

clearly forward is that where everything is aseptic there is no danger in introducing the hand and in pushing up and turning the head of the child to a new position and rotating the body of the child upon its axis—provided that complete relaxation has been produced by anæsthesia.

By early diagnosis and by treating our cases on this plan with care and intelligence, not only will much time and suffering be saved, but occipito-posterior positions in labor will be robbed of much of their terror.—*Medical Age*.

Mammary Carcinoma.*

BY DR. A. B. WELFORD, WOODSTOCK.

It is always a great privilege, and equally a pleasure, to be permitted to take part in the proceedings of a medical association like this. We younger men do not object to be set up as a target for the unerring aim of the more skilled marksmen; and we take this consolation out of the situation, that the hotter and better directed are the shots, so in proportion do we benefit by the indelible effects upon our memories, to be stored away and brought forth in time of need, when calm shall have once more reigned, after our return to our quiet country villas.

In preparing a paper on such an important subject as Mammary Carcinoma, I recognize the gravity of the situation—my own weakness to do anything like justice to it, and an honest desire to understand more thoroughly how to handle our cohorts against such a persistent and insinuating enemy. I hope that the discussion on the admirable paper we have just heard will be full and general, so that as much new light as possible may be thrown upon this subject.

The mortality, as compiled from the Registrars' reports of Middlesex, St. Bartholomews, University College and St. Thomas' Hospitals in pre-antiseptic amputation of mammæ, was 17 per cent.—nearly as high as major amputations of the limbs—being reduced to 6 per cent., and by one operator to 2.5 per cent. during the antiseptic period. Referring to these progressively favorable results, Billroth says, "I should not be surprised if an experienced operator were to succeed in doing one hundred consecutive extirpations with but a single death." The mortality, where the entire gland and axillary contents are removed, is 10.8 per cent., compared with 6.3 per cent. when the diseased breast is alone removed.

*Read at meeting of Ontario Medical Association.