

only made during the pains to prevent the arms slipping up over the head, abnormal rotation or constriction of the neck of the fœtus by an insufficiently dilated os. The fillet is always used. Turning is always performed with the patient in the dorsal position.

The perineum is supported in primiparæ, and for this purpose they are turned on the left side. The labia are gradually stripped back from the head, and often its progress is retarded by pressure during a pain to avoid rupture. If very tense and of a bluish colour, episiotomy is performed; *i.e.*, an incision is made on either side to direct a tear from the rectum and relieve the tension. If a rupture occurs, "serrefines" are applied, and the legs bound together thus avoiding much of the unpleasantness incident upon stitching.

The placenta is removed by Crede's method, and in normal cases, pressure on the fundus is kept up for about five minutes. If there is any tendency to flood from inertia the uterus is kept contracted by pressing and rubbing it with the hand until it can be brought under the influence of ergot. Full doses of ergot are given in all cases. A tin, holding about a quart of lukewarm 2% solution of acid carbol, is hung on the wall at the head of the bed. From the bottom of the tin runs a tube, fitted at the end with a gutta-percha shoulder, into which a nozzle fits. The nozzle is bent at about an angle of 120° to better adapt itself to the upward and forward course of the vagina. The nozzle is filled with the fluid, introduced into the vagina, and then fitted into the shoulder of the tube. The stop-cock is turned and a steady stream flows without much force into the canal. This gives a great sense of comfort to the patient.

The new-born babes are laid out on a table until the nurses are at liberty. Sometimes six or eight may be there at once, waiting to be washed, dressed, and returned to their mothers; or, perhaps, it may occasionally happen to some other baby's mother. With so few distinguishing marks, mistakes might occur in the hurry, when one thinks that as many as thirty-six were born in this one ward, with its twenty beds, between the hours of 8 a.m. and 8 p.m. One Friday morning, fifteen went down to be christened.

About an hour after delivery the mother and child are taken away on a litter to the convalescent wards, where, if all goes on well, they remain for nine days. If in good health, they are then transferred to the infants' home, where they nurse their own child and that of some mother whose case has not terminated so favourably. For two weeks they are bound to stay here, and if willing, can remain longer. For this they receive their board and a small wage beside. Then, returning home, they take or leave their offspring as they choose. If it be left, as is done by many, for 50% of these children are illegitimate, there are certain times at which they can reclaim it. This privilege is granted until the child is fifteen years old, when all trace of it is lost to the parents. The system, it is said, was instituted to benefit (?) the soldiery, discouraging marriage among them, and still allowing them to gratify their desires without inconvenience.

TWO CASES OF DROPSY FROM ANÆMIA FOLLOWING ACUTE PNEUMONIA IN THE AGED—RECOVERY.

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The following cases I consider worth reporting, not from anything special either in the cases themselves, or in the line of treatment adopted, but as showing the necessity of securing complete convalescence before treatment is abandoned; as it is frequently the case that a patient beginning to feel relief from the severest symptoms of an acute disease, and growing weary of restraint, though still weak and anæmic, will refuse any longer to submit to treatment.

Of course, in such cases it is the duty of the physician to point out the dangers of an incomplete cure, yet for various motives he may not feel disposed to press the matter too strongly. On the one hand he should be suspected of a desire to prolong his bill, or the patient, being under favourable hygienic conditions, may continue to improve, though slowly, and thus in future discredit him with the family.

These cases of incomplete convalescence occur most frequently in families who have been so fortunate as never to require much medical