REMARKS

ON

THE STATE MEDICINE QUALIFICATION.

Read in the Section of Public Medicine at the Meeting of the British Medical Association, August 1873.

By HENRY W. RUMSEY, M.D., Cheltenham.

Now that the University of Dublin has not only instituted a diploma in State Medicine, but also granted it to some accomplished and distinguished scholars, while the older English universities—Cambridge notably—have recommended the like addition to their degrees, it is obvious that this question, so long a matter of speculation and inquiry, is at last fairly landed on the firm ground of experiment.

A very recent notice of motion in the Council of the English College of Surgeons shows that our corporate bodies have begun to recognise the necessity of a qualification, which cannot reasonably or safely be included in their ordinary licenses.

It seems, therefore, that the British Medical Association, in its Public Medicine Section, is bound to take this important matter fairly into consideration.

After the prolonged and thorough inquiry made by the General Medical Council in 1868, 1869, and 1870, the subject can hardly be considered foreign to our objects and deliberations. This section may not be fully aware of the steps already taken, and the resolutions passed by the General Medical Council on this question, or even that the proceedings of that body originated in the following memorial presented to the Council by our own State Medicine Committee.

That, whereas there is at the present time no sufficient guarantee for the general competency or the special qualification of medical men appointed as medical officers of health, and employed as medical jurists; no recognised plan for conducting their education; nor any examining body for regulating the standard, and testing the sufficiency of their acquirements; the members of this Committee earnestly urge upon the General Medical Council, to consider at their next meeting, the special qualifications required for such medical officers of health, and the mode in which they should be trained and licensed for the discharge of their varied and important duties.

(Signed)

A. T. H. WATERS, *Chairman.*

April 23rd, 1868.

A. P. STEWART, *Secretary.*

The subject of this memorial was brought before the Council by Dr. Acland and Dr. Stokes, and it was agreed:

That a Committee be appointed to report on the steps proper to be taken, if any, for granting diplomas or certificates of proficiency in State Medicine, and for recording the same in the *Medical Register*, due regard being had to the interests of existing health officers in the several parts of the kingdom.

Committee.—Dr. Acland (Chairman), Dr. Paget, Dr. Thomson, Dr. A. Smith, Dr. Christison, Dr. Stokes, Dr. Parkes, Dr. Rumsey.

This Committee, under Dr. Acland's able presidency, held several meetings in the same session.

Under the term "State Medicine" they included Legal Medicine or Medical Jurisprudence, and Preventive Medicine or Public Hygiene. They also resolved unanimously that it was desirable that special certificates or diplomas should be granted for knowledge of State Medicine; that the proposed qualification should not be compulsory on all registered practitioners; that no one should be allowed to register a qualification in State Medicine unless he had previously obtained a qualification entitling him to be on the *Medical Register*; and that the possessor of the proposed certificate or diploma should be entitled to register it as an additional qualification.

With regard to details, the Committee postponed any further discussion, and reported:

That, having carefully considered the resolution of the Council, by which the Committee was appointed on June 27th, 1868, they have decided, with a view to presenting a more complete report at the next

session of the Council, on taking evidence from various persons having special knowledge of the subjects referred to the Committee.

In the next session (1869) the Committee presented their very important Second Report, with the letter and questions which they had sent to more than seventy eminent persons in this and other European States, and with an appendix containing the valuable and interesting replies received from thirty-five of those noblemen and gentlemen. The report and appendix were published in a separate pamphlet, which has been widely circulated.

The only sentence in the report which I need now read is the following.

The Committee are unanimously of opinion that the evidence submitted in these documents, warrants, and indeed demands, that the Council should insert the requisite clauses for providing a qualification in State Medicine in any amended Bill which may hereafter be prepared for Parliament.

After a protracted discussion, the Council came to the following resolution.

That, in any amended Medical Bill which may be prepared for Parliament by the Council, it is desirable that the requisite permissive clauses for registering a qualification in State Medicine be inserted in addition to any of the qualifications sanctioned by the Medical Act.

It was referred to the Executive Committee to consider with Mr. Ouvry, the Solicitor to the Council, the foregoing resolution, and to take the steps necessary for carrying it into effect.

The Committee was reappointed, and the report and appendix, with the resolutions of Council, were circulated among the Licensing Bodies for their opinions.

