the position on her back—the patient is much better fitted for a satisfactory recovery if she is allowed to take any position that she finds most comfortable. The use of the bed-pan is a great mistake. It is awkward to evacuate the bowels or bladder in that position; and if the patient is prevented from assuming an upright position, she is also prevented from getting rid of the accumulation of blood in the form of clot, and which often, by its presence, leads to great trouble. If she is allowed to assume an upright position she is able to get rid of those foreign elements, and the prospects of her recovery are very much greater.

Dr. BRAY-I have been very much pleased indeed with the address of Dr. Harrison, and more especially as it was unexpected and impromptu. I agree with a very great deal that he has said, and I particularly agree with the remarks that fell from Dr. H. P. Wright as to the use of the uterine injections, and also change of position. I have been in the habit, for a great many years, of allowing a woman to change her position just as soon as she felt so inclined, and particularly when nature called on her to urmate. I have had her raised to an upright position. But there is one precaution you have to take in this, it must be gently done. I think it is a very bad thing indeed for a woman to rise suddenly after she is delivered. Now, as to the use of forceps, I think we have gone, perhaps, to the other extreme. years ago, as Dr. Harrison pointed out, it was considered a very critical and dangerous operation. Now, particularly with the younger men, I think they are using the forceps a little too often. However, it is better to err on that side. With regard to rupture of the perinœum, I believe, and have believed for a great many years, that one can do a great deal to prevent rupture by using forceps.

Dr. Machell, of Toronto, then exhibited a specimen upon which some remarks were made by Dr. Cameron, Toronto, and Dr. Shepherd, Montreal.

The following papers were also read: -

Dr. R. A. Reeve Toronto, Sympathetic Oph-Thalmia and Evisceration of the Eyebali.

Dr. Geo. E. Armstrong, PROSTATECTOMY.

Dr. Chas. E. Cameron, of Montreal, A RARE CASE OF SPINA BIFIDA WITH AN UNUSUAL TER-MINATION. Dr. Geo. Baptic, of Ottawa, Traumatism of the Labyrinth.

Dr. H. H. C! own, of Winnipeg, Enterectomy for the Cure of Fecal Fistula.

Dr. Horsey, of Ottawa, Punctured Wounds of the Eveball.

Dr. Harrison, A Case of a Gunshot Wound.

The Treasurer then read his report, which had been audited by Drs. Blackader and Molson, of Montreal.

Dr. Reeve tendered a vote of thanks to the profession in Ottawa.

Dr. Bray then vacated the chair, and Sir James Grant moved a vote of thanks to Dr. Bray for his courteous and efficient services as presiding officer.

## AMERICAN ELECTRO - THERAPEUTIC ASSOCIATION.

SECOND ANNUAL MEETING.

ACADEMY OF MEDICINE,
17 WEST FORTY-THIRD ST., NEW YORK,
Tucsday, Oct. 4th, 1892.

The meeting was called to order at 10 a.m. by the President, Dr. W. J. Morton, of New York, who occupied the chair. Vice-Presidents Dr. A. H. Goelet, of New York, and Dr. W. F. Hutchinson, of Providence, R.I., occupied seats on the platform. Thirty Ordinary Fellows were balloted for and declared elected, also one Honourary Fellow, Dr. W. Bruce Clark, M.A., M.B., F.R.C.S., England. The President's address. London. "Electricity and Medical Art and entitled Science," was delivered by Dr. Morton, who directed attention to the faults, neglects and mistakes of the past, the certainties of the present, and the hopes for the future. "To-day, an exact science, electricity, knocks at the door of median inexact science, and demands a hearing." Its known actions on living tissue were cited, viz., in excitation of protoplasm, electrolysis, cataphoresis, and vaso-motor effects. The address was full of helpful suggestions and met with an enthusiastic reception. The members of the Committee of Standard Coils reported individually, and as their work was not completed they were directed to continue their researches for another year, and at the suggestion of the Pre-