

tumour, neither instruments, anæsthetic, nor anything else having been used, a mere manual examination. Cases of this kind have occurred frequently enough to justify a doubt as to the agency of the anæsthetic in cases of sudden death on the operating table.

Reference was then made to the peculiar danger of operations in the neighbourhood of the rectum, which, even when the patient is profoundly under the influence of the anæsthetic, are attended with an undue degree of shock, perhaps through the injury inflicted on terminal branches of the pneumogastric nerve. The danger is even greater if the operation is performed while the patient is only partially under the influence.

The speaker expressed his preference for Esmarch's apparatus (dropper and inhaler) for the administration of chloroform, and concluded by stating that, after thirty years' experience of chloroform without a catastrophe, he is not disposed to abandon it for any other known anæsthetic.

Dr. MacLean also gave his assent to Sir James Grant's views as to the cumulative effects of chloroform.

Dr. Shepherd, of Montreal, then exhibited a case in which he had sutured the nerves of the branchial plexus seven months after their division. Dr. Dewar followed with some remarks on the case. Dr. Shepherd then read a paper on INFUSUSCEPTION AND ITS TREATMENT BY OPERATION. Dr. Hill, Ottawa; Dr. Bergin, Cornwall; and Dr. Chustar, of St. John, took part in the discussion. The

DISCUSSION ON OBSTETRICS

was then opened by Dr. Harrison, of Selkirk (see page 154), in the absence of Dr. J. C. Cameron, of Montreal.

Dr. WRIGHT (Ottawa) —I listened with a great deal of satisfaction to Dr. Harrison's remarks on the progress made in obstetrics during the last forty years. There were one or two points that probably attracted the attention of all. The one was as to the use of the old aphorism about the meddlesome midwife. As he said very properly, everything depends on the definition of the word meddlesome. As a rule, instruments are used more frequently than they should be. I was also interested in his remarks on rupture of the perineum, and quite

agree with him that as many ruptures of that kind occur without the use of the forceps as with them if the instrument is used properly. I should like if he had touched on a point in which we are all interested, and that is, how far there is a necessity of using vaginal and uterine douches—how far that necessity occurs in the general practice of medicine. The reports of cases, by which we are more or less guided, usually come from hospital practitioners, and the statistics come nearly altogether from hospitals. For some time I was inclined to believe that it was a desirable thing, and a wise precaution to wash out the vagina. I am now inclined to believe that harm is done by indiscriminate use of the vaginal douche. I am inclined to believe that the natural process of labour is aseptic, and if the bed clothing and the hands of attendants and everything else are kept aseptic, a woman is in very little danger. My own practice is, when no complication occurs, to leave the woman alone and instruct the nurse to be careful about asepsis of all the surroundings. I have given up the old method of dieting, which, I think, was altogether fallacious, and the old method of insisting upon absolute rest. One of the most practical points in dealing with lying-in women is insisting on change of position as soon as possible. I look upon bed-pans as being absolutely injurious, and among the most frequent sources of trouble. Getting a woman into a rectangular position for the ordinary physiological functions is of great use in getting rid of clots and other matter more or less deleterious.

Dr. DICKSON—The remarks of Dr. Wright lead me to express my opinion with reference to the use of the douche. I think that if one is careful in the manipulation of the case up to the time when most men are in the habit of employing the douche, the douche will not be necessary—that is, if he is careful to keep his hands perfectly free of all septic matter, and careful to see that the vagina is relieved from all clot and other matter, there is no occasion to use the douche. With reference to dieting and the constrained position that it was formerly thought necessary to require the woman to maintain, I think the ideas he has expressed are entirely in harmony with advanced management in obstetrical cases. In my opinion, in most cases it is wholly unnecessary to compel a patient to continue