In the session of 1870, the Committee presented a Third Report, which conveyed a general notion of the observations received from the universities of England and from certain corporations,* and announced that the University of Dublin had resolved on creating immediately this qualification. It is right to mention that the replies from all these bodies, with one exception, were strongly in favour of the proposed new qualification, and of its being inserted in the *Medical Register*. They also contain some useful suggestions as to the method of carrying this principle into effect. The Committee at the same time presented certain clauses prepared by Mr. Ouvry, for insertion in the Medical Acts Amendment Bill, and indicated the changes which they deemed desirable in those draft clauses.

A very animated discussion, adjourned to a second day, took place in the Council on the report and the proposed clauses.

An amendment hostile to the report, and manifesting singular ignorance of the legal facts and bearings of the case, was defeated by a very large majority. The Committee, perhaps wisely, did not pursue their victory; and there can be no doubt that, since that time, the Council has flagged in attention to the subject, for it was scarcely alluded to in the sessions of 1871 and 1872. It is satisfactory, however, to know that my much valued friend, Dr. Stokes, succeeded during the session of this year in carrying a motion strongly confirmatory, and, indeed, in advance of the resolution adopted by the Council in 1869. The main resolution, moved by Dr. Stokes and seconded by Mr. Quain, was as follows.

That it is expedient that, under any future legislation, power should be granted to the Council to register a Qualification in State Medicine, after such qualification has been granted according to regulations approved by the General Medical Council.

State Medicine, therefore, now stands prominently forward among the items for inclusion in any Medical Acts Amendment Bill. It has more than once been submitted to the Privy Council for that purpose. The Lord President of the Council has repeatedly and plainly intimated that no future measure of medical reform would be likely to obtain the support of Government which does not cover all the ground of proposed legislation. I do not see, therefore, we can avoid some decision on the question, and the preparation of some measure for another Session.

* These observations are to be seen in the Appendix to the Minutes of the Council, vol. viii, p. 75.

At the close of this paper, I believe it will be proposed to appoint a Committee to consider certain clauses relating to the State Medicine qualification; and I mean to lay before that Committee the proceedings and reports of the State Medicine Committee of the General Medical Council. In the meantime, I beg to call attention to some considerations bearing alike on the principles and the details of the measure which I may recommend for your adoption, and in so doing I may touch on questions affecting the general course of medical education.

The promoters of the State Medicine Qualification assert that a higher and more special standard of attainments is necessary for many public medical offices than has been or can be, with due regard to the exigencies of the community, required of all who enter the profession; and that it would be a hopeless fallacy to endeavour to include such higher and more special qualification within the minimum now imposed on all who are inscribed on the *Register*.

The necessity for such special acquirements becomes the more pressing now that under the Public Health Act of 1872 many important preventive duties requiring an advanced knowledge of the science of Public Health are committed to officers appointed by local authorities of all kinds, quite incapable of themselves to judge of the comparative fitness of candidates for office. The guarantees afforded by a special examination and certificate would be of particular value to these authorities, if it did no more than relieve them from suspicion of unworthy motives in their selection of officers.

The defects of medical evidence in courts of law, and the imperfect knowledge evinced by many who sign certificates of insanity, or who take part in official inquiries respecting life, health, disease, incompetency, or injury, have been long felt and acknowledged in this country. These deficiencies would also be supplied by those who hold the proposed special qualification.

You will see that the propriety of a distinction between the common qualification for practice and the special qualification for office, was from the first recognised by the State Medicine Committee of the Medical Council.

Even were it possible, by any ingenious alteration of the present curriculum, to cram into it more subjects than any student ought to be required to master at the age of twenty-one, few practical men could doubt that some of his acquirements must be merely theoretical and very superficial—far inferior, probably, to the real and substantial qualification, which the practitioner who diligently observes disease among the poorer classes, studying its causes and methods of diffusion, may obtain after some years of private study and official experience. But although a practitioner may and does often become an excellent health-officer by self-education, it by no means follows that a normal standard of qualification may be safely dispensed with in a great public organisation. If it might—to be logically consistent—there need be no examination imposed by law to test the ordinary qualification for a medical licence; for it will not be denied that, previously to any compulsory examination for general practice—*e.g.*, before the Apothecaries' Act of 1815—there were many very able practitioners in the kingdom whose education had been voluntary and self-imposed. Whatever arguments, therefore, apply to the establishment of a minimum qualification for license to practise, apply also, *mutatis mutandis*, to the institution of a special and adequate qualification for holding office and for the exercise of public medical duties.

