pains, but differing from them in being more frequent and of a more tearing, tenesmic nature. If this complication should occur during labor it will protract it, more by its reflex, nervous influence, creating false unavailing labor pains, than by its mechanical obstruction. This is shown in the treatment, for after catheterization the uterus descends, the pains change their character to true uterine pains and labor continues.

On scarcely any other question in surgery is there such a diversity of opinion as there is on the question of drainage after laparatomy, as was shewn in a paper on this subject, read by Dr. Paul F. Mundé, of New York. Dr. Mundé believes that all uncomplicated cases do better without a tube, that after thoroughly cleansing the abdominal cavity the absorbent power of the peritoneum is enough for all oozing. He was supported by Dr. Martin, of Berlin, who has discarded the tube except in his hysterectomies and when there is a large ulcerating surface; in both of these cases he drains through the vagina. But Dr. Bantock is a strong champion of thorough drainage, and certainly his very flattering results are enough to confirm his opinions. Out of his last 104 ovariotomies he has only lost three patients, and out of his last 78 he has only lost one. He thinks the reason that others have not had such good results with the tube is because they do not empty them often enough. He uses a straight glass tube which he empties every two hours, and leaves it in until the fluid that comes away is clear serum.

Of course both sides of this question have their advocates, and will have for a long time to come, until a wider knowledge decides for or against the practice, but it certainly does seem that a patient with a tube in, when changes can be watched and hemorrhage detected, is much safer than one without, even barring the accidents of formation of pus, or fistulæ, or peritonitis—all possible effects of the tube.

In a paper by Dr. C. D. Palmer, of Cincinnatti, on "The Therapeutic Value of some Medicines in the Treatment of Hemorrhagic Conditions of the Uterus," the therapeutical qualities of ergot, arsenic, iron, hamamelis Virginiana, virburnum prunifolium, etc., were discussed. Although ergot stands at the head of the list, especially when a immediate action is required, and in the case of a large boggy uterus, the result of subinvolution, there is probably nothing better; still the hamamelis and viburnum have a great reputation among the Americans, both from clinical evidence and from their supposed specific action in constringing the venous walls. Arsenic too was highly spoken of, particularly in those chlorotic cases with a malarial taint. Fordyce Barker's treatment of such is, to put them on three or four ♏. of Fowler, three times daily during the intermenstrual periods, and treat with quinine during the flow. Dr. Lloyd Roberts, of Manchester, and Dr. Bantock both hold to the good old ergot.

Dr. Parvin, of Philadelphia, read a paper urging the use of antiseptics in private midwifery practice, and showed that by using compressed tablets or capsules of bichlorids or other antiseptic, and dissolving them in water, at the bedside, the danger of the patient would be very much lessened, and the accoucheur's reputation correspondingly bettered. He says he always uses them, and we had the testimony of several obstetricians of note to show how beneficial they were. Prof. Simpson threw out a good suggestion on this subject; it is that the residues from all degenerated tissues were mainly in the shape of fatty acids, and from chemical experiments it was found that spirits of turpentine would very effectually dissolve these fatty acids, therefore it was the practice of himself and a great many other English and Scotch obstetricians, to carry a little bottle of turpentine in their obstetric bags, and rubbing their hands well with this, then washing them with soap and water, and afterwards in the antiseptic solution, before ever attempting to examine a woman in labor. This cleans the hands of all impurities, the result of examining old wounds, ulcers, etc., which every one is continually coming in contact with, especially the general practitioner.

Canuck.

Selected Articles.

PROPRIETARY MEDICINES — SHOULD PHYSICIANS PRESCRIBE AND RECOMMEND THEM?

"Should the physician use in his daily practice a 'proprietary' medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time honored principles of medical ethics?"

These questions have been put to this journal, and perhaps to others, with the request that they be answered editorially; and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have give the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matters depends upon what is meant by the term "proprietary medicine." In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is