apply to them Emmet's operation, which was admittedly not seldom followed by pelvic mischief, would be an act of extreme folly. Entropion, not ectropion, according to Emmet, was the common result of the lacerations.

After several members had expressed their opinions on the subject, the President said he could not concur in thinking tracheloraphy one of the greatest advances in modern gynæcology. It might be an advance, but, admitting all that was said about it, it was a very small affair, compared with the triumphs of laparotomy, shown by Dr. Bantock, and Mr. Thornton. A split condition of the cervix was said to be attended with Protean symptoms and disorders. Not long ago, ulcerations, and then displacements, held the same position. He regarded all three as minor disorders, whose attempted cure was often the worst part of them. The Protean disorders were accompaniments, not consequences. Nevertheless, the cure of such lesions might be a valuable service to the patient. An ectropion which could only be shown by a special speculum, and special manipulations was an artificial ectropion. He did not regard the profession as having hitherto mistaken ectropion for so-called ulceration. Such cases, with, or without ectropion, were generally easily cured. In cases with hypertrophy a good old plan was the caustic potass. He believed that, if a new laceration were made by cutting out a bit of the cervix, cure would follow just as well as after tracheloraphy. The reference to the frequency with which the cervix was formerly divided as a means of cure was not a *jeu d'esprit*, but a weighty argument. He regarded tracheloraphy as at present *sub judice*, but was not impressed in its favour. He had not done it, but had seen the most exaggerated lacerations of the cervix interfere in no degree with health, comfort, or fertility.

Dr. Playfair, in closing the discussion, said he had carefully studied the writings of Thomas and Emmet, and thought that Dr. Sharp must have misunderstood their meaning. It was impossible not to see that Dr. Matthews Duncan was prejudiced against the operation; his remarks showed that he was not familiar with the use of the duck-bill speculum and tenaculum in these cases. The tenaculum was not used to produce ectropion, but to draw the lips together. He thought that when Dr. Duncan had fairly and impartially studied the subject, he would alter his opinion. This operation was, of course, not to be compared with those to which Dr. Duncan had referred; but, if it were the fact that there were hundreds of women leading lives of constant suffering, who might be cured by this operation, then it deserved to be called a great improvement in gynæcology.

Barnes on Antiseptic Midwifery.—Dr. Barnes states that antiseptic treatment should be begun early. Indeed, with the conclusion of labour, the first great point is to secure firm contraction of the uterus. The pad and binder are useful. The compression exerted upon the abdomen and pelvis not only tends to promote uterine contraction, but it counteracts the aspiration or suction-force which tends to draw air, one of the factors of decomposition into the uterus. It opposes centripetal osmosis. The day after labour, it is useful to give an aperient. It commonly happens that in the effort of defecation, the uterus, compressed and sharing in the diastaltic action, expels a clot. It then contracts more effectually. The maintenance of contraction is efficiently aided by the action of oxytocics. Dr. Barnes always gives after every labour a mixture of quinine, ergot, and digitalis, three times daily, continued for two or three weeks. The effect in contracting the uterus is remarkable. It is shutting the gate in the face of the enemy. The next thing is to wash out the uterus. Plain tepid water may serve the purpose, but a solution of carbolic acid, 1 in 50, is better. This should be done once or twice a day from the second day. On the first day, there is little risk of absorption. Should there be the slightest rise of temperature and pulse, this intra-uterine injection is imperative. We ought not to refer to intra-uterine injections without reference to Harvey the Immortal, who thus cured a lady in imminent danger of septicæmia. Carbolic solution should be kept in the room. The catheter should be kept in it. If sponges are used they should be kept in the solution. It is probable that sulphurous acid may be found even better than carbolic acid as an antiseptic. Durochet,