

labour of brain, tongue, and pen, exerted in their behalf by Dr. Jacob. If every man now at present receiving their vaccination fees of 2s. per case, instead of 1s.—and this boon is very much due to Dr. Jacob—would give even the smaller subscription, it would make a handsome sum, and these offerings of grateful hearts would be more acceptable to the receiver than larger sums coming from them by a fear of being thought shabby. I hope, therefore, to see soon, as an appendix to the list, a long list of 5s. subscribers.

ROTUNDA HOSPITAL.

A STUDENT writes: As so many medical students from London go to Dublin to attend the practice at the Rotunda, it may be well for them to know exactly what they are to expect. A fourth year's student, who has just obtained his diploma, goes off to Dublin to complete his obstetric studies before going into practice; he thinks that there he will see more cases, and will be allowed to do for himself those operations in midwifery which were forbidden to him at home. If a student goes to Dublin thinking this, he will be woefully disappointed; both the intern and extern midwifery department are conducted under the most strict supervision, and even less latitude is granted to the student at the Rotunda, than to one at any of the London hospitals.

Each student has his days on duty, when he is expected to attend any cases occurring in the wards, or in houses in the surrounding neighbourhood; unless the case be perfectly normal, he is obliged to send for assistance; if it be in the wards, one of the assistant masters is called, who, if any operation, however slight, is indicated, sends for the master, and only operates in his absence; if the case occur outside, the clinical clerk is sent for, who, in like manner, has to send for the assistant master, if any interference is required. This is the invariable practice, and a student from London, however well qualified, who has held various appointments at home, may attend cases for six months from the Rotunda, and never once have the chance of even putting on the forceps. Both the intern and extern midwifery departments are very large, and opportunity is afforded of seeing a great deal; but of practising and perfecting, nothing. The authorities say this system is perfectly just, and no one will dispute their right to act as they think best, but the practice is quite contrary to the expectations of students, and it is a hope for actual practice in midwifery operations which induces most men to go to Dublin. A careful student would learn more midwifery at one of the London hospitals than he would in a similar time at the Rotunda, and it would cost him less. At 9.30 in the morning the master (Dr. A. V. Macan) goes his round: first into the labour wards, and here valuable hints may be gathered from him as to palpation of the abdomen of the pregnant woman, as an aid to diagnosis of the position of the child; palpation of the abdomen after delivery is also insisted upon, and the principles and practice of aseptic midwifery are daily discussed. About 11.30 the master reaches the gynaecological wards, and then passes on to the surgery, where the gynaecological cases are examined each on her back, in the German fashion, with the legs raised on suitable props; the examinations are made first with one hand, then with the other, and the superiority of this method over the side position is apparent to those who have tried both.

If a student be lucky he will be allowed to examine one, or, at most, two cases during the morning. Later on in the morning the extern gynaecological cases are seen by the assistant masters, Dr. Fleming and Dr. Alfred Smith, and here the student has a good opportunity of examining and making himself familiar with every class of case; this is undoubtedly one of the most valuable departments of the hospital. Three days a week, in the afternoon, a special class in gynaecology and gynaecological operations, where students operate themselves, is held by Dr. Fleming; this is a most admirable institution. The conclusion which is forced upon one is the great superiority of the gynaecological over the midwifery department, as a means of teaching and training future medical practitioners.

LADY PHARMACISTS IN THE STATES.

THE COURT of Appeals at Louisville, United States of America, has, it is stated, affirmed the right of a woman to dispense medicines after passing through the ordinary courses required. The case was that of Miss Bessie White v. the State Board of Pharmacy. Miss White was the first woman who ever applied in Kentucky for a certificate to dispense medicines. The State Board refused to issue a certificate, although she had paid a fee, exhibited a diploma, and offered to stand any examination the board might make. She sued out of a writ of mandamus before a Louisville court, to compel the Board to issue the certificate, and the writ was granted. The higher court now affirms this judgment. The right has been admitted in this country without dispute.

YELLOW FEVER.

DR. C. R. ILLINGWORTH writes: A study of the symptoms and morbid anatomy of yellow fever point, in my opinion, to an origin similar (except in the organs attacked) to that of scarlet fever, measles, diphtheria, etc., namely, the growth and development of micro-organisms in the tissues and blood. In all there is the production, sooner or later, of profound spæmia, coming on rapidly in those of malignant or hæmorrhagic type. The line of treatment, therefore, for the prevention of the disease would seem, from this view, to be germicidal. In the first stage of the disease itself I would also suggest similar measures, followed, as the urgent symptoms subside, by hæmatinic remedies, for the restoration of that colouring matter upon which all these low forms of life seem to feed.

My experience in epidemics of scarlet fever, measles, and whooping-cough, has satisfied me that the biniodide of mercury will answer every purpose as a germicide in the diseases due to micro-organisms generally. I prescribe it dissolved in excess of potassic iodide. In yellow fever I should say it would be best given with carbolic acid in minim doses in an effervescing mixture. Thus: R Potass. bicarb. ʒi; acid. carbolic. gr. vi-viii; sol. hydrarg. bichlor. ʒss-ʒvi; potass. iodid. gr. x-xv; ether. chlor. ʒj-ʒii; aquam ad. ʒvi. Et R Pulv. acid. citric gr. xx; mitte vi tales. Signetur: A sixth part to be taken, with one powder added, every two, three, or four hours, whilst effervescing.

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BOOKS, ETC., RECEIVED.

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