

half-ounce of brandy administered. She fell into a quiet sleep. At 10 a.m. I examined the chest again, and found no trace of the crepitant râle, and only a few moist râ at the base of the left lung. She received also four drops of the fluid extract of *viratrum viride*; then two drops every hour for four doses; then one drop until 4 a.m., when it was discontinued, it having lowered the pulse sufficiently. The patient made a rapid recovery. In regard to *veratrum viride*, I may say that I ceased using it many years ago, as it has no particular effect in controlling the temperature. In fact, the highest temperature I ever observed in acute lobar pneumonia was in the case of a young man, in which the temperature ranged between 104° and 106.5° for ten days, notwithstanding the fact that the pulse was never allowed to go over 70 or under 60 by the use of *veratrum viride*. I consider the application of cold to the chest a great, if not absolutely the greatest, therapeutic agent that we have in acute lobar pneumonia; but for various reasons—prejudice of patients or their friends, or the weak-kneedness of the doctor—few use it.

THE CÆSAREAN SECTION IN PLACENTA PRÆVIA.—Dr. W. H. Ford (*American Gynecological Journal*) says: The dangers of placenta prævia, as well to the mother as to the child, are due to the development of the placenta upon the lower segment, and to the canalization of this segment during labor. While the first of these conditions cannot be avoided, the second should not be permitted in placenta prævia totalis, or partialis. Delivery should be by Cæsarean section. In placenta prævia marginalis, if the circumstances were favorable, the os easily dilatable, the condition of the mother and child good, the head presenting or capable of being readily brought to engage, and the hemorrhage arrested or moderate, it would be well to follow the method of intra-uterine and vaginal tamponade, and deliver by forceps if the child should be in danger. But if the os were rigid, the hemorrhage profuse, the presentation lateral, the cord prolapse and not reducible, or the *fœtus evidently suffering*, I would have immediate recourse to the Cæsarean section. The Cæsarean should be performed as soon as the diagnosis is established and the condition of

the mother permits, to the exclusion of all other methods, as an elective and primary operation, and in all cases of *placenta prævia totalis* and *partialis*, and in placenta prævia *marginalis*, as soon as the conditions warranting it have been satisfactorily determined. In the two graver forms of placenta prævia, the Cæsarean section should be practised as a prophylactic measure, in place of any attempt to deliver by the natural passages, after the first hemorrhage. In cases where hemorrhage is late or sets in only as labor begins, and where, consequently, the placenta is most probably attached laterally, it is advisable, until this entire subject has been practically studied, to deliver per vaginam as a rule. If, therefore, the cervix be easily dilatable, and the hemorrhage moderate, we may proceed as suggested in the more hopeful cases of marginal implantation. But *even here* an undilated os associated with severe hemorrhage would constitute a very serious condition. If the rigidity were due to fibrosis, it should be abated by multiple incisions; if to carcinoma, the radial Cæsarean section would be indicated. If the cord were prolapsed, and after reposition still descended, the os being partly dilated and not dilatable, dangerous hemorrhage continuing meanwhile, the Cæsarean section would be unquestionably indicated for the safety of both mother and child.—*Med. and Surg. Reporter*.

A NEW TEXT-BOOK ON ANATOMY.—P. Blakiston, Son & Co. have the pleasure of announcing for early publication a new and systematic text-book on anatomy, prepared especially to meet the requirements of the students and surgeons of to-day, written by ten of the foremost anatomists and surgeons in the English-speaking world, and containing about 600 illustrations, nearly every one having been specially drawn and engraved, and many of which will be printed in colors. The retail prices will be from six to eight dollars in cloth and leather bindings.

At the meeting of the Toronto Medical Society held on Nov. 5, Dr. R. A. Reeve presented the society with a portrait of the late Dr. Beaumont. On motion of Drs. Graham and Macdonald, a vote of thanks was given him with hearty applause.