have been attacks of gonorrhœa. In other cases, it followed parturition and abortion. In one case, curetting of the uterus preceded the disease. When the tumor interferes with the circulation of the uterine vessels in their course through the broad ligament, menstruation is apt to be interfered with. The history is generally one of prolonged suffering. He explains the intermittant attacks of pelivc pain by the accidental discharge of minute quantities of pus from the oviduct into the peritoneal cavity. The differential diagnosis of pyosalpinx is not always easy. The situation of the tumor in intimate connection with the broad ligament is a reliable landmark. During the operation, Gusserow insists strongly on the raising of the uterus and the appendages through the vagina by an assistant to render the field of the operation more accessible to the fingers. He only removes the tube which is diseased with the corresponding ovary. But we think with the reviewer in the *Medical Chronicle*, that it would be better to remove them from both sides.

In reading reports of difficult cases of midwifery, especially by young practitioners, we notice very often that he ruptured the membranes. Now, if there is one thing more than another that the young practitioner should look upon as the best friend that he and the patient possesses, it is the bag of waters. It is Nature's exquisitely perfect instrument for carrying on dilatation of the os uteri and, not only of the os uteri but also of the external parts. This latter use of the bag of waters seems to be unrecognized, even by the older practitioners. I confess that it is only during the past few years that I have recognized how important a factor it may be in saving the perineum of the primipara. During my first few years, I ruptured the amniotic membrane before dilatation was complete, in the mistaken hope of saving my time and the patient's suffering, the result being a considerable crop of lacerated cervices and, at the same time, a delay of several hours in attaining the very object for which I was striving. With experience I began to leave the membranes alone until I was certain that the os was fully dilated. After a few years, I began to think that, if it was good for dilating the os, it might be equally useful for dilating the vulva. I now consider myself fortunate, in attending a case of midwifery, if I find the bag of waters intact, and I jealously preserve it until the head has begun to pass from under the pulvic arch. The fact that the early rupture of the amniotic membrane is a disadvantage, is known even to the laity, for many an old woman has gravely shaken her head when she informed me that it was "going to be a dry labor. It is true that, in many cases, especially among women in the highest state of civilization, the membranes seem to have degenerated so that they are now no longer able to stand the vis a tergo pressure of the uterine contractions, so that, among the upper classes, dry labors are more common than among the poor and hard working.

Another accident which seems to be unduly common, to judge from the reports above mentioned, is the retention of the placenta. This is an accident which has only occurred to me once or twice in over 300 cases, and, I may add, these cases occurred at the beginning of my practice when I had more faith in tractions on the cord and less in Nature's own method of expelling that organ. Retention of the placenta, post partum hemorrhage and hour-glass contractions, I believe to be largely due to the tearing off of the placenta at its centre before the uterus has had time to sheer it off, which is Nature's way. The irritation this causes, sets up contractions in the middle segment instead of in the fundal or placental segment, which it would, I believe, always do if left to Nature or, at the most, if Credes' method were employed. Now, I am particularly anxious to keep the placenta on the placental site until I am sure of there being sufficient uterine contraction present to guarantee the closure of