

press a very positive opinion that it is never safe to leave a patient before the expulsion of the placenta. We know from the observations of Schroeder and others that the placenta, in the great majority of cases, is expelled from the cavity of the uterus within 15 to 20 minutes. It may lie in the vagina for a long time if we do not assist expulsion, but I consider it absolutely necessary under such circumstances to watch the patient carefully whether we adopt the Credé or the expectant plan of treatment. I object to the use of ergot before the termination of the third stage, or at least before the placenta has left the cavity of the uterus; I have seen it produce tetanic spasm of the uterus, which causes severe pain to the patient, but no expulsive efforts. I was much interested in the remarks of Drs. Griffin and Moore with reference to asepsis, antiseptics, and douches. Our ideal method would probably be as nearly aseptic as possible, but in actual practice I think it well to have antiseptics for external use, especially for the hands and instruments. The use of such antiseptic agents as bichloride of mercury for douches is attended by grave dangers. I have very strong objections to what may be called fussy antiseptic methods, such as those advocated by Thomas and others some years ago. I object also to the routine use of douches after labor. They disturb that physiological rest which is so necessary for the repair of such wounds as those of the cervix. They frequently cause much pain; and they become possible vehicles for the introduction of septic matters."

It being 12 o'clock, the Association adjourned.

At 1 o'clock many of the members availed themselves of the invitation by the Hospital Trust to inspect the Victoria Hospital for Sick Children. The Association reassembled in general session at 2 o'clock, the president in the chair. The minutes of the morning session were read and approved. Dr. R. A. Reeve, president, read his address, at the conclusion of which the discussion in medicine was opened by Dr. A. S. Fraser, of Sarnia, with a paper on "The Diagnosis of Diphtheria." He was followed by Dr. W. Britton, of Toronto, on the treatment, and Dr. Harrison, of Selkirk, on the etiology. As Dr. Wright, of Ottawa, was absent, the discussion here closed.

Dr. J. A. Williams, of Ingersoll, president of

the Ontario Medical Council, addressed the Association in an able manner upon recent medical legislation and its effects. At the conclusion, Dr. A. A. MacDonald, Toronto, seconded by Dr. A. B. Welford, Woodstock, moved that a cordial vote of thanks be accorded Dr. J. A. Williams for his clear, able, and eloquent address, and that we, the members of the Ontario Medical Association, cordially endorse the sentiments he expressed, and heartily support the action of the Ontario Medical Council. This was carried unanimously. The Association then divided into sections.

MEDICAL SECTION.

Dr. Arnott, of London, was elected president, and Dr. Clouse, of Toronto, secretary. A paper on

PUERPERAL ECLAMPSIA

was read by Dr. Raikes, of Midland. In the discussion which followed, Dr. Rice, of Woodstock, said: "I have had two cases in eight years. The first case occurred at five months. She had two convulsions before I saw her. I at once gave chloroform and bled, taking away twelve ounces of blood. No convulsions occurred after that. I produced an abortion. The woman recovered completely. The second case was that of a woman *æt.* 40. First child. I was called at the ninth month. Convulsions ensued. I gave morphia, chloroform, castor oil, and pilocarpine. The patient never regained consciousness. If the patient be full-blooded, I would bleed and give morphia sufficient to keep patient quiet."

Dr. Arnott, of London, said: There are two principal causes for puerperal eclampsia—albuminuria and nervous irritation. This sufficiently indicates the treatment. As soon as albumen is discovered in the urine of a pregnant woman, diaphoresis should be induced as rapidly as possible, and for this purpose I would very much prefer the steam bath. At the same time the bowels should be moved freely by some such agent as *pulv. jalapæ co.* In the cases which depend upon nervous irritation a hypodermic injection of morphia, chloroform, etc., should be used. If this simple line of treatment be adopted, a very large proportion of cases will recover, and many of the children be saved.

Dr. I. Olmsted, of Hamilton, read a paper on