

Dr. Arthur V. Macan, King's Professor of Midwifery, Trinity College, Dublin, remarked that when the head became fixed in the brim, it was a choice between the high forceps operation and craniotomy.

J. M. Munro Kerr, Assistant Professor of Midwifery, Glasgow University, contended strongly that the forceps should be applied with reference to the diameter of the child's head. In cases of flat pelvis the child's head should be grasped antero-posteriorly, this will aid much in lessening injury.

Drs. J. W. Byers, W. Japp Sinclair, Robert Jardine, M. Handfield-Jones, Samuel Sloan, A. Laphorn Smith, J. Krassey Brierly, John Moir, J. W. Draper, John Connell, and Thomas More Madden took part in the discussion. These gentlemen all expressed themselves as in favor of the forceps as an aid to nature, and not taking the place of nature. They agreed on one very important matter, that no rule could be laid down as to how long the second stage of labor should be allowed to linger. The condition of the patient must, to a great extent, determine the necessity for assistance. One patient would suffer more in an hour than another in four hours.

## Traumatic Neurasthenia.

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NEURASTHENIA is that condition where the nerve centres become weak and irritable. They are sometimes very intolerant of fatigue and external influences. It cannot be called a disease in the strictest sense. No pathology or morbid anatomy can be said to characterize this troublesome condition. These persons fatigue easily. When an effort is made it is soon followed by confusion, and often by marked irritability.

If this condition develops as the result of an injury it is called traumatic neurasthenia. This is the most frequent of functional nervous disorders that follow accident. Its general features are the same as those of the same condition induced in other ways. The two features that tend to modify its clinical aspects are the symptoms usually referred to the back, as these cases generally are connected with a railway accident; and the frequent attendant litigation. Men are much more frequently affected with neurasthenia after injuries than women.

There is a predisposition to nervousness in some cases, but not always. In some cases there is previous anæmia or debility. In some the condition prior to the shock was that of good health.