

within reach, and the finger of the attendant is able to effect the desired detachment of the membrane from the uterine surface. When once this is done the liquor amnii rushes downward and the bag of waters after filling the os, is driven forward like a wedge by the concentrated, and now powerfully expulsive, uterine effort, because such effort is directed toward the outlet.

The rapidity with which labor is accomplished after the correction of such irregularities is truly marvelous, and most satisfactory to both accoucheur and patient.

I am aware that in some cases the attachment of the decidua is beyond the reach of the finger. When this is the case, two methods of treatment are open to us. First, we can use the uterine sound—as a digital prolongation—and separate the adherent surfaces to almost any extent; or second, we can resort to rupture of the membranes, and allow the fœtus to glide over the decidua, inasmuch as the latter fails to glide over the uterine surface as it does in normal labor.

Much more might be said, but I will draw your attention to but one point more, viz., the great advantage, with regard to both safety and time, that follows the rapid and complete delivery of the after-birth. These results, so much to be desiderated, can generally be accomplished by aiding the last labor-pain, that expels the child, by pressing quite firmly over the uterus with the left hand at the precise moment that the organ is contracting. By this means our object is thoroughly accomplished. If it fails us for the moment, we should wait a little, and then repeat our effort with the next uterine contraction, which, when gently, and skillfully applied, seldom fails to be crowned with success. When it is desired to aid the uterus in expelling the after-birth, be careful not to twist or make strong traction upon the membranes; if you do, the result will be their laceration and partial removal. Besides this, frequently a sac of blood is left behind, which must be a source of great danger. I have no doubt that many cases of puerperal peritonitis and metritis are induced by such means; also the presence of such a foreign body will favor hemorrhage by dilating the organ. Even the retention of the adherent membranes alone are not free from danger, as all will readily admit.

In conclusion, I would urge upon my fellow

practitioners to cultivate an acquaintance with the diseases of women. No subject presents more inviting interest, nor offers a fairer and fresher field for exploration and scientific enjoyment.

### THE BEEF TEA FALLACY.

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Many years ago, that greatest of chemists, Baron Liebig proposed extract of meat as an agent of value, in certain cases of extreme nervous and physical exhaustion. This proposition at once sent the medical world agog, and ever since it has been the custom, with practitioners generally, to prescribe extract of beef in all cases requiring a supporting treatment, and in not a few requiring no such treatment, in the full belief that the article in question was the most concentrated, and at the same time the most easily appropriated and life-giving aliment that the patient could have administered to him. The belief is general that extract of beef is the very quintessence of beef, and as a matter of course, infinitely more nutritious than beef itself. Such being the opinions entertained, we need feel no surprise at the wide-spread custom of feeding the sick with beef tea or extract of beef, to the exclusion, to a large extent, of other articles of diet, including beef itself. That this practice is almost universal I need not stop here to show, since the fact must be known to the most casual observer. Physicians generally are in the constant habit of ordering extract of beef as food, in all conditions, from enfeebled health to the most acute disease. If the patient is weak he is at once ordered beef tea; and if he is still sinking he is ordered a still larger portion of beef tea. Such is the practice as we daily witness it, and such is the practice as seen in all civilized countries, and such shall be the practice until many thousand lives more are added to those already sacrificed at the shrine of this stupendous delusion.

What would be thought of the physician who, when called to the bedside, ordered coffee for diet, and more coffee as the patient's strength failed. Of course he would be declared mad; but, as I shall endeavor to show, he is only a trifle more so, than the man whose reliance is on extract of beef.