

good view of the operation, and were just in time to see the Professor make his first incision in excision of the knee on a nice-looking young woman apparently about twenty years old. By elevation and Esmarch bandage, the limb was rendered anæmic and the operation bloodless. Patient took the ether well and the operation was quietly and deliberately performed. The usual incisions and dissections were made, the ends of bones removed, and the patella showing signs of disease was also removed. The Professor was very careful in removing with scissors every portion of synovial membrane that he could find, and remarked that this is one important factor in the success of the operation. Finding that the parts co-adapted nicely, the next step was to attend to the blood-vessels, and a dozen or more artery forceps being in readiness, the tourniquet was removed and all bleeding mouths readily secured and ligated with cat-gut. After irrigating with aseptic solution (did not ascertain which,) flaps were stitched, neither iodoform nor drainage tube was used; but all the dressings were scrupulously aseptic, and limb laid upon an inclined plane at an elevation of about 30°.

Case 4.—Removal of a tumor from the axilla of a woman, aged 55, who said that Dr. Mason had removed a tumor from her breast seven years ago. Mammary gland had not been removed, and is now quite healthy. Prof. Sands had no doubt, however, but that the present tumor was recurrent, although the Germans maintained that if there be no recurrence for three years after removal it may be considered as a cure.

The removal required the exercise of great care and caution, as it had to be dissected from the nerves and axillary arteries. The Prof. adopted the method recommended and practiced by the late Sir William Ferguson 18 years ago when operating in such dangerous proximity *i.e.*, use fingers and handle of scalpel, and do very little cutting.

When removal was completed, the cavity was literally filled with artery forceps, and very little blood had been lost. Tumor was about size of a hen's egg, and on section presented a hard, glistening surface, from which the knife scraped a suspicious, gruelly looking fluid. The Prof. ventured no opinion as to the character of the growth; a drainage tube was introduced, and wound stitched

with continuous suture and covered with oil-silk aseptic dressings.

Case 5.—A young girl aged 14 with double talipes varus, soles of feet completely turned up, and a thickened bursa on dorsum upon which she walked. The bursa was dissected away, bones laid bare, and with an ordinary carpenter's chisel portions of scaphoid and cuboid bones were removed. The operator had succeeded in getting the foot pretty straight when we left to meet another engagement, as it was five o'clock.

I have given the above details off-hand as they impressed me at the time; no doubt important skilful touches by the operators have been overlooked, but these given may serve to supply a general idea of the methods practised.

Kingston City Hospital.*

On the 17th of Sept. last a young woman *et* about fifteen years, came to me to have her tonsils excised on account of chronic enlargement. I removed the right one with a tonsillstome; the bleeding that followed the operation was slight; and she went home by my advice to wait till that wound was healed before excision of the other tonsil. On the 7th Oct. she returned to have the left one removed. This one was very much larger than the right one had been, and presented almost a "head and neck" shape. I removed this one without the least difficulty; bleeding was slight while she remained in my office (and I kept her some time for safety) but on her way home she began to spit blood in mouthfuls, and to swallow it, and finally getting sick vomited it in large quantities.

As soon as she got home I was sent for but when I arrived the bleeding had ceased purely from failure of the *vis a tergo*, she having been for some time in almost a constant faint, and as white as a human being could be. By quietness, care, and nourishment suitable, she has slowly recovered from the very edge of the grave. She was certainly the nearest death from bleeding during about six hours (except in two or three cases of epistaxis) of any person I have ever seen who recovered. But the peculiarity to which my attention has been drawn is the interference with the deglutition of liquids which the absence of the tonsils has produced. The young woman was in my office yesterday, looking well, but yet quite weak, and the