very difficult to make a diagnosis in such cases; and even if it could be done he did not think it was always right to try to make it exactly, owing to the danger of rupturing a tube full of pus. He was glad to hear that Dr. Armstrong had removed both appendages as Tait had recommended should always be done.

Dr. Hingston said that as they all knew he was very much opposed to unnecessary removal of the ovaries and tubes, but in this case he had been present and had given his fullest assent to the operation, as on removing the tube pus was seen to exude from the cut end.

Dr. Trenholme said he had seen this case before the operation and he could not make up his mind as to the diagnosis. It had appeared to him at first very like a small fibroid.

Dr. Lapthorn Smith then read a brief note on shortness of the umbilical cord as a cause of distocia, which appears in another column.

Dr. Gardner wished to say a few words on the pathology of inversion of the uterus which Dr. Smith attributed to unavoidable or injudicious tractions of the cord. He did not think that inversion was always due to this cause. In some cases it was chronic and was caused by the constant dragging on some part of the fundus by a polypus.

Dr. Mills wanted to know whether any members could offer any reason for the cord being abnormally long.

Dr. Girdwood said he had only seen one case of inversion in his life, and in that case he was hurriedly called in in the absence of the attending physician, three days after the confinement, to see a lady whose inverted womb had appeared outside of her body when she had sat up to pass water. He found the uterus firmly contracted.

Dr. Aollway inquired whether any member knew of any nervous condition which would predispose to inversion.

Dr. Hingston said he had been called to a recent case of inversion by a confrere, in which the uterus was so firmly contracted that it had required an hour's hard work to get back to its proper position. In fact it was only by the aid of a blackthorn stick, which he had in his hand when called, that he had been able to gradually depress the fundus until it went through. Dr. Hingston thought that this proved that the trouble did not depend on relaxation.

Dr. Lapthorn Smith in reply said that the cases referred to by Drs. Girdwood and Hingston proved nothing. It was well known that immediately after the accident the uterus entered into a state of spasmodic contraction owing to the irritation caused by its abnormal condition. But this did not prove that the accident did not happen while it was in a state of marked relaxation. In every case he had heard of there had always been traction on the cord, and in most of them the uterine contractions had been getting weak either owing to chloroform or to exhaustion.

The reader of the paper could not conceive of such a thing as the uterus contracting itself inside out. The tighter it contracted the more impossible it seemed to him for it to be inverted.

Dr. Lapthorn Smith also read a short note on the Fritz-Bozeman return flow catheter, which will be found in another column.

Discussion.—Dr. Trenholme did not believe in curetting after a miscarriage. The separation of the placenta was a natural process and required a little time.

Dr. Alloway was in favor of leaving miscarriages alone, provided the debris was not preventing drainage. He did not agree with the reader of the paper in thinking that patency of the tubes was a common accompaniment of diseased endometrium. He thought that in the cases referred to by Dr. Smith, in which the sound had gone in several inches farther than the known depth of the uterus the sound had gone through the fundus.

Dr. Armstrong thought that septic trouble after miscarriage was rare, so that he left them alone except when there was flooding, in which case he curetted with very satisfactory results. He thought that the best curette was the finger.

Dr. Lapthorn Smith, in reply, wished it to be distinctly understood that he was a conservative gynecologist, and as such was opposed to curetting for miscarriages. It was for this very reason that he so strongly advocated the use of the Fritz-Bozeman catheter for the purpose of keeping the uterus aseptic until nature had thrown of the secundines. As to Dr. Alloway's remark about passing the sound through the fundus uteri, he begged to refer him to a very able paper by Dr. Wallace, of Liverpool, on open Fallopian tubes, their diagnosis and treatment, illustrated by fifty-three cases, *Br. Med. Jour.*, 23rd Feb., 1889. When Dr. Smith was in Liverpool two years ago Dr. Wallace had passed the sound up to the hilt into the uterus of half a dozen patients in the same ward, for Dr. Smith's information. He was sure that the uterus had not been perforated as many times, as no force whatever was used.

Dr. J. C. Cameron, then read a short paper on "drain sore throat," in which he showed that when a number of cases of sore throat broke out in the same family, and when it was of a marked adynamic character, and accompanied by a rash somewhat resembling scarlet fever, there was good grounds for suspecting the drainage system of the house. In a case which he had recently had, there were ten members of the same family affected at the same time, and he had found that it was due to a defect in the ventilator of the soil pipe. In six of the cases there was both tonsilitis and ulceration of the throat.

Dr. Blackader had had a similar experience,