This bloody and fatal operation was a solar plexus blow to most of us freshman. I can always describe it.

It would be invidious to compare the surgeons of that time, but those of them still alive no longer see deaths from hæmorrhage in amputations at or near the hip joint, nor the frequent loss of life from infection following clean operations. I have described the amputation of a quarter of a century ago to infer a comparison between then and now, which I need not draw to an end, but just think of two things in this connection,—the bloodless major amputations and exceedingly low mortality of to-day.

In the saving of limb and life in diseases of the extremities many improvements are now in use as compared with even a few years ago. Take, for instance, in bony ankylosis of the large joints—the hip, knee and elbow. Instead of the old sweeping excisions, a curtain of muscle or fascia is carefully fixed between the ends of the bones after a minimum amount of resection is done, which not only prevents a reunion of the bones, not interfering with the longitudinal growth of the bones in children, but also furnishes an excellent false joint. The bloodless operation for congenital dislocation at the hip joint is a welcomed advance in orthopedic surgery. It is that over which America has recently been thrown into hysterics. The open operation that shall cure the cases not amendable to the bloodless method is not yet invented. Time does not permit me to speak of the many other valuable advances that have been made in the surgery of the extremities.

In pre-antiseptic days, the surgery of the abdomen, including hernia, was far behind that of the extremities, for reasons that are quite clear to us now, but since we have learned to invade the peritoneum without causing inflammation of it, the advancement of abdominal surgery has far outstripped that of any region of the body. On account of the great frequency of hernia, and the proneness to strangulation, operations for its cure by the open method became established. A young person to-day is not advised to wear a truss if he is otherwise healthy. An operation is performed, and he is cured. Any operation for the cure of oblique inguinal hernia that does not take into consideration the various local causes and proper relationship of structures should be discarded. Empirical procedures include all the operations or combinations of them devised, in which the cord is raised out of its bed. By following these, the science of surgery loses its charm in the search of truth, and the art its beauty. The only true surgical operation yet produced for the radical cure of oblique inguinal hernia is the typical operation, because it counteracts the local congenital defects, sutures the structures where they