perience in the matter before the notice of the Society; with Jannison's tube, however, he would feel perfectly safe under all circumstances.

Axis Traction Hook.—Dr. Alloway also exhibited an "Axis Traction Hook" of his own device. He claimed that the hook answered all the purposes of Tarnier's instrument when passed into the lock of any ordinary forceps and traction made by the hook alone. Traction could be made in any direction pleasing to the operator, and the hook could be used in this way whether the head was arrested at the brim or low down in the cavity of the pelvis. Dr. A used the hook almost solely with Simpson's short forceps, and found that the handles of the forceps and those of the hook came when applied into such convenient relationship, that more power, if necessary, could be exerted, than with Simpson's long forceps, without the hook. Dr. A. related the history of a very interesting case where he first used the Traction Hook. The patient had been, some eighteen months before, operated on by Dr. Roddick for the removal of a large ovarian cyst (40 pounds). The walls of the abdomen, so far as the muscular structures were concerned, did not unite, or the line of union had become absorbed, and allowed an enormous ventral hernia to take place. When seen at three months' gestation the whole of the intestines and loose adnexa came down in a horn-like pouch between her legs. They had to be replaced and sustained by a suitable truss. During labor almost complete anteversion of the uterus would take place at every pain, and the condition was quite uncontrollable. The axis of the pelvis and that of the uterus were almost at right angles to each other, so that the patient could never have delivered herself unaided. Dr. A., though a firm believer in Tarnier's principle, alluded to the great cost, complex nature, difficult application, and trouble of keeping clean, of Tarnier's forceps, which would tend greatly to prevent the instrument coming into anything like general use. That his simple inexpensive instrument would in many instances prove serviceable when Tarnier's instrument was not at hand.

Dr. TRENHOLME quite agreed with Dr. Alloway as to the uselessness of the first tube he spoke of, and that he had done well to cast it aside. Dr. Trenholme, however, would go further, and maintained that to inject the uterus, using any manner of tube after the contents had escaped into the vagina and been removed, was an unwarrantable proceeding, and fraught with danger, as the case related shewed. Uterine irrigation was seldom called for, and ought not to be resorted to, save when the decomposing contents, as revealed by the offensiveness of the discharges, shewed that there was danger of putrid absorption. Dr. Trenholme's experience in abortions enabled him to speak decidedly on this subject.

Dr. TRENHOLME said that the instrument exhibited by Dr. Alloway did not afford one single advantage possessed by Tarnier's forceps. In the first place traction by Dr. Alloway's hook was made at the lock, far from the points or blades, and then the shortness of the handles gave no power to engage the head in the axis of the brim as could so easily be done by Tarnier's. For his part he had used the Hodge modification of the long French forceps in all high operations with ease and success in cases where delivery by the forceps was warrantable; for we must not forget that there is a limit to the force which cannot be expressed. With the patient on her back and these long forceps, we can with perfect ease engage the head in the brim. The left hand sustains the handles, while the right hand over the lock brings down the head with all the force we would be warranted in using. When this fails, turning should be resorted to so as to open the shortest diameter of the child's head to the antero-posterior diameter of the mother's pelvis.

Dr. CAMPBELL said that the uterus after abortion very seldom needed washing out. Has known colic to follow an injection into the vagina for leucorrhœa. Once saw serious symptoms and death follow an injection in a woman who had recently been confined.

In reply to Dr. Trenholme, Dr. ALLOWAY felt from his experience in the case recited that if there was no fœtor to be detected in the discharge, and if a uterine tube similar in design to Jannison's was not at hand, it would be better not to inject at all. But if there was evidence of decomposition within the uterus, he would recommend the use of such a tube as the one he used. or, better, a common elastic catheter. The solution he was using at present was $\frac{1}{2000}$ parts of corrosive sublimate.

Obstetrics.—Dr. TRENHOLME related the following case:—Was sent for last Monday by a *confrère* to a woman in labor with her third child. Two physicians had failed to deliver with the forceps. He found the os fully dilated; antero-pos-