little finger. I removed the whole sigmoid flexure and united the descending colon to the rectum by means of the same button. This button was passed on the sixteenth day. The patient recovered rapidly, and remains in sound and vigorous health. The specimen is in the museum of the Royal College of Surgeons.

The explanation of these cases of contraction, whether in the stomach or in the colon, is not far to seek. The button effects an opening between the two viscera by means of pressure gangrene. I have noticed that after-contraction has only occurred in cases in which the upper viscus was much dilated at the time of the operation. It is needless to say that in gastro-enterostomy for pyloric obstruction a dilated stomach is met with, and in intestinal anastomosis for stricture the upper segment of the gut is apt to be enormously distended. After the operation the dilated organ contracts and consequently the newly made hole contracts. I can easily imagine that a hole in a dilated stomach made by pressure gangrene and the size of half-a-crown may readily become an aperture the size of a fourpenny piece when the distended viscus had gradually contracted. It is therefore very desirable to have the viscera to be dealt with as empty as possible before the button is introduced. This end is very difficult to secure even to a partial degree. The stomach, for example, in old pyloric obstruction, even when kept washed out for many days, is slow to contract; and if at the time of the operation the viscus be still much dilated, retention of the button and possible inconvenient contraction of the new opening may be regarded as possible.

This association between previous distension of a viscus and the subsequent contraction of the aperture made in it is of course by no means limited to Murphy's button. It applies to nearly every method in vogue for carrying out the operations now under discussion.

Still, in spite of many drawbacks and many failures, intestinal surgery has made within the last few years decided and substantial advances; but it will fall short of perfection until antiseptic surgery, which has so far penetrated only to the serous covering of the gut, has reached the mysterious and septic lumen which lies within the bowel wall.

REFERENCES.

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AXIS TRACTION WITH ORDINARY FORCEPS.

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THE recent discussion on the use of midwifery forceps at Edinburgh shows that the simplest, easiest, and most powerful method of applying axis traction with ordinary forceps is not generally known.

The patient being in the ordinary left lateral position, insert the blades so that the lock falls together; let the handles assume their natural position, close to the symphysis pubis pointing forwards. Allow them to remain during the whole process of extraction in this, the position which they naturally assume, pointing more and more forward as the head descends. To extract, grasp the forceps at or above the lock with the left hand, and place the hollow of the right hand on the posterior surface of the extremities of the handles, so as to be able to push with the right hand and pull with the left, by an action somewhat similar to that used in making a stroke with a paddle. Then, keeping both arms the whole time rigid and extended, place your own chest, facing the patient, in the desired line of traction—which with head at brim is a straight line passing from the patient's umbilicus through her coccyx—and pull with your back from the coccyx.

By this means the whole force exerted is expended on urging the child's head towards the coccyx; none is expended on stretching the vulva in pulling the forceps out of their natural position, or in pressure on the pubes or other bony parts. No compression need be used unless the forceps are beginning to slip. Every motion of the head is readily felt,

and can be allowed to occur naturally, or can be helped. The occasional difficulty of firmly grasping the forceps above the lock with the left hand is easily met by looping a fillet or handkerchief over the lock and round the wrist. The accompanying diagram may make the description plain:

I can hardly suppose this method is new; for given the forceps in their natural position, and a knowledge of the direction in which a child's head is to be moved, and then any intelligent man would use the instruments in the above way, unless he were told to act otherwise. There is an old illustration in a well-known textbook, which apparently represents one hand pulling at a crotchet hooked on to the symphysis pubis; but it has a legend written underneath: "Forceps in position, traction in the axis of the brim." With one hand!

Though I think his directions are incomplete, Galabin's method is of course mechanically correct if the traction is performed entirely with the arms. But fancy pulling an oar or anything else without using the back! When I formerly used Galabin's method my arms would ache for days after a difficult case. And to get any considerable power it is necessary to very much stretch the vaginal orifice by drawing back the handles.

Both Galabin's method and also Tarnier's tractors need this retraction of the perineum to perform axis traction; but with a rigid perineum this is not always easy or possible. And when this can be done, the tension of the perineum alters the direction of the resulting force acting on the child's head.

By the method I have described there is no tension of the perineum to disturb the direction of the force applied. One's whole strength can, when necessary, be exerted in urging the child's head in any desired direction, counter traction being made by the nurse to keep the patient on the bed. Whatever the theory, in practice delivery by this method is in most cases extremely easy.

THE FLANNEL SHIRT CLUB.—The excellent object of the Flannel Shirt Club, to which we drew attention last year, is to give flannel shirts to necessitous working men who require warm clothing on returning to work after serious illness, when they have to exchange the shelter and comfort of the hospital for exposure to inclement weather and other hardships. The club was started last year; it has 183 members, and has already distributed flannel shirts to patients discharged from general hospitals in the metropolis. The Secretary is Miss Lamport, 52, St. John's Wood Road, London, N.W., and subscriptions will be received by the Honorary Treasurer, Mrs. Clutton, 2, Portland Place, London, W.