

the patient being anaesthetised. Diagnosis then being ascertained, treatment could at once follow by turning the occiput into the anterior position, the shoulders and body being turned at the same time. The Doctor then reported four cases in which this condition of affairs was present, and where turning led to an easy and rapid delivery.

"Missed Abortion" was the title of a paper by F. R. Eccles. This was a subject that lay on the border-land between obstetrics and gynecology. It was important from a medico-legal and also from a moral point of view. The condition was difficult to diagnose. In missed abortion the patient may have gone the whole period of gestation, and the uterus be no larger than at the third month.

Just how long the blighted ovum might be retained in the uterus was an unanswerable question; some put the limit at nine months,—a mere *arbiter dictum*. The symptoms were vague and uncertain in most cases. There have been symptoms of pregnancy which have lessened or entirely disappeared. Irregular losses of blood with more or less pain and uterine contractions have been noted, and in looking back, one infers that the fœtus died about the period in which the said symptoms occurred. Then there was the history of deranged health. Placental polypus, myoma of the uterus and ectopic gestation were to be considered in the diagnosis. The treatment, once the diagnosis was established, was to empty the uterus under anæsthesia.

The essayist then reported the history of cases.

Dr. Primrose read a paper on amputation at the Hip for Advanced Tuberculous Disease.

"Conservative Surgery of the Eye." This was a paper read by Dr. Reeve, which will appear in THE CANADA LANCET.

The next paper was read by title, being one by Dr. J. M. Cotton, on "Haemoptysis."

As to the causes of haemoptysis, the Doctor divided them as follows:

I. Hæmorrhage from the pulmonary artery or its radicles.

(a) Rupture or wound of the lung from external violence.

(b) Active hyperæmia of lungs, vicarious, or induced by violent effort or excitement.

(c) Mechanical hyperæmia of the lungs.

(d) Necrotic divisions of vessels in lungs.

(e) Aneurismal dilatation or simple erosion of branches of Pulmonary Artery.

(f) Primary Atheroma of the pulmonary artery within the lung.

II. Hæmorrhage from the bronchial capillaries.

III. Hæmorrhage from the Aorta or one of its great branches.

After reciting some interesting cases of severe hæmorrhage, in three of which there was an entire absence of tubercular bacilli in the spatium, the Doctor stated that although pulmonary hæmorrhage occurs in all stages of phthisis, the reason that hæmorrhage was not always present was because the contents of the vessels usually undergo thrombosis.

The writer said that hemorrhage in the early stages of phthisis was sometimes beneficial, relieving congested areas, and causing the patient to take greater care of himself by having his attention drawn to this symptom.