

when either too early or too late, seemed to pre-dispose to retention. Premature deliveries also were rather more frequently followed by retention than those at term. As a rule, the retained chorion came away in the course of from four to six days, generally in several small portions, sometimes, however, in fragments of considerable size, and in one case, where three-quarters of the chorion had been retained, it was passed entire on the fifth day without having caused either hæmorrhage or sepsis. Amongst the forty-two cases hæmorrhage occurred only four times, and was always easily arrested either by hot irrigation or by ergot and manipulation of the uterus. When, however, we learn that out of the forty-two cases manual extraction of the fœtus was required seven times, and that a considerable loss of blood occurred during the third stage eleven times, four cases of slight post-partum hæmorrhage does not appear at all excessive. With regard to pyrexia, in twenty cases, or 47.6 per cent., there was none; in twelve, or 28.6 per cent. the thermometer, which was always used thrice a day, once registered a rise above normal; and in ten, or 24.8 per cent., there was more or less pyrexia. In order to compare these with cases in general, Dr. Fischer gives the results of similar observations made on all the cases he has attended for the last two years. These show that there was no pyrexia in 58 per cent., that the temperature was only once above normal in 17.6 per cent., and that there was pyrexia in 24.4 per cent; so that the ratio of appreciable pyrexia was about the same in the cases in which retention occurred as in ordinary cases. A slight amount of endometritis occurred in three out of the forty-two cases. Dr. Fischer concludes from his observations that there is no ground for supposing that retention of fragments of membrane gives rise to "auto-infection," and considers that the commonly received view is fraught with danger, inasmuch as it tempts the accoucheur, when sepsis occurs, to throw the blame, not on himself, as he ought to do, but on some fancied auto-infective process, and thus probably prevents his being as particular as he should be in employing anti-septic methods in the management of the labors he has to attend.—*Compend. Med. Science.*

DIAGNOSIS OF INFANTILE DISEASES. — 1. Congestion of the cheeks, excepting in cases of cachexia and chronic disease, indicates an inflammation or a febrile condition. 2 Congestion of the face, ears, and forehead of short duration, strabismus, with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lids, indicates a cerebral affection. 3. A marked degree of emaciation, which progresses gradually, indicates some subacute or chronic affection of a grave character. 4. Bulbar hypertrophy of the fingers and curving of the nails are signs of interference in the

normal functions of the circulatory apparatus. 5. Hypertrophy of the spongy portions of the bones indicates rachitis. 6. The presence between the eyelids of a thick and purulent secretion from the Meibomian glands may indicate great prostration of the general powers. 7 Passive congestion of the conjunctival vessels indicates approaching death. 8. Long-continued lividity, as well as lividity produced by emotion and excitement, the respiration continuing normal, are indicative of a fault in the formation of the heart or the great vessels. 9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs. 10. The absence of tears in children four months old or more suggests a form of disease which will usually be fatal. 11. Piercing and acute cries indicate a severe cerebro-spinal trouble. 12. Irregular muscular movements, which are partly under control of the will when the patient is awake; indicate the existence of chorea. 13. Contraction of the eye-brows, together with a turning of the head and eyes to avoid the light, is a sign of cephalalgia. 14. When the child holds his hand upon his head, or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease. 15. When the fingers are carried to the mouth, and there is, besides, great agitation present, there is probably some abnormal condition of the larynx. 16. When the child turns his head constantly from one side to the other, there is a suggestion of some obstruction in the larynx. 17. A hoarse and indistinct voice is suggestive of laryngitis. 18. A feeble and plaintive voice indicates trouble in the abdominal organs. 19. A slow and intermittent respiration, accompanied with sighs, suggests the presence of cerebral disease. 20. If the respiration be intermittent, but accelerated, there is capillary bronchitis. 21. If it be superficial and accelerated, there is some inflammatory trouble of the larynx and trachea. 22. A strong and sonorous cough suggests spasmodic croup. 23. A hoarse and rough cough is an indication of true croup. 24. When the cough is clear and distinct, bronchitis is suggested. 25. When the cough is suppressed and painful, it points towards pneumonia and pleurisy. 26. A convulsive cough indicates whooping-cough. 27. A dry and painless cough is sometimes noticed in the course of typhoid and intermittent fever, in difficult dentition, or where worms are present.—*Dr. Bradley in L'Union Médicale du Canada.*

TREATMENT OF VARICOSE VEINS.—In the *Lancet*, Surg.-Major Stevenson draws attention to the very effective manner in which the cure of varicose veins is brought about by the injection of pure carbolic acid. This treatment consists in the injection of one minim of pure carbolic acid at different situations into the enlarged veins, having previously cut off the circulation from the limb by means of