the radius head forward and upward. A right-angled splint was applied and the dressing taken down at the end of twelve days. The dislocation had not improved. Under chloroform it was reduced and the arm was put up in the straight position. It was now five weeks since the accident. The radius appeared to be dislocated forward at its head, as only partial flexion of the elbow could be made. There was also paralysis of the muscles supplied by the posterior interosseous nerve.

Dr. Mackenzie advised that these cases should be put up with the elbow flexed at an acute angle, the wrist being tied close to the neck. Authorities were generally agreed that this gave the best result. It had worked well where he had tried it. He was not in favor of any sort of splint that would restrict the circulation around the joint, such as plaster of Paris cases.

Dr. Primrose advocated the use of absorbent cotton splints after dislocations of the head of the radius, and firmly bandaged. The pressure would promote the absorption of the inflammatory material about the joint. The elbow could be perfectly flexed in this way.

An Analysis of 6,777 Cases of Midwifery.—Dr. J. F. W. Ross gave an analysis of 6,777 cases of midwifery which his father had conducted. He referred to many interesting features connected with the cases. Although a busy practitioner, the late Dr. Ross kept a full account of all the important items connected with each case. The mortality of mothers was 30, the largest losses being from two epidemics of puerperal fever. The reader traced the disease in its course through each epidemic, and showed how careful his father was in regard to cleanliness and change of apparel in those pre-antiseptic days. He had made two runs of 650 cases without a death. There were 15 deaths from placenta prævia. There were 19 cases of version. There were 5,400 head presentations, 148 breach, 58 foot, 5 breach and foot, 25 face, 7 brow, and 34 arm and shoulder. Forceps were used 491 times. Latterly he had used them oftener, with a lessened mortality rate and a less number of lacerations of the perineum. He believed - the forceps properly used were conservative to the perineal body. Chloroform was used in 458 cases. There were 48 cases of retained placenta, and 27 perinea were torn.

Dr. A. H. Wright pointed out that in very many respects this was a phenomenal record. There were many lessons to be learned. One was that of cleanliness. Dr. Wright also spoke of the success that had attended Dr. Ross in his management of occipito-posterior positions of the head, and the ease with which he manipulated them into the anterior position. Another good lesson was the infrequent use of