voluntary abdominal muscles. It was through the action of these last that the cough, so favorably mentioned by Dr. F. W. Campbell, obtained its potency. So also the abdominal binder, by strengthening the lax abdominal wall, steadied the uterus, and allowed it to act in a direct line, hence increasing its expulsive powers. A uterus wabbling about in a lax abdomen could not be acted on so effectually by the abdominal muscles, as one that is steadied and kept in its proper place. Referring to traction on the cord, he said, of course, when we are positive the placenta is in the vagina, no possible harm could arise from gentle traction on the cord; but it is the possibility of making a mistake in this regard that is dangerous, and he believed that a placenta which was still in the uterine cavity might sometimes be erroneously thought to be in the vagina, and the traction upon the cord would be a mischievous practice. Of the danger of drawing on the cord while the placenta was still attached to the uterine wall, he need not speak; and in no case should any but the gentlest traction ever be employed. As to cases of retained placenta, he believed that most of our cases of retention occurred in the early days of our practice; and as experience ripens, they become rarer. Retention is very often caused by undue haste in trying to expel the placenta, or to improper manipulation. Referring to the method of dissecting off the placenta, it seemed to him that the one mentioned by Dr. A. A. Browne was the right one. A careful dissector always dissected towards the debris, and from the tissue he wished to save, in like manner a careful obstetrician should work from the uterine wall which he wants to save towards the placenta which he does not care to save. Then as to the difficulty experienced in separating and removing the placenta, he believed it was due to the fact that the operator did not commence his work in the right place. He should remember that the line of cleavage is in the decidual plane, and to reach this it is necessary to get down to the uterine muscle. Most men commence the operation of digital separation by following the cord. This brought them, of course, in contact with the fœtal surface of the placenta, and the only way to separate it easily from this point was to push the fingers right through it until the uterine wall itself was reached, and then commence the "peeling off" process. It would be better to begin at the edge of the placenta rather than at the attachment of the cord, or better still, to follow up the membranes, which, it will be remembered, were separated from the lower uterine segment during the first stage of labor. By passing the finger beneath them, the edge (not the centre, as in the case of following the cord) of the placenta may be reached in the plane of natural cleavage, and then the process of peeling off will be comparatively easy. If these points were kep in mind, he believed the breaking up of the placenta into pieces during its removal, with the consequent danger of leaving some bits behind, would not so often occur. Coming then to the expression of the placenta, and the question of how long should we wait before doing so? It should be remembered *why* we wait. We wait to give the uterus time to separate the placenta. To do this requires pains; and the number will depend on their strength. A man's clinical experience, therefore, upon feeling the uterus, should always inform him where the placenta is, and when and how he should interfere. Above all, manipulation should not be applied to "separate" the placenta, but to expel it, unless the uterus is incapable, or the placenta abnormally adherent. A little thought, and a thorough knowledge of what we are doing, was all the speaker believed necessary to guide one in such cases. As to the position of the patient in expelling the placenta, he preferred the dorsal; the lateral allowed the uterus to topple to one side, and pressure cannot be applied so correctly in the axis of the pelvis. The Crede method of manipulation is by all means the best method; but it is not so generally practised as one would think; many only imagine they are using it, while only the few really fulfill all its conditions. The fingers should be got well behind and thumbs in front of the uterus, grasping and compressing the fundus before downward pressure is made. If you simply press upon the organ, as a whole, without compressing the fundus, you will only flatten out the fundus and fail to move the placenta. Speaking then more particularly of the membranes, he remarked that if they are ruptured too early, separation from the lower uterine segment does not wholly take place, owing to the dilatation of the cervix being completed by the head of the child; they are then likely to remain attached even after the delivery of the placenta. In such a case the fingers should be passed up, to separate them from around the internal os, taking care that all are removed. In closing, Dr. Cameron made an appeal for gentle manipulation of the uterus during the third stage, saying it was one thing to support, another to injure the fundus; and that a great deal of harm was often done by rough handling of the uterus and its peritoneal covering.

Stated Meeting, December 28th, 1894.

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Dr. A. G. Morphy was elected an ordinary member.

Tubercular Ulceration of the Stomach.—Dr. ADAMI exhibited this specimen taken from a child of ten, born in Montreal, who, until within three months of her admission to the Royal Victoria Hospital, was in one of the charitable homes in the city.