

Dr. A. PRIMROSE, of Toronto, in a few pointed and well chosen words, discussed the paper, reminding the essayist that to Watson Cheyne is due a good deal of the credit of the "wide operation," and of the best statistics as yet before the public.

The Preservation of the Perineum.—This subject was discussed by Dr. C. B. Oliver. He believed that the precaution of preserving the perineum was one of great importance, and one often not duly observed. It was much better to save a perineum than to mend a lacerated one. To limit the field of gynecology was a legitimate one, and should be the aim of every conscientious accoucheur. His success in saving the perineum had been marked by attention to the following points: If a rigid perineum offers resistance to the progress of labor, efforts should be directed to securing full expansion. This was done by stretching the perineum with two fingers of the right hand during the pains. When the head begins to distend the vulva, two fingers should be introduced behind the occiput, and this part of the head brought well down under the pubic arch. Then, between pains, the head should be delivered, the second finger of the right hand being introduced into the rectum beyond the child's chin, the disengaged left being used to press the perineal tissues from each side toward the median line. If the patient is cautioned not to bear down, the head may be brought into the world at the will of the operator.

The Treatment of Neurasthenia.—Dr. E. E. HARVEY, of Norwich, read a paper on this subject. He dealt at some length on the treatment of the mental state in the disease, which, he said, was of first importance. He described the excessive low spirits, depression, the want of fitness for exertion of any kind, physical or mental, the extreme exhaustion in severe cases, and the imaginative magnification of minor troubles. The patient, the doctor said, would shed tears without adequate reason, and often weep for hours in secret. There are often short terms of cheerfulness, but melancholy, and often pronounced melancholia, is present in most cases. Dr. Harvey laid great stress upon his advice to the practitioner to induce an opposite mental state. Sympathy and an assurance of improvement in condition give encouragement to the patient.

The doctor strongly advised the careful selection of a nurse, one of tactful, gentle, and sympathetic nature. He said that great patience was needed both on the part of the physician and nurse. The essayist dwelt on the fact that a neurasthenic patient is particularly open to suggestion, and that the medical man can take advantage of that peculiarity. His suggestions should be of a cheering nature, never fostering any morbid ideas, but keeping the patient's mind fixed, as