A State Medicine qualification established by Act of Parliament, must also, I submit, be in the nature of a *minimum*—that is, it must not exact more extensive and profound knowledge than ought to be possessed by every public medical officer—*e.g.*, by every union surgeon. And it would be both unnecessary and inexpedient that it should in any manner interfere with those still higher diplomas in State Medicine which the Universities or the Colleges, following the example of Dublin, may confer on their graduates or Fellows, and which will always be objects of ambition to the more advanced and accomplished medical students. The possession of the highest qualifications

in State Medicine would, of course, supersede the necessity of examination for the proposed *minimum* official qualification which I propose.

2. In order to obtain the ordinary State Medicine qualification for which we ask some legislative sanction, the general opinion has been that a further period of preparation is essential, and the weight of evidence is in favour of an additional two years. Now, those who wish to force a State Medicine qualification upon every practitioner, are obliged to admit that it is inexpedient to lengthen the period of general medical education, or to prevent the licentiate from registering at the age of twenty-one. It has therefore been suggested that studies qualifying for the exercise of legal and preventive medicine might take the place of other requirements now included in the regular four years' curriculum.

For instance, it has been proposed to relegate the Natural Sciences, fundamental to medicine, wholly to the preliminary education during the schoolboy period of life. Such a regulation, I need hardly say, would involve a change of grave importance in our higher school education; a change which means the possible banishment of mathematics and classics—Greek especially—from the preliminary education, or, at least, their complete subordination to the physical sciences. The young doctor would, in that case, enter on his career with lower literary attainments than are claimed by the other learned professions. The Law, the Church, the Public Departments, might therefore naturally stigmatise the medical profession as not requiring those elements of a liberal education which hitherto have given to their possessors a certain social status. For myself, I may be allowed to say that, when I had the honour of a seat in the Medical Council, I invariably supported the inclusion of Greek in the preliminary education; and I cannot now consistently be a party to its exclusion for the sake of studies which, I am sure, will be far more advantageously pursued after the completion of a good old school education. I deprecate the abandonment of a mental training in what the universities call "Arts," the loss of which entails unforeseen consequences. In the words of an eminent Oxford teacher:

We have had experience of the merits and demerits of a system of education with a classical or 'arts' basis; but we have never had experience of what new theories mean; a scientific education, in which the classical preliminary is optional. Then, when we have, let future generations lament over the loss of texture, fibre, taste, mental gymnastic, which the popularly educated mind may show. Not until the banishment of 'Arts' shall become general, will the decadence be felt, after many days, when the barbaries which will ensue, may be ill compensated by dexterity, acquisitive power, specific adroitness. What will a man be whose Philosophy is of modern training only, and whose sense of the elder founts of thought has been fed by lame second-hand fragmentary tradition? What is that man's home-knowledge of the very language of science, who has no real acquaintance with the living antiquity, in which exists the spring and source of half his borrowed implements? What? Is the main fundamental idea of the education of statesmen, priests, lawyers, one thing, and that of scientific men, another? Whence this hard and fast line—artificial, unphilosophical, and, happily, as yet untried in practice?

I agree, however, with my accomplished correspondent, that "the Arts curriculum may well be intensified, condensed, and reduced in average duration"; and I am quite in favour of the admission of the natural sciences, optionally at least, into school education. But I ask you calmly to consider this question: When we have abandoned the tried, and comparatively successful, means of bringing our profession up to the literary and social level of the other learned professions, what shall we have to show at the age of twenty-one, but a mass of well-crammed students, with a vast array of figures, facts, and names in their heads, or, at least, on their tongues, yet without the trained powers of mind which invigorate thought and observation, and give real force to effort and expression; and, what is worse, without sufficient experience of life, a qualification of far greater importance for official employment than any merely nominal qualification based on scientific attainments? Therefore, on this ground partly, do we ask for two more years beyond twenty-one, towards the formation of the official character. As a curate is not held to be fit for

a parochial charge until twenty-three years of age, and as no medical man in Ireland is allowed to undertake a dispensary district until the same age, we cannot be fairly accused of extravagance in demanding an equal period of training for the Public Medical Service in England. All we require further is, that the additional two years shall be properly employed in such practical work and special study as may prove of the greatest utility in preparation for the duties of a public officer. In short, to require the inclusion of all subjects of Public or Political Medicine in the *minimum* qualification for admission to the *Register*, is fallacious, impracticable, and impolitic: *fallacious*, as leading to pretensions which cannot possibly be realised by all, or even most medical tyros at the age of twenty-one; *impracticable*, not merely as requiring more than can be fairly accomplished by the average student, but also as diminishing—injuriously to the community—the number admitted into the profession; and, therefore, *impolitic*, as leaving the medical treatment of the humbler classes of society more and more in the hands of pharmacists and other unqualified practitioners.

