

The President would be inclined to use ergot and bromide, carefully watching their effect upon the patient. He thought belladonna might be useful. He wished to know the prospects of the patient always having a patulous trachea.

Dr. Fleming, in reply, said he used bromide, as the patient had no symptoms of heart failure at any time. Did not fear contraction of the trachea.

BRANT MEDICAL ASSOCIATION.

The regular quarterly meeting of the Brant Medical Association was held in Brantford, March 2nd; the president, Dr. A. J. Henwood, in the chair. There was a good attendance, including as visitors Dr. Rosebrugh, of Hamilton, and Dr. Carson, Brantford. Dr. Rosebrugh read a paper on "Points in Abdominal Surgery," confining his remarks to the uterus and its appendages. Among the laparotomists he mentioned were Tait, Bantock, Thornton, Keith and Schroeder. He described their different styles of operating, mentioned their hobbies, and gave some of their statistics with regard to laparotomies. The writer of the paper considered Mr. Tait the greatest living abdominal surgeon, and in the course of his paper touched on the points characteristic of Tait's method of operating. Among these points were the following: His assistants, three or four in number; his material for sutures, which has been boiled, but not otherwise disinfected; his utterly ignoring antiseptics; his anæsthetic, 1 part chloroform, 2 parts ether; his sponges and instruments, rigidly clean, but not antiseptic; the smallness of his incision; the rapidity with which he works; his great manual dexterity; the tying of the pedicle with the Staffordshire knot, cutting it short and dropping it; the flushing of the abdomen with a large quantity of hot water, to counteract shock and for cleansing purposes; the introduction of a drainage tube, and suturing of the incision, the sutures being one-half inch or further apart. The writer also mentioned Tait's method of treating incipient peritonitis by a brisk purgative, which, he asserts, cuts short the inflammation.

DR. J. H. PACKARD, of Philadelphia, is expected to be present and to read a paper at the meeting of the Ontario Medical Association in June next.

Selected Articles.

TREATMENT OF RETENTION OF THE PLACENTA AFTER ABORTION.

What is to be the conduct of a physician in cases of abortion, when the fetus has been expelled and the secundines remain in the cavity of the uterus? This question has been a theme for considerable discussion in the last years. Two complications have been observed as arising from the retention of the secundines, they are: *hemorrhage* and *septicæmia*. A certain number of accoucheurs, who look upon these complications as frequent, recommend constant intervention, when the adnexa have not followed the expulsion of the fetus in the course of several hours. The methods of procedure recommended by them are numerous and varied. Some introduce the finger into the uterus and seek to detach, break away or remove the placenta; others resort to the forceps for the better accomplishment of this purpose; others again employ the curette, either dull or sharp. Mundé, for example, uses only the dull curette, and also recommends the avoidance of a force which might injure the woman. But the curette with cutting edges also has its partisans, to scrape the walls of the uterus and to withdraw the debris of the ovum. Lately, besides curetting with the sharp or dull instrument the additional use of a tampon has been resorted to. In a certain number of cases the tampon is sufficient without a previous recourse to the curette.

It is, however, not always easy to operate within an uterus the dimensions of which are so small in the beginning of pregnancy, and whose cervical canal is hardly permeable; it may become necessary to practice dilatation, either with the finger or by means of mechanical dilators, as the sponge, laminaria or tupelo tent. To facilitate this method some physicians seize the neck with a pair of vulsellum forceps and draw it down to the vulva. In short, all means are resorted to, and these means vary according to the nature of the case, and the fancy of the physician for the purpose of removing the secundines from the uterine cavity. Is this mode of conduct really rational and necessary? It seems to us that two things must be shown to render it justifiable:

1. That retention of the placenta is really a source of frequent accidents.
2. That all digital and instrumental manipulations to which recourse are had offer no danger.

First.—Is the retention of the placenta following abortion really a source of frequent accidents? We have collected all the observations made in our service at the Charité from the month of May, 1883, to May, 1886, and in addition to this, with the permission of M. Tarnier, have included all the cases of abortion which