above the brim; or, at least, if they have engaged the pelvic cavity, or not too firmly-wedged there, with assistance by external palpation, chloroform, and patience, much can be done.

Dr. Harris objects to this plan of treatment which was so strongly recommended by Dr. Parry, on the ground that the introducing of the hand within the vulva may cause laceration. Such an objection is not valid, it might be used equally against turning,—no man has a hand as big as a fœtal head. With the use of chloroform, the hand may be gently passed without fear of injury.

Till I adopted this plan of treatment, I, like Dr. Barnes, had frequently to use my forceps after my patient had suffered long and painful, though fruitless efforts at delivery. Once the shoulders have become firmly wedged in the pelvis, I don't think it altogether a safe plan to follow. I there leave my cases to nature, offering such assistance as the vectis, or pressure by the fingers in the direction of rotation, endeavoring to favor both flexion and rotation. If these measures fail, then I apply the forceps, making slow traction, but not attempting rotation. If it is disposed to occur, I do not interfere; if, on the other hand, no effort is made by nature at rotation, I then deliver with the occiput at the perineum, preferring undoubtedly a pair of straight forceps, giving the perineum plenty of time to dilate and using chloroform in all cases. I am not laying claim to any new plan of treatment, but merely stating my own experience and my invariable plan of treatment in every suitable case.

The success I have met with in the past induces me to write these few lines on a most important subject.

A PUZZLING QUESTION.—"Mamma," said a little boy who has a very recent brother, "did Adam and Eve ever have babies?" "Oh, yes. Don't you remember the story of Cain killing Abel? They were little babies at one time." "Yes, I s'pose they were," went on the little boy thoughtfully, "but what gets me is, if Adam was the first man and Eve the first woman, where the doctor comes in who furnished the babies."—*Puck.*

EXCISION OF THE ASTRAGALUS.

BY THOS. R. DUPUIS, M.D., M.R.C.S. ENG.,

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In referring to excision of the astragalus, I do so not with the intention of describing a new method of operating, but simply to add two more successful cases to the lists already recorded concerning this serious operation. I call it "serious" because if the operation is not successful the alternative is amputation of the limb, or perhaps loss of life; and either of these is certainly a serious matter to him who suffers it. Excision of the astragalus has been a recognized operation for many years, and 112 cases of it have been recorded and analyzed; but it seems to me that the results in the past have not been as favorable as they would be now under our antiseptic treatment. As far as we know, excision of the astragalus was first performed in 1670 by Fabricius Hildanus, or by some other surgeon whom he has described. One hundred and twelve total, and twenty-eight partial, extirpations have given the following results:—Of the complete ones, 79 gave useful limbs; 2 were followed by amputation; 19 were succeeded by death; and 12 cases passed from under observation and the results were not known. Of the 28 partial cases, 18 were followed by satisfactory recoveries; 8 were not quite satisfactory; 2 were followed by amputation, of which one ended in death. Prof. Gross calls statistics similar to the foregoing "flattering results," and thinks that they should be received with a great deal of caution. He states that the operation is one of extreme difficulty, and that when all the circumstances are considered, thinks it questionable, in the great majority of cases, if it would not be better to sacrifice the limb than to attempt to save it by this method. He thinks the surgeon should consider himself in the patient's place when he undertakes to decide on the course of procedure to adopt; and is of opinion that if the patient had all the facts on both sides of the question honestly laid before him—the dangers of inflammation, erysipelas, and probable relapse which may accompany *excision*, and the comparative safety,