bors have but little room for crying out "*eureka.*" It is, to be sure, rather indicative of timidity, or obfuscation, that he conceded to Dr. Simpson some credit, on the hypothetic ground that the forcibly separated placenta, left in the vagina, served as a mechanical plug upon the orifices of the bleeding vessels. Verily this sort of loose plugging must be a perilous procedure; and surely the placenta, partially yet adherent, must be a better plug than when totally severed from the uterine surface.

I once had a very instructive opportunity of noting the result of a loose plugging of the vagina in a case of placenta prævia. I was sent for in the middle of the night by a city practitioner, to aid him in some difficult case. On arrival, I learned that the woman had been flooding copiously for some time, and I was informed that the case was one of placenta prævia. I asked the gentleman had he plugged. He replied, yes. I wondered, why, if he had well plugged, the hemorrhage had not been checked; so I made search. What did I find? The tail of a man's muslin cravat hanging outside, and the rest of this flimsy tide-stopper inside. I did not lose much time in substituting a more efficient corking of the bottle. The hemorrhage ceased; the woman rallied; uterine pains, provoked by my mechahical irritant, ensued, and I quietly waited. But presently another practitioner, who, I believe, had been summoned before me—a gentleman of large experience, and gifted with a generous appreciation of his own acquirements and ability,—arrived. On hearing our detail of facts, he said to me, "Well, Dr., you know the rule." I replied I knew what he, most probably, understood by "the rule," but there was more than one, and in the present instance I had resolved to abide by the alternative. Before very long the tight plug began to feel the propelling force of the down-bearing pains, and we concurred in the propriety of now withdrawing the plug, and testing the present condition of matters, which being found favorable, the gentleman first in charge was coerced to finish his work, and the mother was saved.

As a melancholy set-off against this fortunate issue, I here recal my observance of another case, which I witnessed in my student days. An ignorant midwife, (as which of the precious lot are not?) had sat nearly two days and nights watching a woman bleeding to death from placenta prævia. I accompanied my senior to the patient's house. He, finding the actual state of matters, followed the rule then orthodox. In Yankee phrase, he *went for* the child, turned, and delivered expeditiously, and the woman died about as expeditiously. I do not say that in her semi-exsanguine state, plugging would have saved her; but I do say that tight plugging, co-operating with a free supply of brandy or whiskey, would have given her the only chance of escape.

HERNIA AND PARACENTESIS THORACIS.—CASES IN PRACTICE.

BY W. S. CHRISTOE, M. D., FLESHERTON.

Surgical operations of a critical or capital nature, are not, as a rule, frequently performed by country practitioners. They occur so seldom, that, however skilful, one gets rusty both in theory and practice. Toronto with its excellent staff of surgeons, and appliances in abundance, render excuses easy, and patients, who are able, are easily persuaded to go to the great city. Sometimes, however, cases do occur when we are obliged to operate, and that too under circumstances far different from our more popular brethren of the city.

HERNIA.—Operations for hernia are rightly considered those requiring care and skill, and withal some anatomical knowledge of the parts. The mind naturally reverts to school-day efforts, to master, seriatim, the coverings, under the particular kind of hernia to be operated on; but experience has taught the existence of very great difference between operating on a cadaver and a living subject. "Make haste slowly" is a motto to be remembered. There is not time for surgical catechizing. It is very essential to know what is not to be cut, and then follow the director as quickly as possible to the point desired. It would be most inexcusable for one not to know the nature of the sac, and the colour of the gut; there can be no danger if the director be kept outside of these.

Case 1.—The first case I will mention, was a lad 12 years of age, who was pitching some grain beyond his strength, and ruptured himself. His father came hurriedly 14 miles for me, but did not know the nature of the trouble. I hastened to the lad and found him suffering from strangulated hernia. I gave sedatives, applied fomentations, chloroformed