mon carotid divided into its external and internal division opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid; the superior thyroid and lingual arteries were given off this common trunk, and the facial from the lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicuspids were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. Wilkins, 1st Vice-President, then took the chair, and

Dr. Cameron read a paper on

ASEPTIC MIDWIFERY.

Discussion.—Dr. Kennedy agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche; always believes in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche unless there had been operative procedures.

Dr. Roddick said he was always interested in antisepsis, and had long believed antisepsis to be as important in midwifery as in surgery, but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton General Hospital, and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. Alloway thought no subject was of more importance than aseptic midwifery. Owing to its acceptance, the mortality had notably decreased during the past five years. It is rare now to hear of septic cases, much less of death. For the last five years he had been an antisep-

ticist, and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he had seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper, of New York, reports 40,000 cases in Vienna with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. Trenholme said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to his great care in removing the membranes and placenta entire.

Dr. Shepherd called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. Cameron, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger carrying in air with the douche, and for that reason prefers the dry dressings.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The ordinary monthly meeting was held on Friday evening, Feb. 4th, Dr. Rutherford, the President, in the chair.

Dr. Bray reported a case of double synchronous amputation of the upper extremities, in a boy seven years old, with a good result.

The injury necessitating this operation was a crush of both arms by a shunting railway-car. One arm was taken off two inches from the shoulder-joint, the bone not being shattered into it, and the other about the middle of the forearm. Dr. Bray wished to know if his treatment was correct, or should he have disarticulated at the shoulder. Most of the members present thought he pursued the proper course.

Dr. Rutherford related the case of a boy shot in the palm of the hand, the bullet lodging about two inches above the wrist. The bullet