

per cent. of all cases (twenty to four hundred) operative removal of the ovum must be undertaken. He would advocate the early and thorough treatment of inevitable and incomplete abortions, as well as the entire safety of the treatment.—*N. Y. Med. Jour.*

Treatment of the Navel.

The chief principles to be observed in the treatment of the naval following birth are, according to A. Ahlfeld (*Centralbl. f. Gyn.*, Nor. 13, p. 337), shortening of the cord to the recognized minimum, touching up the stump and vicinity of the navel with 95 per cent. alcohol, then placing a layer of sterilized cotton which is to remain on for five or six days, only being removed in case of its becoming moist with urine. Especially may it be noted that after the birth of the child the cord is to be cut about 3 to 4 inches from the navel, after carefully tying it off with linen tape. Then, after the bath, the secondary shortening is to be performed. This consists in tying off the cord about two-fifths of an inch from the navel and a little beyond this the cut is made. Now the aforementioned moistening with alcohol is to be done and the sterile cotton wrapped over it. The author never uses silk ligatures for tying off the cord, as it frequently happens that a hematoma of the cord follows a too tightly applied silk thread. The suggestion that a cautery-scissors be used to cut off the cord about one-half inch from the child's abdomen, Ahlfeld scores as being too dangerous in its application.—*Medical News.*

Dr. W. E. Gimby, of Chcsley, and Dr. J. H. Gimby, of Thedford, sailed on the 12th ult., per Dominion Line for Liverpool. They purpose spending a few months in post-graduate work in Europe.

We are pleased to announce that Dr. J. T. Duncan of this city, will, in association with Dr. G. S. Ryerson, have charge of the department of ophthalmology.