3. Now it is to be observed that the Medical Act of 1858, and all the schemes for its amendment hitherto proposed, regulate only the primary qualification for entry into the profession. If the simple licence thus obtained does not, and, as I have shown, ought not to pretend to, comprehend complete qualification for official duties, the higher qualification must be an after-grant. And so it now is for medical officers in the Army and Navy. These departments of the public service secure and test the possession of adequate knowledge, by examinations conducted by their respective medical Boards, after the candidates have obtained the common legal qualification, and have extended their studies to special subjects (hygiene, for instance) which may not be included in the pass examinations for admission to the *Medical Register*.

We ask that a like security for efficiency in medical and sanitary duties shall be afforded to civil administrative bodies, and to the masses under their control, as paupers, prisoners, insane persons, labourers in public works, factories, and mines, and merchant seamen. We see no reason why fighting men should monopolise a superior machinery for health-preservation and restoration, while other public *employés* and dependants are left to a confessedly inferior machinery.

4. Once more: under the operation of the Medical Act of 1858, and in conformity with the regulations of most of the licensing bodies, the minimum age for inscription on the *Medical Register* is twenty-one. But that Act, by not recognising the necessity of distinguishing the primary qualification for license to practise from the special qualification for official employment, has had the injurious effect, as I once showed to the Medical Council, of virtually lowering the qualification for public duties, and of rendering it absolutely inferior to that required of medical officers of the Royal Navy and Army. No candid and reasonable man questions the fact that the examinations for the War Services, and the publication of their result, have had a most beneficial effect upon the final examinations of the licensing bodies; and, indirectly, has done at least as much to raise the standard of qualification for the entire profession as any step taken by the Medical Council. The same beneficial effect will be yet more extensively produced by the institution of a second and special examination for the Civil Medical Service.

5. Having already admitted the importance of allowing young men to become legally qualified and registered at as early an age as possible, so that they may soon act either as qualified assistants in practice, or as qualified subalterns in public institutions, or otherwise under the control of more experienced practitioners, I maintain that the creation and registration of a higher qualification for public appointments in no way militates against the main object, either of the Medical Act, or of any proposed amendment of that Act. But if the qualification thus created is to be registered under legislative authority as evidence, let me ask—Should this registration be extended to a variety of diplomas granted by as many licensing bodies as may obtain legal powers to confer them? Surely, an Asso-

ciation which has pronounced so definitely against leaving the general *minimum* qualification for license to practice in the hands of nineteen licensing bodies, could not consistently assert the propriety of empowering the same nineteen bodies to compete for a reduction in the standard of qualification in State Medicine—a matter, by the bye, not within the original scope of the corporations, and foreign to their primary objects.

If a legal qualification in State Medicine is to be practically worth anything, it must be of uniform standard, and of equal value throughout the kingdom. And I know not how this result is to be attained, except by authorising the General Medical Council to frame the machinery and regulations under which the *minimum* official qualification is to be granted.

The Medical Council must, in fact, be required to institute, not, indeed, a competitive examination for vacant appointments, but a Qualifying Examination in State Medicine. And to be effectual, this qualification, or its equivalent, must be compulsory upon all future holders of appointments in the Civil Medical Service. For to allow some local authorities to dispense with a condition which is made imperative upon others, would be obviously unjust, both to the gentlemen who had been at the trouble of acquiring the diploma, and to the qualification itself. If Parliament be asked to provide for the registration of such a diploma, it must be under consistent and comprehensive regulations, or matters had better remain as they are.

6. But there may still be some to reply, that Parliament need not interfere, and that administrative authorities, whether central or local, may be trusted to make the best possible arrangements, and to select highly qualified men, although not possessing a special diploma. How, then, I would again ask, are these authorities to decide upon the comparative merits of candidates? Are they to depend on their own intuitive perceptions of competency? Or are private testimonials, or recommendations from non-professional persons and bodies, to be relied on? I confess that having been often asked for testimonials of the kind, I have occasionally complied with the request, when my knowledge of the candidate seemed to justify the grant. But I solemnly declare my belief, that testimonials thus obtained rarely deserve consideration; and depending, as they do, on mere personal or private opinion, they are worth next to nothing as a protection to the public. The testimonial system is a farce! Administrative authorities, as at present constituted, are really not to be trusted to select the best men for office, unless candidates are required to produce a legal qualification in State Medicine—or what, as I admit, is equivalent thereto.

