Lamentable consequences must certainly follow such a practice." These passages accurately expressed his (Dr. Athill's) views. With respect to early rupture of the membranes, he wished to say that he never administered ergot without rupturing of the membranes previously. He had made this an invariable practice, without being aware of the recommendations of Drs. Hardy and M'Clintock to rupture the membranes as soon as the os was fully dilated, and he thought that was a practice which should always be carried out.

He (the Vice-President) had laid it down, in his paper "On the Anticipation of *Post-partum* Hæmorrhage," that the too rapid evacuation of the uterus, whether naturally or by injudicious extraction by the forceps, or a too rapid expulsion of the placenta, might produce *post-partum* hæmorrhage; but that case was different from the hæmorrhage caused by the exhaustion of a long labor. All of them had seen cases where the uterus was exhausted even after a labor that had only lasted a few hours. There was one other point which had not been alluded to by Dr M'Clintock, and that was, that *post-partum* hæmorrhage was often induced by the injudicious management of the third stage of labor. He believed that a large number of cases of *post-partum* hæmorrhage were caused by the too rapid extraction of the placenta, a practice which was too generally carried out, and to which he strongly objected. Dr. Denman, in his admirable work, stated he had tried experiments to see whether any harm would follow from leaving the placenta for a considerable time in the uterus. He found no unfavorable results to follow, and he laid it down as an axiom that the placenta might be left in for four hours. Four minutes would, Dr. Atthill thought, be nearer the time the placenta was now, in general, left in the uterus; but he considered a medium between the two extremes should be adopted. In his opinion no attempt should be made to remove the placenta for at least fifteen minutes after the expulsion of the child. Even that, he thought, was often too soon. He always kept his hand on the fundus until the after birth was expelled. Doubtless the pain that expelled the child frequently also detached the placenta, but it seldom expelled it, and he thought nature intended it to be left for a time in the uterus to cause that organ to contract. Many practitioners, for the sake of getting rid of the trouble of being kept at the bedside of the patient, removed the placenta immediately after the birth of the child. If this practice be adopted, it should be done by pressure and not by traction. Dr. Mathews Duncan pointed out that when traction was employed the placenta acted like a piston, and drew blood from the uterus.

Dr. Churchill said that perhaps the omission in his book arose from the fact that he took it for granted that the membranes either had ruptured, or had been ruptured at the beginning of the second stage. He thought, perhaps, Dr. M'Clintock meant that they should be ruptured a little earlier, before the first stage was completed. He thought there was a slight want of precision in speaking of the quick pulse, and he should like to insert a word in the paper—viz., "permanent quickness." A great many years ago he read a paper before the Society upon the variations of pulse during labor and after delivery; and he remarked then that whenever the pulse did not diminish in frequency after delivery, they might certainly look out for hæmorrhage. During the second stage the pulse is quickened during a pain, and then subsides; as the stage went on it subsided less, and went on quickening until the end. When the labor is over the pulse, which during the last bad pain might be 140, fell down to about its natural standard. Then, when reaction took place, it might rise again, to fall afterwards to its natural standard; but when it remained at 120, then they might anticipate danger. In all Dr. M'Clintock said about ergot he agreed, and he had nothing to add to it. There was, however, another matter, although it did not quite come within the purview of Dr. M'Clintock's paper, which was rather the signs than the treatment of hæmorrhage, but which was not altogether alien to it, and that was when the patient had had hæmorrhage before, he always stood over the patient with the uterus grasped in his hand; and he found that he was able to control the hæmorrhage. He had one patient in whose successive labors he had to stand over her thus for two hours. Now he wanted to say a word in opposition to what the Chairman said as to the precipitate delivery of the afterbirth. Provided the Chairman's observations were confined to forcible abstraction by the cord, he quite agreed with him, but he did not agree that the placenta should not be extruded as soon as possible. For a great many years he had been in the habit, by firm pressure and grasp of the uterus, of making the uterus expel the placenta within five minutes, and he had never yet seen hæmorrhage follow. He had seen far more hæmorrhage follow the birth of the child when the placenta was not interfered with, or where the placenta remained half an hour in the uterus before being taken away. He did not know that in a single instance in which the placenta was extruded in the manner he had stated, any hæmorrhage ensued.—*Dublin Medical Journal.*

DIET OF DIABETES.

The patient must be supplied with a diet consisting of nitrogenous food, such as butcher-meat, fish, eggs, and soups. Fat (which does not contribute in the least to the formation of sugar) may be given in all its forms, such as cream, butter, cheese, and oil. Spinach, lettuce, and cresses may be freely used, but celery and radishes only sparingly; while potatoes, carrots, parsnips, turnips, peas, French beans, cabbage, Brussels sprouts, cauliflower, brocoli, asparagus, seakale, and fruit of all kinds, both fresh and preserved, should be avoided, with the exception of nuts and almonds. Instead of bread, the patient should take either the gluten-bread supplied by Ronthorn, 106, Regent Street and Van Abbot, 5, Princes Street, Cavendish Square, or the bran- or almond-buscuit prepared by Blatchley, 362, Oxford Street. Dr. W. Richardson strongly recommends that the