removal of the drainage tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation. It may be said that this is simply a suprapubic lithotomy, and so it is, but I maintain that it is a much less serious proceeding than the ordinary suprapubic operation, as the bladder is scarcely disturbed, and the wound made in it is very limited. Its advantages over lateral lithotomy are:—1. That the urethra, prostate, and neck of the bladder are left uninjured; 2. That it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children. It requires a little manipulative dexterity to seize the small stone, but not more than a surgeon should possess. In certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable. *Brit. Med. Jour.*, Jan. 2.

THE MANAGEMENT OF PLACENTA PRÆVIA. At the close of an interesting paper on this subject, Dr. Malcom McLean, of New York, offers the following rules in dealing with placenta prævia:

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hæmorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet the irritation.

Second. Inasmuch as the dangers from *hæmorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In primiparæ, the mothers with rigid tissues, the *vagina* should be well distended by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough continuous* hydrostatic pressure of a Barnes' dilator than pressure by the fœtal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instrument, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or Indian-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hæmorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—*American Journal of Obstetrics*, March, 1886.

VIBURNUM PRUNIFOLIUM IN ABORTION.—Dr. W. Macfie Campbell, of Liverpool says; Since the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine-treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pains, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscar-