for the cure of fibroids. Dr. Martin declared that his experience showed that excision of the tube was insufficient.

Antiseptics in Midwifery. Dr. Slaviansky introduced the subject. He brought forward statistics of 76,648 cases from different institutions, taken during the last four years; in all cases antiseptics had been employed. No cases of poisoning by the chemicals used for the purpose had occurred. From 1875 to 1885 Dr. Jacob had had 19.22 per cent. morbidity from puerperal fever, including 1.14 per cent. deaths. Since then the statistics were as follows:—

	Puerperal Morbidity.	Puerperal Mortality.
Percentage in 1886 ...	9.43 ...	0.48
" 1887 ...	10.04 ...	0.44
" 1888 ...	8.18 ...	0.33
" 1889 ...	6.90 ...	0 28

Antiseptics are now very generally employed in Russia, and in consequence the morbidity and mortality are falling in other institutions than those included in the above statistics. With antiseptic precautions, the students and midwives needin no way endanger the patients. According to the stringency of the method of antiseptics employed, not only was the mortality and morbidity diminished or kept stationary, but the pathological and operative results were affected in like manner. Lastly, under antisepsis, large lying-in hospitals answer better than smaller institutions. Sublimate was the most satisfactory agent in Russia. Dr. Stadfeld (Copenhagen) said that antiseptic treatment, throughly carried out, justified the existence of lying in hospitals, not only for teaching, but for the highest philanthropic purposes. The principle according to which a system of branches, under the care of local midwives, is added to obstetric hospitals was now unnecessary and actually dangerous. The introduction of the antisepsis into obstetrics had been also very salutary for the newborn children. In private practice the midwives must keep clothes and apparatus aseptic; scrupulous cleanliness must be insisted upon. It was very desirable that the method should be simplified, so that midwives could understand it, and that antiseptics, readily prepared, be freely supplied. The midwife should not undertake the care of any patient after delivery. The midwife must see that the person and clothes of the patient was as clean and aseptic as her own. During labour the midwife must interfere with the case as little as possible. All cases of puerperal fever, even if slight, must be immediately reported to the sanitary authorities, by the midwives as well as by the physicians. When several cases occurred under the same midwife a thorough examination of all circumstances, and possibly a temporary suspension of the midwife, was necessary. Dr. Kritsch divided the history of antiseptics, as employed against the risk of puerperal fever, into three epochs the experimental period the era when the system was overdone (too strong solutions being used) and the present stage when moderation was in practice. No local treatment was needed for healthy women; in mild forms of fever (*Resorptionsfieber*) only expectant treatment was called for. In high fever irrigation of the uterus was necessary, but only as a part of the treatment, Irrigation was never to be relied upon alone when fever had really set in. Dr. Priestley noted the fearful mortality which had occurred in days within his own memory, before antisepsis. To Sir Joseph Lister, whom they had heard in the large theatre that day, must be attributed the improvements now under discussion. Continental obstetricians had taken the lead, and nothing spoke so strongly in favour of the antiseptic system than the good results in Russian pospitals compared with the high mortality outside those institutions in Russia, Dr. Priestley regretted that Dr. Galabin had found 1 in 4,000 injections of sublimate inefficient, and so recommended 1 in 2,000, for Dr. Priestley had on different occasions seen serious results follow the injection of the stronger solution.

Vaginal Extirpation of the Uterus.—Dr. John Williams said that cancer of uterus was in itself an idication for total extirpation of that organ, and yet all such cases were not fit subjects for the operation. Total extirpation should be undertaken with a view to radical cure only; it was of too grave and mutilating a character to be adopted as a merely palliatice measure. Dr. Williams then noticed his views on the manner by which cancer spread, and advocated supravaginal amputation of the cervix as the most justifiable operation in most cases. Present statistics were insufficient to warrant the positive conclusion that the results after total extirpation were better than those after supravaginal amputation of the cervix. Our aim should be to recognise this transition state to distinguish cases in which cancer was limited to the uterine tissues from those in which it had passed just beyond them where there was no appreciable indication of the parametric tissues and in which, nevertheless, early recurrence after operation was certain. Vaginal and rectal examinations under anæsthesia were required. Glandular enlargements were sometimes situated at too great a distance from the uterus to be discovered when the intervening tissue was yet healthy. When it was found that the whole thickness of the uterine wall or of any part of it in the cervix or in the sides of the body where the broad ligaments were attached was involved, should total extirpation be resorted to or did the operation, undertaken under such conditions, offer any hope of radical cure? These questions were submitted for debate. Dr. Schauta was against amputation of the cervix. In seventeen cases he found that the body of the uterus was involved, the cervix being the primary seat of disease. He therefore favoured total extirpation. Dr Pozzi was of a similar opinion, preferring the complete operation, but said that extirpation must not be performed when the disease had passed beyond the limits of the uterus. He strongly deprecated the pulling downwards of the fundus in the course of the operation, as the diseased cervix then fouled the peritoneum. He also insisted on ligature of vessels, objecting to forcipressure. Dr. Landau preferred forcipressure; it permitted of a more through removal of a part. He had performed thirty-five operations with three deaths, Dr. Sajaitzky gave a history of the operation in Russia. With antiseptics, total amputation was not dangerous. Schoder, Fritsch, and Martin's method was the best. Damage to the bladder and ureteus could always be avoided. Dr. Martin favoured complete extirpation in cancer, and also in other diseases which kept the patient from work. He only operated when the uterus could be totally removed. He attached little importance to the variety of total extirpation employed. He closed the wound, and did not drain. Dr. Kaltenbach said that the differences of opinion were not on really essential matters. Nobody could prophesy if, how, when, and where the cancer would recur. He closed the peritoneum. Dr. Duvelius did total extirpation in all cases of cancer. Dr. Czerny