

renders the lip more apt to be caught between the head and brim of the pelvis. The author overlooks those cases where the os is prevented from dilating on account of adhesions between the decidua and uterine walls around the inner os. If labor is actually begun, early rupture of the membranes hastens dilatation and expedites delivery. With regard to obliteration of the os uteri, the author does well to insist upon caution and delay before resorting to incision.

The second paper deals with "delays connected with contraction of the uterine body and also those resulting from faulty relations of the presenting mass with the pelvic strait. One class of cases of inertia are spoken of as those where "the contraction is vigorous and causing suffering, recurring regularly with feeble expulsive effect but the os uteri does not dilate." This description corresponds to what is met with in cases of irregular uterine contractions due to adhesions between the muscular wall of the organ and the decidua. Uterine rest is as valuable here as in any case, and therefore opium should be resorted to before either rupturing the membranes, resorting to "hot toddy, or milk punch." This last quotation we do not think is good advice, and should not be resorted to, except where stimulants are indicated. The author speaks of the great value of bi-sulphate of quinine as a uterine tonic, and his experience of its value should induce a trial of its virtue by the profession.

In extraction with the long forceps (and of these instruments Hodge's is by far the best) the author very properly insists upon traction being made in the axis of the brim where the head is placed. This desirable result is obtained by "exerting the force upon the lock of the instrument." "Pressure is to be made with the palm of the left hand upon the lock, or, in some forceps, even upon a portion nearer to the head than the lock, that pressure being directed in a line as nearly as possible, not parallel with but identical with the line of the pelvic axis at that point where the head may be." The production is worthy of a careful perusal, and we can cordially commend it to our confreres. It is to be had of Messrs. Dawson Bros., Montreal.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, DEC. 14th, 1877.

The regular fortnightly meeting of the Medico-Chirurgical Society of Montreal was held in the

Library of the Natural History Society this evening. The President, Dr. Francis W. Campbell, was in the chair. There were present: Drs. Ross, Blackader, Edwards, Buller, Parks, Nelson, Osler, Reddy, Kollmyer, Loverin, James Bell, Alloway, Roddick, Richard MacDonnell.

The minutes of the previous meeting were read and approved.

Dr. OSLER exhibited the following pathological specimens:

I. A lung completely excavated, the result of chronic phthisis. Lung tissue was present only at the root. In the same body, that of a girl of nineteen, tubercle of an early stage was found in the intestines, and in the fallopian tubes. This last condition, Dr. Osler explained, was a rare occurrence without co-existent deposit in the peritoneum.

II. Ulcerative colitis. The case had presented the appearances of a general enteritis. Innumerable ulcers were present over the whole colon. Many of these had eaten their way down to the peritoneum, so that, without tearing, it could not be detached. There were, however, many points of ante-mortem perforation. In the same patient there was extensive deposit of carbon particles in the lungs.

III. A pedunculated polypus of the uterus, springing from the fundus and appearing in the vagina. In the same body there was a chronic abscess in the broad ligament which had burst into the bladder, and had given rise to pus in the urine. The liver was large (wt. 6 lbs.), and there were numerous stones in the gall bladder, one of these occluding the duct.

Dr. Ross stated that the patient from whom these last specimens had been procured was given into his care a few days before her death. She was thirty-five years of age, sallow and anæmic in appearance. The symptoms were mainly septicæmic. She suffered from chills and high fever; had a rapid pulse and a coated tongue, and was extremely feeble and exhausted. For the last two years there had been excessive menorrhagia. A digital examination of the uterus was made. The finger could be freely passed around the tumour, and it felt like the cervix itself. Dr. Ross fancied that it was malignant. The appearance of pus in the urine failed to mislead him. From the absence of any symptoms pointing to the kidney he could exclude renal disease. The hepatic enlargement produced no symptoms. There was no syphilitic history.

Dr. BLACKADER read a paper on "some of the terminations of pleurisy." He stated that, as yet, the sequelæ of pleurisy had not received the attention they deserved. Pleurisy more frequently precedes phthisis than is generally supposed. The sequelæ may be divided into three classes.

I. Those arising merely from mechanical compression.

II. Those arising from new growths in the pleura.

III. Those arising from purulent absorption.

The effects of the mechanical compression exerted on the lung by bands of adhesion are more serious than is generally supposed. Mere bands cause slight