referred to a suggestion first made by Trenholme, of Montreal, that the finger be swept around the inner surface of the os, separating it from the membranes. Why it is so Dr. Playfair did not know, but he was satisfied that this simple procedure did excite marked dilatation of the os.

When the head is pushed down low in the pelvis, the os being soft and relaxed, and the membrane ruptured, it was his belief that gentle manual dilatation, pushing, as it were, the os over the head, is frequently extremely useful. Pushing up the swollen anterior lip when impacted between the head and the pubes is not only legitimate, but essential to save injury to the os.

In prolonged second stage, Dr. Playfair referred to ergot and condemns its use at this time in the strongest terms. The only oxytocic he would recommend at this period of labor was manual pressure applied over the uterus to increase the pains when they are feeble, or to take place when they are absent. The best way of using it is for the practitioner to stand by the side of the patient, and to spread his left hand over the fundus. When the pain comes on, strong downward pressure is made in the direction of the axis of the brim. If the finger on the right hand be placed simultaneously on the head, *per vaginam*, it will be felt to be pushed down in a very marked way. One may often push a head through the brim where it has been delayed for hours and on to the perineum in two or three pains. One may often avoid the use of forceps.

As to the latter means, the speaker expressed the fear that there was a tendency to use the instruments too frequently. In the period from 1815 to 1821, 21,867 cases of labor were treated at the Rotunda Hospital, Dublin, without the forceps being used once. The present practice in this institution is such that the forceps are now used on an average of 1 in 16.5 cases. The use of the forceps when the head is high up is a serious operation always, and should not be undertaken lightly.

Unnecessary delay, when the head is in the pelvic cavity, is not only useless but dangerous. By timely interference we lessen the risk to both mother and child. It is quite impossible, however, to lay down any precise rule as to when the forceps should be used in lingering labor. Every case must be treated on its merits, after a careful examination of the effect of the pains.—*Brit. Med. Jour.*—*Canada Lancet.*

A CASE OF HEPATIC ABSCESS—OPERATION—RECOVERY.

UNDER CARE OF DR. LACHLAN M'FARLANE, IN TORONTO GENERAL HOSPITAL.

(Reported by L. F. BARKER, M. B., *House Surgeon.)*

Considering the comparative rarity of abscess of the liver in individuals who have never lived in a tropical clime, together with the fact that abscesses so occurring are, as a rule, secondary to dysentery, a brief description of the following case may be of interest:

E. B., æt. 46, born in England, admitted to Toronto General Hospital, Dec. 17th, 1890, under care of Dr. McFarlane. He had lived in England 24 years, since then in Canada; occupations various, farming, railroading, hotel-keeping, etc.; always reckless and dissipated; often exposed to cold and wet. He has never been farther south than Boston, he has never had dysentery; had taken alcohol to excess; nine years ago he had dropsy of peritoneum, the abdomen was of immense size, and it was tapped once. Family history, negative. After admission, the patient was deprived of stimulants, and continued delirious up to Jan. 7th, 1891. The temperature varied from 99° to 103.5° at this time, without obvious cause. This condition continuing, pus formation was suspected, and careful physical examinations made repeatedly. Finally bulging in right side below ribs was noticed, and by Feb. 10th this swelling extended as low down as the umbilicus; complete dulness on percussion existed over the enlargement. The tumor moved with respiratory movements, but not freely. One of Dieulafoy's aspirating needles being introduced, discovered pus. There existed, in addition, probably cirrhosis of liver, some pulmonary emphysema, and slight cardiac hypertrophy. Mentally, patient was weak; sometimes talked to himself. (The above notes have been epitomized from the clinical history of the case taken by Mr. S. D. Day.)

On Feb. 11th, 1891, at 3.30 p. m., Dr. McFarlane operated as follows:—The patient was prepared in the usual way for abdominal section. Chloroform narcosis; an incision 7½ cm. long was made below the margin of the ribs and parallel to them. The liver was found adherent to the abdominal wall. A free opening was made into the parenchyma of the organ; about one litre of yellowish-white pus was evacuated. Two