

which I have referred before. As it is often rather difficult to void the urine while lying on the back, I know of no position better than resting on the hands and knees, as small or large clots frequently come away at the same time.

I have not referred to medicines, but I think it well to give a full dose of ergot at or near the end of the third stage, *i.e.*, when the placenta is partly or wholly in the vagina. I also make it part of routine practice, in a large proportion of cases, to give a mixture something like that used by Dr. Faucourt Barnes, containing quinine, ergot and sulphuric acid, with the addition of digitalis, if there be any indication for it.

My aim in this paper has been not to advance anything new, but rather defend conservative, or, it may be called, old-fashioned midwifery, in opposition to many views recently promulgated. On the 6th of December last, the gynecologists, under the "brilliant" leadership of Prof. Thomas, made a rather vigorous attack upon the obstetricians. Things were sadly wrong, and the whole science and art of obstetrics was to be corrected and simplified. As far as puerperal fever, in all its forms, was concerned, one simple word was to explain the pathology in full—septicæmia. This was all to be avoided in the future by a washing out and suppository process, as nasty as it was unscientific. One there was in the Academy who, although probably captivated, was not captured by the eloquence of the "silver-tongued" gynecologist. I refer, of course, to that skilled and gifted obstetrician, Dr. Fordyce Barker, whose reply to Dr. Thomas did so much in throwing proper light on this subject.

I doubt much if gynecologists proper, who have to a large extent given up obstetric practice, are very good instructors in midwifery. The practice of their art, with its infinitude of instruments and appliances, all used with a wondrous zeal, would naturally induce them to differ in many particulars from obstetricians proper or general physicians. I have no scruples, therefore, in appealing against their decision to the body of general practitioners of this Province, fully assured that your large and varied experience, with good judgment and sound common sense, render you eminently fit to return, at least, a safe verdict.

THE OPERATIVE TREATMENT OF FLUID EFFUSIONS IN THE CHEST.

BY A. GROVES, M.D., FERGUS.

Read before the Ontario Medical Association, Hamilton,
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Mr. President :

Up to a comparatively recent period the profession looked upon operative measures for the removal of fluids from the pleural cavity as not being indicated, except in very rare cases, and then only when life was in most extreme peril. Druitt, so late as 1859 says, that Paracentesis for hydrothorax depending on organic disease would do no good, and except for effusions of blood or pus he does not appear to look with much favour upon operative procedure. This had been the general teaching up to the time of Trousseau, who was the first to lay down the proposition that large effusions ought to be drawn off before dangerous symptoms arose. Before Trousseau's time a patient sick of pleurisy was treated on the so-called antiphlogistic system, general and local blood-letting, calomel internally and mercurial ointment externally. Strong purgation with powerful diuretics and diaphoretics and a few blisters if signs of life were still visible. If the patient survived the attacks of his disease and of his physicians all was well, but if he died, or recovered with the functions of a lung more or less completely destroyed, it could not be denied that the treatment had been sufficiently vigorous.

It is, of late years, pretty generally admitted that such treatment is, as a rule, not only useless, but positively injurious. There are no remedies on which much reliance can be placed for promoting the absorption of pleural effusions. Niemeyer, twenty years ago, laid down this dictum, that "it is questionable whether it be possible, by any therapeutic means, to bring about the conditions upon which the absorption of pleuric effusion depends." He further says, "concerning our slender ability to excite or even to hasten re-absorption of pleuric effusions by means of internal medication, the discovery that their evacuation by surgical means is attended by much less danger than was formerly supposed and the frequent and early practice of such operations in cases of pleurisy with effusion must be considered an important advance