

By provinces they are as follows:

Ontario: Frontenac, Dr. J. W. Edwards; Grenville, Dr. J. B. Reid; East Grey, Dr. T. S. Sproule; Ottawa, Dr. J. L. Chabot; South Perth, Dr. M. Steele.

Quebec: Beauce, Hon. Dr. H. S. Beland; L'Islet, Dr. E. Paquet; Rimouski, Dr. H. Boulay; Three Rivers and St. Maurice, Dr. N. Normand; Gaspé, Dr. Gauthier.

Nova Scotia: Halifax, Dr. Blackadar; Lunenburg, Dr. D. Stewart.

New Brunswick: St. John City and County, Dr. J. W. Daniel.

Manitoba: Provencher, Dr. J. P. Molloy; Marquette, Dr. W. J. Roche; Souris, Dr. F. L. Schaffner.

Saskatchewan: MacKenzie, Dr. E. L. Cash.

Alberta: MacLeod, Dr. N. Warnock; Red Deer, Dr. M. Clark.

British Columbia and Prince Edward Island have no medical members.

A group of 19 members can make their voice heard in the councils of the country. On questions of a political nature these members will differ; but when it comes to a question of a purely medical, sanitary, or public health issue, they may be depended upon to be united. It may be at once granted that both parties desire the welfare of the country. This being the case, either party in power would be likely to give due consideration to an opinion coming from 19 members, who could have no other wish than the good of the people. If these 19 will be true to their profession they can accomplish much.

COMBINED EXTERNAL AND VAGINAL VERSION.

Stowe reaches the following conclusions: The combined external and vaginal version is not dependent upon the size of the cervix nor the degree of its effacement. It is often impossible to correct a malpresentation during the later weeks of pregnancy by external methods alone. Preliminary dilatation of the perinæum in primiparæ and the version itself does not tend to terminate the pregnancy. There is little difficulty in maintaining the foetus in its new position. Danger of premature separation of the placenta during pregnancy is inconsiderable. The proper presentation of the foetus should be obtained before labor begins. The operation is easier of performance before the membranes have ruptured than after. The danger of premature separation of the placenta depends upon the degree of uterine retraction and the quantity of liquor amnii in the uterus. The danger of infection is reduced to a minimum if the hand does not enter the uterus. In certain cases of placenta prævia the foot can be brought down to the inlet before the membranes are ruptured. It is easier to secure a foot than in the Braxton Hicks method.