

avoid the danger of septicæmia on the one hand and fatal hæmorrhage on the other ; moreover, it can be shown that the chances of life to both mother and child, but especially to the mother, are much improved by the new method.

Dr. Simpson (Edinburgh), who compiled a table of 399 cases, shows that 115 of the mothers died, or 1 in 3. Muller reckons that the death rate to mothers, by the older methods, was 36 to 40 per cent.

By prompt induction of labour, Thomas had two deaths in eleven cases ; Hecker had three in forty cases ; Hoffman two in thirty cases and Murphy fifteen cases without a single death.

By the use of the plug, no matter how aseptic it is made, the cervix, with its bleeding vessels, are exposed to the air, with its poisonous germs—the very condition that makes compound fractures so much more serious than simple ones. By the method we advocate this danger is avoided.

CONCLUSIONS.

In conclusion, then, we contend that in the treatment of Placenta Prævia the following rules should be followed :

1. Terminate gestation as soon as possible.
2. Control the hæmorrhage by the introduction of the hand into the vagina, the index finger through the cervix, and separate the placental attachment as far as possible.
3. Discard the tampon as a fruitful source of infection.
4. Use the hand in dilating the cervix, after the manner we have just described, turning by the bi-polar method if at all possible.
5. Take aseptic precautions previous to the operation, and carry out the most approved antiseptic treatment afterwards.

CLINICAL NOTES.

A CASE OF TYPHOID FEVER.

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Wm. T., aged 21, admitted to Toronto General Hospital March 23rd, under care of Dr. W. H. B. Aikins. Diagnosis, Enteric Fever. The patient stated that his illness came on gradually, that "he lost his appetite, felt weak and tired." These symptoms increased and he soon began to suffer from a severe headache.

When admitted to the hospital the patient appeared to be quite ill. He looked nervous and distressed, had a very severe headache, some abdominal tenderness but no diarrhoea. Temperature 104°, respirations 24, pulse 108°. The skin hot and dry.

Partly on account of the elevated temperature and partly to relieve the patient's restlessness he was sponged. This was done at 4 p.m., his temperature at 5 p.m., one hour after, was 104.1°, one point higher than before sponging. He was again sponged three hours after, viz., at 7 p.m., with a similar result, the temperature being higher at 8 p.m. than when the sponging was begun.