

and found the os pretty well dilated, and I could feel the feet. I told her I thought the young doctor would get along all right, and that there was no doubt labour would take place before long. I was not long home until I was sent for again. I found the os very much dilated and the head presenting. I ruptured the membrane, and the first thing I knew down came the cord. My friend was recently from college, and he thought by putting her in the knee chest position he could reduce it. He kept her in that position as long as she would endure it, and thought he had succeeded, but when I came to examine her the cord was there still. I brought down the feet and delivered; the child was living, and I believe it is still, and doing well. But I think that when a country practitioner, who has had no experience in opening the abdomen, is brought face to face with the question, "which shall I save, the mother or the child?" and he saves the mother, he has nothing to reproach himself with, and that he should be sustained by the profession. It is not in the interest of our profession or our patients, to encourage operations where we are likely to make a big blunder.

You will remember that O'Meara tells us that during the accouchement of the Empress Maria Louisa, the presentation was abnormal, and Dubois asked the Emperor if it should be necessary to sacrifice the life of one of them, which should he save, the mother or the child. Badly as he wanted an heir, he replied—and I think it is one of the most sensible things that ever the great Napoleon said—"the mother, it is her right."

SALICYLATE OF SODA AND ANTIPIRYN IN GALLSTONES.—Strisower (*Medizsk. obsorenije und St. Petersburg med. Wochen.*, 1892, No. 13) has obtained good results by treating patients suffering from gallstones with salicylate of soda and salol. During the attacks of colic he ordered eight grains of antipyrin twice hourly. When the colic has passed away he gives nine grains of salicylate of soda three or four times daily. Through this treatment the individual attacks of colic always become rarer and at last disappear entirely.—*Medical Chronicle*.

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

(Continued from October number.)

OTTAWA, September, 1892.

Dr. Bulkley, of New York, read a paper on LUPUS ERYTHEMATOSUS, which was discussed by Drs. Shepherd and Foley, Montreal; Strange and Graham, Toronto; and Malloch, of Hamilton.

Dr. T. Johnson Alloway, of Montreal, followed with a paper on THE DEPENDENCE OF ABNORMAL EYE CONDITIONS UPON UTERINE DISEASE. Dr. Dupuis and others took part in the discussion.

The discussion in surgery was opened by Dr. D. MacLean, of Detroit, in an address on OBSERVATION ON THE PROGRESS OF SURGERY IN OUR OWN DAY (see page 147).

Dr. H. V. Moore, of Brockville, and Dr. R. A. Reeve, of Toronto, former students of Dr. MacLean when he was a lecturer in Queen's College, Kingston, made kindly reference to their associations with him at that time, and Hon. Dr. Sullivan and Dr. Dupuis, former colleagues, followed in a happy vein of reminiscence and congratulations. Dr. Reeve moved a vote of thanks to Dr. MacLean, seconded by Hon. Dr. Sullivan.

Dr. HINGSTON (Montreal)—I should do violence to my own feelings if I did not accord my meed of praise to Dr. MacLean on his excellent paper, with one exception. His allusion to me was prompted by a feeling of partiality, I am sure. Whatever it was, it was but a feeble echo of the feelings of respect and affection that I have entertained for him ever since I had the pleasure of knowing him, and that is many years ago. Dr. MacLean has gone over the whole domain of surgery, and others have tried to follow him but could not. Dr. MacLean will perhaps pardon me if I do not quite agree with one small portion of his paper. It is as to the relative advantage of lithotomy and lithotripsy in cases of stone in the bladder, and the relative advantages of dilatation in stricture and division of stricture internally. Dr. MacLean gives preference to the old classical lateral operation over lithotomy, and to the classical operation of gradual dilation of the urethra in stricture. I happen to be a few months, perhaps a year or two, older than Dr. MacLean, and I taught for twenty-five years