it had been used for over fifteen years, obstetric authors were not agreed as to the extent or the frequency with which it should be administered, and in reading his arguments for and against the use of chloroform we can see that medical men at that time had not learnt how to administer it in such a way as would ensure to the patient the needful relief from suffering, while interfering as little as possible with the normal action of the uterus. He concludes by saying that in normal labor especially he would not administer chloroform, but would rather let well alone than interfere with the course of Nature. Apparently very many practitioners of to-day agree with his views, and not having been taught the proper method of administration, they allow many a patient to suffer severely during labor without affording the relief that chloroform can give.

Many of us will agree with him in his conclusions as to the treatment of placenta praevia, namely, that the method of version and extraction by the feet must after all be our main resort, being that most often suitable and, be it added, successful. The cases which are exceptional and require other methods are those in which

the difficulty of dilatation of the cervix is considerable.

Of the other subjects he discusses, that of the operation of ovariotomy (then still in its infancy) must interest us particularly. Here are seen some of the pioneers of this operation: Spencer Wells, Baker Brown, Tyler Smith, and Clay, with the results involving a mortality in selected cases of from 50 to 30 per cent. Dr. Tyler Smith, then President of the Obstetrical Society of London, whose papers will be found in the third volume of the Transactions of that Society, is quoted as having had seven recoveries out of twelve cases, and that "one of the most remarkable features in these cases was, that in two of them the pedicle was tied with a silk ligature, the pedicle and ligature being cut as short as possible, and dropped into the abdomen without producing any bad results."

The address in 1884 was given by Dr. G. H. Kidd, of Dublin, at the meeting at Belfast. It is recorded in the British Medical Journal, Vol. II., p. 217, of that year. The subject was Puerperal Fever, treated chiefly from the clinical point of view. While rightly exposing the fallacy of the theory of scarlet fever as a cause of puerperal fever, he refused to admit the general septicaemic theory, because it did not include groups of cases which he supposed due to a specific epidemic disease. The twenty-two years which have clapsed since that date have brought evidence which convinces all who study the matter under favorable conditions that the cases commonly grouped under the head of "puerperal fever" are in the main cases of septicaemia arising as the result of infection introduced from without in connection with the process of