I have now endeavoured to dispose of objections, some of them almost quibbles, which have been, or may be, raised against this measure; and I now conclude by briefly describing the clauses which I hope to submit to a Committee.

The first is a clause defining State Medicine in the sense of the Bill. The debates in the Medical Council on Mr. Ouvry's definition, and the amendments then proposed, show that this is not so simple a matter as some might suppose. A brief and clear definition is, however, necessary; and difficulties vanish when faced by hearty determination.

The second is a clause empowering and requiring the General Medical Council to prepare a scheme for a Board of Examiners in State Medicine; the scheme to specify the duties of the Board, the subjects of examination, the forms of diploma or certificate, the fees to be paid by candidates, the application of monies received, the place and times of holding the examinations, and, to some extent, the courses of study and preparatory work.

The third is a clause empowering the Privy Council to *veto* the scheme or to amend it, and to prepare a scheme in case of non-feasance by the Medical Council.

The fourth empowers the Medical Council to appoint the examiners, subject to the approval of the Privy Council.

The fifth provides that no person be admitted to examine in State Medicine until two years (at least) after the date of his registration, or the time at which he became qualified to register.

The sixth clause names the several offices created by Act of

Parliament, for which the diploma of this Board will be required, exempting the following persons from such requirement :

- a. Medical officers of the Army and Navy ;
- b. Diplomates in State Medicine, being M.D.s of any university of the United Kingdom ;
- c. Members of any College of Physicians, or Fellows (by examination) of any College of Surgeons in the United Kingdom, being twenty-five years of age, who shall hold a qualification in State Medicine, granted by any one of those Colleges, and approved by the General Medical Council ;
- d. All who at present hold any of the specified offices, or who may be appointed thereto within a period named in this Bill.

The proposed enactment would, therefore, apply only to future appointments, and would fully protect existing rights. The full benefit of the reform would thus be only gradually felt ; while the experience already gained, or in course of being gained, by those in office, would in the meantime be, as far as possible, utilised for the public benefit.

APOPLEXY, WITH CONVULSIONS AND HEMIPLEGIA IN THE PUERPERAL PERIOD, TERMINATING IN RECOVERY.*

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THE following case being, so far as my observation extends, of an unusual, if not unique, character, and presenting features of much interest, I have deemed it worthy of record in this Section.

The patient is a young Jewess, of florid, dark complexion ; of low stature, inclined to fullness ; of a highly nervous and excitable temperament. She suffered in childhood from chorea, brought on, it was supposed, by a fright. This was relieved by prolonged treatment, including the baths and waters of Schwalbach. She married about three years ago, being then seventeen years of age, and became immediately pregnant, when the chorea returned, and, during the early months, was very severe and distressing, yielding, however, under a course of valerianate of zinc and aloes. Her first labour was in all respects favourable, except that the child, a male, was still-born. She was confined a second time in less than twelve months, of a fine healthy male child, in February, 1872 ; and a third time in February, 1873, of a living female child. Both these confinements were favourable, and her condition has been satisfactory, the only indications of nervous disturbance consisting in slight occasional choreic twitchings of the limbs. Her last labour was rapid and easy ; the membranes ruptured without pain, or, at least, with pain of the slightest possible degree, about forty-eight hours before active labour set in, and all was over in a few hours, the child being born before my arrival. Everything went on perfectly well for the first two weeks. I saw her on the thirteenth day, and found her doing most favourably in every respect. On the morning of the fourteenth day, she complained of a peculiar oppressive sensation, and confused feeling in the head, and begged the nurse to send at once for the doctor. On my arrival about two hours afterwards, I found her just recovering from what appeared to have been a puerperal convulsion, and was told that this was the second distinct fit since her seizure. She was unconscious, with stertorous breathing, and could not be roused ; the tongue protruded between the teeth, but was not bitten severely, although the jaws were rigidly closed. There was not the extreme fullness and turgescence of the veins of the head and neck usual in severe forms of congestive eclampsia ; the pulse was full and bounding ; the tongue clean. The bowels had been freely relieved shortly before. I opened a vein in the arm ; but, after the escape of about six ounces of blood, eclampsia came on, which obliged me to tie up the arm. This fit was only slight, appearing to be cut short by the immediate rapid administration of chloroform, which threw her into a quiet sleep, free from stertor or signs of distress. A large enema of turpentine was administered ; and ten grains of calomel were given by the mouth, followed by castor-oil. There was no return of eclampsia, but she remained unconscious until night, when she began to improve, and had some natural sleep.

