

pelvic tissue can be brought together and united by suturing, so as to secure better results than when other surgical methods are employed. In bringing together the folds after the uterus has been totally removed, their margins can be turned outward and downward; this arrangement of the parts will thus practically invest the operation with all the advantages that can be secured by the choice of the extra-peritoneal method.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting Nov. 30, 1894.

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Dr. LAPHORN SMITH strongly advocated the use of anæsthetics, and employed the A. C. E. mixture, giving the bottle to the patient, and instructing her to sprinkle a few drops on a handkerchief and inhale it as she required it. In this way the patient never became entirely unconscious, and the employment of the anæsthetic did not necessitate calling in another physician. He admitted that it prolonged labor and increased the tendency to postpartum hæmorrhage, but he felt no anxiety on this score, while he possessed the fluid extract of ergot, which he administered in hot water immediately after the birth of the child, to prevent it. He also believed strongly in quinine and strychnia for increasing and maintaining the tonicity of the uterus. The latter he gave, where possible, for a month previous to labor.

Dr. PROUDFOOT referred to the use of laudanum in labor, it diminished pain, acted as a strong tonic and prevented post-partum hæmorrhage.

Dr. ENGLAND endorsed Dr. G. A. Brown's method of giving ergot. He thought that in some cases the drug was not absorbed by the stomach, and therefore dependence should not be placed solely upon it. Chloroform, in his experience, in suitable cases accelerated rather than delayed delivery. He differed from Dr. A. A. Browne in his method of detaching a retained placenta, keeping the pulp of his fingers towards the uterine wall, because he believed there was less danger of damaging it thus. As a styptic he considered the hand in the uterine cavity the best means of bringing about contractions, and after this injections of hot water.

Dr. A. A. BROWNE, replying to Drs. England and Campbell, said that if an adherent placenta

were detached from above, their method would be most convenient. He, however, spoke of detaching from below and working upwards, in which case he believed the best way was to have the back of the fingers towards the uterine wall and the pulp towards substance of the placenta, which was separated by a to and fro movement.

Dr. J. C. CAMERON, in closing the discussion, explained that in making the arrangements for dealing with the subject, different parts had been allotted to different speakers, and those to whose lot it had fallen to treat of the nervous aspect of the subject had been unable to attend. He had no hesitation in putting himself on record as favoring the use of anæsthetics in the latter part of the second stage when the head was down on, and bulging, the perineum. It then not only relieved the pain, but rendered laceration less likely. He, however, would only use it to the obstetrical degree. Speaking of the employment of ergot, he said his own custom was to give it after the birth of the placenta; but he saw no very great objection to giving it earlier in some cases (that is, after the birth of the child), especially when absorption is thought to be slow. It is a good rule not to give ergot until the uterus is empty, or can certainly be emptied in half an hour. In regard to this slowness of absorption, he thought we would not hear so much about the worthlessness of ergot, if more care were to be taken to keep the patient's stomach reasonably empty. It is not at all hard to understand why the drug has no effect in some cases, when we consider the mass of stuff, in the way of food and drink, with which some patients load themselves during labor. As a prophylactic against post-partum hæmorrhage, there were two classes of cases in which ergot should always be given: (1) in *precipitate* labor, where the uterus acts in an hysterical sort of way, the uterine muscle not having attained its rhythmic power, and where relaxation and flooding are apt to set in as suddenly and acutely as the contractions did previously; (2) *prolonged* labor, when the uterine muscle is apt to become exhausted, and the relaxation results from weakness. If you wish to be sure of getting the full effect of ergot, it should be given hypodermically, because when given by the mouth its action is apt to be slow. Speaking of the spontaneous delivery of the placenta, he thought some seeming contradictions which had arisen during the discussion might be easily explained by a consideration of a few of the factors which play a part in the act. When the placenta is in the upper part of the uterus, the uterine muscle or the hand of the operator may serve to force it downwards; but directly it reaches the lower uterine segment, the action of these forces is much lessened. Its further progress depends then upon gravity, supplemented by the contraction of the