bichloride. The hands are rendered aseptic by mechanical cleansing, using also in some, as in the Presbyterian and St. Luke's the chlorinated soda method and in others the ordinary alcohol, bichloride, and sterile water. I did not see the permanganate method in any of the hospitals visited. The instruments are exposed dry on a sterile towel during an operation and very little douching is employed, generally only a pad out of sterile water.

At the Roosevelt hospital I saw Abbe, who usually exhibits the patients he has operated on at the previous clinic. The first case presented was a patient on whom he had operated the week before for tubercular disease of the ankle. The parts looked exceedingly well in view of the extensive operation performed, as he had scraped away the astragalus, lower ends of fibia and fibula and the greater part of the os calcis. He stated that a common cause of the recurrence after these operations was the form of curette employed. The ordinary instrument grinds the tubercular material into sound bone thus starting up new foci, and this he avoids by using a flushing curette.

The next patient was a boy who had been at the clinic the previous week with a depressed fracture of a very slight character, but who had marked cerebral symptoms—apathy, slow pulse, etc., so he trephined and, on raising the bone a considerable quantity of bruised cerebral tissue exuded. The great injury to the cortex and the slight injury to the bone was explained by Abbe by considering the cranium as a rubber ball which, when struck, is indented, but which quickly springs back again. The head to day presents a hernia cerebri and the patient will require to be watched, as the danger in his condition lies in the formation of a subcorticular abscess and hence any symptoms of increased pressure must be met by inserting an aspirating needle into the cerebral tissue to give exit to any pus formed.

He presented a patient next who, eleven days before had fractured the patella of right leg. In Abbe's opinion the advantages of surgical interference over the expectant plan are not enough to warrant the former, unless the surgeon is absolutely certain of his asepsis. The best time to operate is the tenth or the eleventh day, as by this time the inflammatory processes have about subsided. He made an incision across the patella and between the fragments. The aponeurosis covering the patella was found torn across and the