The following morning, she appeared much better ; but, on proceeding to change her linen, it was found that she had lost both sensation

and motion in the left arm and leg ; the bladder was also paralysed, requiring the catheter. She was quite conscious, but excessively restless, excited, and unmanageable, talking coherently, but without intermission, in spite of all attempts to keep her quiet. The tongue was clean ; pulse 80 ; temperature normal ; urine free from albumen. The bowels had been copiously evacuated. She complained of pain in the right temple ; the tongue and face were slightly drawn to the left side ; pupils natural. A blister was applied to the neck ; ice-bladder to the shorn scalp ; and forty drops of Battley's sedative were thrown into the rectum. This procured a few hours' sleep ; but, the next day, the restlessness and unceasing talking recurred. A second opiate *per rectum* failed to quiet her ; but a scruple of chloral hydrate gave sound sleep for several hours, after which she was calmer and quieter, and free from headache.

For the four following days she remained in a state of alternate sleep and excitement ; the chloral, in half-drachm doses night and morning, kept her quiet for several hours during each day ; but, in the intervals, the restlessness and constant talking were most distressing. She was occasionally incoherent, and evidently had delusions ; believed she was dying ; felt an uncontrollable impulse to bite those around her, and did actually seize the nurse's arm with her teeth. She was only prevented from further violence by her helpless condition from the paraplegia. Her condition now caused much anxiety, as it assumed the appearances of puerperal mania, the prognosis being still more unfavourable from the circumstance of an hereditary tendency to insanity. The chloral now appeared to lose much of its calmative effect, and a full dose of Battley was substituted ; but the result was not satisfactory ; and therefore it was determined to try the endemic use of morphia. One-fourth of a grain at once procured good sleep, from which she awoke much refreshed and comparatively calm. This was repeated every twelve hours for four or five days, during which time the excitement passed away, and natural sleep returned. The bladder gradually recovered its action, but the hand and arm remained completely paralysed as to motive power—sensation, however, being restored. She continued to improve ; and, at the end of the fourth week of the attack and the sixth week since her labour, she was able to leave her bed ; and, in a few days, was removed to the sea-side.

At the present time, she has so far recovered as to be able to walk fairly without assistance for upwards of a mile ; the power of the upper extremity is almost entirely restored, that of the leg becoming progressively greater ; and there is every prospect of complete recovery.

CASE OF SICK-HEADACHE TREATED WITH GUARANA POWDER.

By JAMES W. ALLAN, M.B., C.M., Medical Officer to the Belford Hospital, Fort William.

MRS. H., aged 36, a big lymphatic woman, came under my care some time ago as an out-patient. She had been suffering from severe headache for many years before ; but, owing to the recent tragic death of a child, she had become very ill. The melancholy accident referred to had given her a terrible nervous shock. She had a severe flooding, which looked in many points like a case of abortion ; but, as she did not keep the substance which was discharged, we were left in doubt on that point. After the subsidence of this attack, the old standing malady—the sick-headache—demanded attention, as it was terribly distressing to the patient. It was a somewhat curious circumstance with regard to the headache, that, although it was never absent during the week, it always reached a sort of climax at the end of it. The patient had long been troubled by the presence of quantities of bile in her stomach in the morning. Any attempt to attend to the food-preparations for the family brought on severe nausea.

I thought the case to be one in which guarana was deserving of a fair trial. I prescribed the simple powder in ten-grain doses twice a day.

The patient called on June 1st. She had then taken eighteen powders, and, although not free from headache, thought herself very well, considering that this was usually the bad day of the week with her. This looked encouraging. I gave her two dozen ten-grain powders, and directed her to take one three times a day. This further trial of the drug did not prove satisfactory. The patient came to the conclusion that it was not giving her relief. Accordingly, the use of the guarana was abandoned, after what I consider to have been a fair trial.

On June 20th, she was given a mixture containing bromide of potassium and tincture of cascarrilla. On July 7th, she called for a fresh supply of the medicine, and reported herself to be very much better ; the headache was much relieved, and the appetite decidedly improved. She seemed quite satisfied that she had derived much more benefit from the mixture than she did from the powders.

* Read before the Obstetric Medicine Section at the Annual Meeting of the British Medical Association in London, August 1873.