

In conclusion the doctor briefly described the medicinal treatment, and gave an interesting selection of literature on the subject.

Dr. ALBERT A. MACDONALD agreed in the main with the essayist. In doing irrigation he preferred to use a speculum. He mentioned that sepsis might exist without elevation of temperature. He cautioned members not to be too ready to blame themselves where sepsis occurs, pointing out that there are so' of infection quite beyond the control of the medical attendant. He laid special stress on the necessity of closing any tear in the parturient canal at once.

Dr. HUMMISON called attention to cases where pre-existent pelvic disease, latent until parturition, was renewed by the trauma of labor, producing a condition of puerperal sepsis. In such cases, of course, the accoucheur was wholly free from blame. He related a case recently tried in court, where the medical attendant was mulcted for damages for bad results accruing from a laceration which was not attended to at the time of labor. So it behooved the accoucheur to be on the lookout for tears, and to repair them. He believed it was possible and proper to repair the cervix at once where it was much torn. In those cases where absorption had taken place through the lymphatics, where there was a pronounced chill and high fever, the patient being apparently not ill, where there was no distension of the abdomen, where the tongue is moist—such were the alarming cases, and if not promptly and thoroughly treated, would die. As to treatment, he concurred with the essayist.

Tongue-like Accessory Lobes of the Liver.—A paper with this title was read by Dr. A. MCPHEDRAN, of Toronto.

The Rational Treatment of Typhoid Fever.—A paper with this title was read by Dr. J. P. ARMOUR. (It will appear in the REVIEW.)

President's Address.—The President, Dr. F. Le M. GRASSETT, then delivered his address.

The Operative Treatment of Mammary Carcinoma.—A paper thus entitled was read by Dr. WM. BURT, of Paris. He was pleased to say that a goodly percentage of cases of mammary carcinoma were curable if operated upon properly and in time. The best results followed the "wide operation." Every case should be diagnosed early when positively made out as malignant. The rule, "after 32 or 35 remove everything" was neither logical nor surgical. Under no circumstances should a benign growth be submitted to the wide operation. The operation *füror* in breast amputations needed a healthy opposition. It was pretty well agreed that the disease tissues should not be cut into but surrounded. The essayist presented two specimens that had been