

placenta prævia prior to the expulsion, and as far as he knew this could only be done with certainty by digital examination. Partial placental separation and rupture of the membranes during labor in cases of placenta prævia was outlined by Maricean as early as 1668, but was fully described by Puzos in 1759. He saw nothing in the history of the present case as related by Dr. Opie that contra-indicated the method of Broxton Hicks, a method that up to the present time had given by far the best results, viz., $4\frac{1}{2}$ per cent. maternal mortality. If this method when practicable could be performed earlier than delivery by any other method, and was not difficult and gave the best results, why not have applied it in the present case?

Dr. Wilmer Brinton asked why Dr. Opie objected to the tampon in cases of placenta prævia; he thought no arbitrary law could be applied.

Dr. Opie said, in closing the discussion, that results of operative procedure depended largely upon the skill and familiarity of the operator with the special operation resorted to; in his first case of placenta prævia he had attended, he had turned and lost both mother and child; with rapid dilatation and forceps he feels that he has command of the situation, and having resorted to that method repeatedly, had gained greater skill and done better work. While Dr. Neaie might do better by some other method, he is fully satisfied that he does best himself with the forceps; he is opposed to the use of the tampon because it conceals what is going on; it is best not to wait for pains; he is in favor of rapid dilatation and delivery in placenta prævia, in puerperal eclampsia, and in abortion; to put in a tampon and go away is hazardous; the tampon is of very little help in hemorrhage.

Dr. Kelly read a paper upon

THE EXAMINATION OF THE NORMAL PELVIC VISCERA,

describing various carcinoma and trimanual methods of palpating the normal ovary.

Dr. Wm. P. Chunod: When speaking of what should be found or can be found at an examination, it is necessary to consider the circumstances under which the examination is made. Office examinations are the most usual, and all the facilities are not usually at our command, and this circumstance should be specified

and taken into account. Certain advantages in methods give certain advantages in results. Of course where the woman has no ovaries, or where the ovaries are not in the pelvic cavity, they cannot be palpated.

Dr. Hunter Robb: I thoroughly agree with Dr. Kelly that the normal ovary can always be palpated under an anesthetic, and also that in a large number of patients the ovary can be outlined without anesthesia. Four years ago Dr. Kelly taught me the method of examining the ovary by invaginating the perineum, and I can testify to its utility. This lengthens out the examiner's finger, and thus enables the practitioner who has a short finger to accomplish it with almost the same facility as a longer one. The corrugated tenaculum, devised by Dr. Kelly, may be used to advantage with nulliparous patients to define the uterus and its appendages still further. No one, of course, would think of using it in inflammatory conditions of the pelvic cavity.

Dr. B. B. Browne said that he had listened with much pleasure to Dr. Kelly's paper, and congratulated him upon the admirable manner in which he had systematized these valuable methods of pelvic examination—methods which most of us had been using in our gynecological practice for several years. He generally preferred the use of two fingers in the vagina, as he could thus make a more satisfactory examination of the tubes and ovaries than with one finger; in many cases a more accurate idea of the adhesions can be had by getting the finger above the ovary and fixing it between the finger and the spinal column; pulling down the uterus aids diagnosis very much.

Dr. Opie said that there were few objections to Dr. Kelly's paper, but it seemed that the elbow on the hip is incompatible with delicacy of touch; the law as expressed by Martin being—"The more lightly the parts are touched the easier the goal is reached, and the less force that is employed the more distinctly things are felt." He thinks it a cruel sort of thing to drag an organ out of its position, and would like to know how much displacement can be made with the tenaculum without producing dangerous trouble; for example, cellulitis, metritis, and injuries to the peri-uterine tissue; he had met a number of cases in which he had not been able