

ligatures. Grasping this close to the os with a pair of forceps, I managed by torsion, assisted by a curette, to detach it from the intra-uterine wall at its attachment high up on the right side. The hemorrhage was almost *nil*—probably as a result of the course of ergot—and after carefully replacing the uterus and douching out thoroughly both it and the vagina with sublimate solution (1-3000), I dressed the vulva with a pad of sublimated jute and put on a bandage as for a case of midwifery. Saw patient next day, removed urine by catheter, found fever down to 100°, and feeling better in every way.

I was rather anxious about her for the next nine days, as the spring freshet prevented me seeing her, or hearing any news of her; but the nurse followed instructions regarding keeping her clean, and she made an uninterrupted recovery, being confined to bed only eleven days. Normal menstruation on May 13th, and she has since got fat and strong, proving herself to be as “well as ever” by nearing another confinement, which is, to her mind, the only drawback in the whole case.

CASE II.—*The Use of Antifebrin in Pneumonia.*

Judging from occasional notices in medical journals, as well as from hints dropped by hospital authorities, it would appear that antifebrin has had an up-hill job of it to work its way into favor with the profession as a reliable antipyretic, while its most lucky rival—antipyrin—has been lauded as almost a panacea. With a view of helping to do justice to the cheaper drug, I now wish to give my experience of its use in pneumonia. We have had almost an epidemic of the disease here since January, and I have now before me the temperature charts and notes of a dozen consecutive cases in which the fever was successfully controlled by antifebrin, and in the majority of which it was *the only medicine used*, though the routine practice of hot applications to the affected portions of the lungs was carefully followed. It has with me proved much superior to quinine, digitalis, tartar emetic, or any of the “old reliable” stand-bys.

The ages of the patients varied from 7 to 85, and in none of the cases was resolution delayed beyond the seventh day, nor