thought that he had a case of placenta praevia; applied plugs; removed them next morning; no hæmorrhage. On the following morning found the plugs saturated with blood, and the os dilated to the size of 20 cents; a gush of blood with a pain; gave ergot and brandy; os dilated quickly; delivered by forceps. Delivery was followed by a gush of blood, but the uterus contracted well. Child dead.

Third Case.—A very desperate case—Found woman in a state of syncope; no radial pulse, and all the signs of fearful anæmia. Gave brandy and milk freely; the bleeding recurred when the patient recovered from the swoon. Os the size of 50 cents; placenta centrally attached; perforated the placenta with his hand, and turned; did not deliver immediately after turning; uterus contracted and no hæmorrhage followed. The patient recovered after six weeks in bed.

Dr. Trenholme objected to detaching the placenta in the second case after the hæmorrhage had ceased. Dr. Barnes only detached the placenta in order to arrest hæmorrhage. Objected to tearing through the placenta in the last case in which the placenta was centrally attached; might open frightful sources of hæmorrhage. Dr. Barnes teaches to puncture with an instrument in order to allow the fluid to escape and the uterus to contract. Also spoke of the possible benefit in desperate cases, of the injection of milk into the veins. Thought that turning was the proper operative measure for the following reasons: (1) It enables you to find the exact position of the placenta; (2) the arm forms a plug, and (3) the legs of the foetus form a plug.

Dr. Hingston thought there was no invariable rule to follow. Rarely was perforation of the placenta warranted; it was a hazardous practice. The speaker rather favored non-interference.

Dr. Alloway suggested the use of the bipolar method of version where it was possible, in order to avoid the shock of the introduction of the arm into the uterus.

Dr. F. W. Campbell, drew attention to the fact that in Dr. Perrigo's cases the hæmorrhage did not set in till labor was commencing, which was not usual—perhaps explained by the recent observations of Dr. Isaac E. Taylor, of New York, that the os did not always dilate at all till labor actually commenced, and that the cervix was not obliterated in pregnancy. Asked why Dr. Perrigo did not deliver immediately after turning in the last case. Objectéd to Dr. Hingston's remark that cases of this kind would generally do well without interference; mortality was 1 in 3.

Dr. Trenholme again rose, and spoke with reference to dilatation of the os before labor. In multiparæ there is a dilatation of the os at eighth month or last two weeks of gestation. Has been able frequently to recognize the position of the head three weeks before labor. Never so in primiparæ, and therefore hæmorrhage was more likely in multiparæ.

Dr. Perrigo replied, he did not complete delivery immediately in his last case, because he would rather subject his patient to two slight shocks, than one great one in her condition; she had fainted while his hand was in the uterus. In the second case he detached the placenta as a precautionary measure against the recurrence of hæmorrhage, and considered that practice advisable.

Dr. Osler exhibited several interesting pathological specimens:—A large abdominal tumor cancerous in nature, sent to him by Dr. Malloch, of Hamilton. The tumor weighed 40 lbs.; there were secondary deposits in the liver and lungs; it had originated in the retro-peritoneal glands. An example of Lobstein's retro-peritoneal cancer, a very rare disease. Also cancerous disease of the 7th cervical and 1st dorsal vertebrae, and of some ribs with secondary deposits in the liver and brain, from a man who had died in the General Hospital, of chronic phthisis; one lung of same subject with cavities and numerous fibrous bands. Specimen of perforation of lung from a case of phthisis, which had preved fatal in the General Hospital from pneumothorax, interesting from the fact that the perforation communicated with a small cavity of the size of a pea, while there were numerous large cavities with thin walls in the same lung. From the same case (a young girl of 21 years) a dermoid tumor of right ovary, of the size of a large hens egg, containing in its sac true dermoid structure with hairs growing from it, and covered with sebaceous matter, and bone and other structures in the centre. Also a specimen of acute necrosis of the lower end of the tibia, from a periosteal abscess, from a patient who had died of pyæmia.