the pulse and temperature were somewhat above normal—the pulse averaging between 90 and 100, and the temperature about 100. She sat up on the eleventh day, and on the following day I was sent for, and found her with a high temperature and a rapid pulse, with some indication of phlegmasia alba dolens, and for three weeks she was under my constant care, with evidence of well-marked septic complications, and as soon as the tendency for phlebitis disappeared in one leg it appeared in the other.

I am satisfied the late septic complications occured from the lacerated cervix, which healed up kindly on the right side, but not so on the left, which healed slowly by granulations.

Upon my recall to the case on the eleventh day, I took charge of the vaginal injections myself. Previous to this time I had entrusted this to the nurse, much to my regret, for upon my first examination I was satisfied they had not been thoroughly given; so every day for several days I introduced a speculum, and with an ordinary piston syringe I washed out the uterus, the cervix, and the vagina with bichloride or carbolic acid sol., and dusted the seat of laceration with either boracic acid or iodoform. Internally was given quinine, phenacetine, large doses of iron, and good food.

The leg was bandaged from time to time with an ordinary roller bandage. Greatly to my relief, my patient finally recovered, and seven weeks after her confinement returned to her home in Washington.

My object in reporting this case is to impress on the minds of physicians the importance of not temporizing when they have to do with a case of placenta previa. There is no safety for the mother as long as she remains undelivered. I am satisfied no one can lay down dogmatic rules in every individual case, but my personal experience has taught me that in performing podalic version, and delivering either rapidly or slowly, as the case may indicate, you are working for the best interests of the mother and child in the vast majority of cases.

Dr. Wm. P. Chunn: I have seen only two cases of placenta previa. One I saw with Dr. Neal. The patient had been tamponed with cotton. He took out the cotton, inserted his left hand, and delivered the child by podalic version. Both mother and child did well. I had one patient of my own. It was a marginal implantation, and I thought I could use the forceps better than turn, and I did so. I had some difficulty in getting the forceps on, and failed at first; but the attending physician forced the head firmly down by external pressure, the forceps were put on, and the child delivered. I think I might have done better by podalic version.

Dr. Brinton: There is no absolute law for the treatment of placenta previa. In my first case the patient was lost by delay. In another case, the woman had bled considerably, but about the time I was called the head came down and the bleeding stopped. Forceps were put on and the child delivered. I am now satisfied that the first patient could have been saved by prompt action. In the ten cases of placenta previa which I have seen in practice, only two of the children have been saved. The mothers have all recovered with the one exception, as already specified.

Dr. T. A. Ashby: I think Dr. Brinton did the proper thing in this case. My experience with these cases has been limited, having seen but two. In one the child was dead born. The mother recovered. The placenta was attached over the entire cervix, and had to be torn away before the child could be delivered. In the second case I removed a dead fœtus of five or six months with placenta previa. She had been bleeding for some weeks. She recovered, and subsequently gave birth to a living child. More recently I delivered her of another dead fœtus.

With reference to the septic trouble which the doctor's patient had suffered from, I am satisfied that lacerated cervix is a prolific cause of pelvis troubles, and I frequently find laceration of the cervix and involvement of the tubes associated. The treatment that the doctor suggested, of going into the uterus and washing it out thoroughly, is very good. My own method is somewhat different. I put in a speculum, fill up the vagina with a bichloride solution, and then with some cotton on an applicator remove all the débris from the cavity of the uterus. I have treated eight cases in this way in the last year, and in each case got a good result.

I have seen but one case of pure septicæmia that came on four weeks after confinement. There were no local lesions, and there was nothing in the uterus to be removed. The symptoms came on the twenty-first day after confinement, and she died in about a week.

Personal.

H. H. OLDRIGHT, M.B. Univ. Tor. '91, has returned from the West Coast of Africa, and has sailed from London for New Zealand, as surgeon of the "Duke of Sutherland" (3116 tons), one of the Ducal Line of steamships.

LORD KELVIN is the title which the newly-created medical peer, Sir William Thompson, will adopt. That is the name of a river that empties into the Clyde at Glasgow.

Therapeutic Notes.

DANDRUFF.—The following pomade is recommended in the treatment of dandruff:

R.—Acidi salicylici	- -	℥ss.
Sodii boratis	- - -	gr. xv.
Bals. peruviani	- -	♏ xxiv.
Ol. anisi	- - -	♏ v.
Ol. bergamot	- -	♏ xv.
Vaselini	- - -	℥ iij.

M. et ft. unguentum.