

ing diagnosed the disease, our great object should be, *rest to the joint*. Let the limb be put in its natural position, (the patient on his back), and kept then as nearly immovable as possible. If by using an apparatus simply to prevent mobility of the joint, the pain is unrelieved; some form of extension should be adopted. In the majority of cases, however, if seen early, no extension will be necessary. It seems to me that extension should be avoided if possible, and when adopted for the relief of hip-joint disease, the extension should be made from the lower part of the thigh; a constant dragging on the limb by a weight and pulley is scarcely compatible with physiological rest; moreover, it is liable, especially in young subjects, to produce diastasis, particularly when applied to the leg, as is usually the case. As to keeping the patient in bed, and the apparatus constantly applied, this is imperative. The parents always fear that the general health will suffer, the facts are, however, that the patient usually gains in health and strength.

Constitutional treatment should be attended to in the majority of cases—the patient should be built up by every means in our power. If the stomach will bear it, some form of cod-liver oil should be given; if not, and there is great wasting, inunction of the oil should be practised. Wyeth's beef iron and wine, and Parrish's chemical food are also excellent preparations for sustaining the strength of the patient.

I believe, that by the early diagnosis of this disease and its prompt treatment by rest, many of its terrible results will be avoided, and the withered and deformed limb and peculiar gait of the victim of hip-joint disease will become as rare as it is now common.

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#### SOME POINTS IN THE TREATMENT OF ABORTION.\*

BY A. T. CARSON, M.D., M.R.C.S.ENG., TORONTO.

MR. PRESIDENT AND GENTLEMEN,—I fear that some of you expect to hear an exhaustive paper, brilliant with quotations and bristling with authorities—these will be disappointed. I propose to give simply the result of my own individual experience and the rules which have guided me.

Looking back on the work of our predecessors, we wonder at the way in which the pendulum of practice has been swung from one extreme to the other. We know that at one time in the history of obstetrics the placenta, even at full time, was never removed, even if it took weeks to come away. In proposing that the afterbirth shall be at once removed in either natural labour or abortion, are we not ourselves going equally far in the opposite direction? When called to a case of abortion, the questions are: what have we to fear? what have we to do? The one question naturally hangs upon the other. Our fears are septicæmia and hæmorrhage.

Now with regard to the bugbear septicæmia, I desire to speak with all due respect—a respect caused not so much by its frequency as by its fearful results. As to its frequency, I fancy that we should see less of it if we were more careful to avoid all predisposing causes. We have all attended cases of delivery where the foetus was putrid and sickening; we have opened fæcal or other abscesses with a perfect stench; we have had psoas and other chronic abscesses and comminuted fractures without the slightest sign of septic poisoning; we may have hectic or irritative fever, but we do not fear septicæmia till we ourselves do something conducive to its arrival. I do not mean to say that septicæmia is impossible in these cases, but that it is so very rare that its fear does not influence our practice. If we were equally careful in cases of abortion, I believe we might reduce the danger of septicæmia to a minimum in that also. The walls of the vagina being constantly in close apposition, the contents of the uterus are preserved from all external atmospheric contaminating influences, and I hold that it is the duty of the attendant to preserve this state as long as possible. It is true disinfectants will help us much in this, but they cannot be relied on with absolute certainty, and more especially in country practice are not always available. In some districts where abortion seems to be common and people careless about it, it is astonishing how long cases are allowed to run on without assistance. A German professor, in a paper on this subject, regretted that his clients often waited for twelve or fourteen weeks before coming to him, yet not one word did he say of septicæmia. If septicæmia were a common result of mere retention of pla-

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