work to do.

About the time when dogday heats begin,  
Measles and mumps and mulligrubs set in ;  
With autumn evenings dysentery came.  
And dusky typhoid lit his smouldering flame ;  
The blacksmith ailed—the carpenter was down,  
And half the children sickened in the town.  
The sexton's face grew shorter then before—  
The sexton's wife a bran new bonnet wore.  
Things looked quite serious—Death had got a grip  
On old and young, in spite of Dr. Rip.

And now the Squire was taken with a chill—  
Wife gave " hot drops "—at night an Indian pill ;  
Next morning, feverish—bedtime, getting worse,  
Out of his head—began to rave and curse ;  
The Doctor sent for—double quick he came ;  
*Ant tart. gran. duo*, and repeat the same  
If no etcetera. Third day—nothing new ;  
Percussed his thorax—set him cussing, too—  
Long fever threatening—something of the sort—  
Out with the Lancet—let him blood—a quart—  
Ten leeches next day—then blister to his side ;  
Ten grains of calomel—just then he died.

The deacon next required the doctor's care—  
Took cold by sitting in a draught of air—  
Pains in the back, but what the matter is  
Not quite so clear—wife calls it " rheumatiz."  
Rubs back with flannel—gives him something hot—  
" Ah ! " says the deacon, " that goes *nigh* the spot."  
Next day a *rigor*—run, my little man,  
And say the Deacon sends for Doctor Van.



The Doctor came—percussion as before,  
Thumping and banging till his ribs were sore—  
“Right side the flattest”—then more vigorous raps—  
Fever—that’s certain—pleurisy, perhaps.  
A quart of blood will ease the pain, no doubt,  
Ten leeches next will help to suck it out,  
Then clap a blister on the painful part—  
But first two grains of *antimonium tart.*  
Last, with a dose of cleansing calomel  
Unload the portal system—that sounds well!

But when the self-same remedies were tried,  
As all the village knew, the squire had died;  
The neighbors hinted—“this will never do,  
He’s killed the squire—he’ll kill the deacon, too.”

Now, when a doctor’s patients are perplexed,  
A *consultation* comes in order next—  
You know what that is? In a certain place  
Meet certain doctors to discuss a case  
And other matters, such as weather, crops,  
Potatoes, pumpkins, lager beer and hops.  
For what’s the use—there’s little to be said,  
Nine times in ten your man’s as good as dead—  
At best a talk (the secret to disclose)  
Where three men guess and *sometimes* one man knows.

The counsel summoned came without delay—  
Young Doctor Green and shrewd old Dr. Gray—  
They heard the story “Bleed!” says Doctor Green,  
“That’s downright murder! cut his throat, you mean;  
Leeches! the reptiles! Why, for pity’s sake,  
Not try an adder on a rattlesnake?  
Blisters! Why bless you they’re against the law—  
It’s rank assault and battery if they draw!  
Tartrate of Antimony! shade of Luke!  
Stomachs turn pale at thought of such rebuke!  
The portal system! What’s the man about?  
Unload your nonsense! Calomel’s played out!  
You’ve been asleep—you’d better sleep away  
Till some one calls you”—

“Stop!” says Doctor Gray—  
“The story is you slept for thirty years;  
With brother Green, I own that it appears  
You must have slumbered most amazing sound;  
But sleep once more till thirty years come round,  
You’ll find the lancet in its honored place,  
Leeches and blisters rescued from disgrace,  
Your drugs redeemed from fashion’s passing scorn,  
And counted safe to give to babes unborn.”

Poor sleepy Rip, M. M. S. S., M. D.,  
A puzzled, serious, saddened man was he;  
Home from the deacon’s house he plodded slow  
And filled one bumper of “Elixir Pro.”  
“Good bye,” he faltered, “Mrs. Van, my dear;  
I’m going to sleep, but wake me once a year.  
I don’t like bleaching in the frost and dew,  
I’ll take the barn, if all the same to you.  
Just once a year—remember! no mistake!  
Cry ‘Rip Van Winkle! time for you to wake!’  
Watch for the week in May when laylocks blow,  
For then the doctors meet, and I must go.”

Just once a year the doctor’s worthy dame  
Goes to the barn and shouts her husband’s name,  
“Come, Rip Van Winkle!” (giving him a shake)  
“Rip Van Winkle! time for you to wake!  
Laylocks in blossom! ’tis the month of May—  
The doctors’ meeting is this blessed day,  
And come what will, you know I heard you swear  
You’d never miss it, but be always there!”  
And so it is, as every year comes round  
Old Rip Van Winkle here is always found.  
You’ll quickly know him by his mildewed air,  
The hayseed sprinkled through his scanty hair,  
The litchens growing on his rusty suit—  
I’ve seen a toadstool sprouting on his boot—  
Who says I lie? Does any man presume—  
Toadstool? No matter—call it a mushroom,  
Where is his seat? He moves it every year;  
But look, you’ll find him—he is always here—  
Perhaps you’ll track him by a whiff you know—  
A certain flavor of “Elixir Pro.”

Now, then, I give you—as you seem to think  
We can drink healths without a drop to drink—  
Health to the mighty sleeper—long live he!  
Our brother Rip, M. M. S. S., M. D.!

—*Boston Medical and Surgical Journal.*

#### TO CORRESPONDENTS.

Letters have been received from Dr. Cunningham, Indianapolis, Indiana, U.S.; Dr. Thayer, Montreal; Dr. Wickham, Halifax; Dr. Mackay, Lachine; Dr. Lawrence, Marbleton; Dr. Ferguson, Galt; Dr. W. Henderson, Arthur; Dr. Glen, Chambly; Dr. Ogden, Toronto; Dr. Smallwood, Montreal; Dr. Tetu, River Ouelle; Dr. Bowlby, Waterford, O.; Dr. Oldright, Toronto; Dr. Ouellet, Acton Vale; Dr. Fraser, New Glasgow, N.S.; Dr. Kenneth Reid, New York; Dr. Jackson, Quebec; Dr. King, St. Sylvester; Dr. Baddeaux, Three Rivers; Dr. Gilbert, Sherbrooke; Dr. Laramie, Montreal; Dr. Bull, Worcester, Mass.; J. P. Lippincott & Co., Philadelphia; Dr. Henderson, Ottawa; Dr. Fitzpatrick, Baie St. Paul; Dr. Lemieux, St. Urbain; Dr. Bigham, Fenelon Falls, Ont.

#### BIRTHS.

On Saturday, 28th instant, the wife of Dr. D. C. McCallum, of a daughter.

At Ottawa, on the 6th instant, the wife of Thomas B. Bentley, Esq., M.D., of twin-daughters, still-born.

#### MARRIED.

In Montreal, on the 8th of April, at Christ Church Cathedral, by the Rev. Canon Baldwin, William Henry Hornett, M.D., to Georgina, third daughter of Harvey Perkins, Esq.

In Montreal, on the 10th April, at St. Stephen’s Church, by the Rev. Lewis Evans, John T. Finnie, M.D., to Amelia, second daughter of C. Healy, Esq.

#### DIED.

In Montreal, on the 22d April, John Campbell, advocate, aged 47 years and 10 months, brother of Dr. Francis W. Campbell.