If it is a nice clean case, without sepsis, I sew up the peritoneum with a running suture of Kangaroo tendons. Then I take the fascia and muscles in another layer of suture, the fat also if necessary, and at last the skin with a very fine suture, using the buried Kangaroo tendon in layers, as I have described repeatedly. In all infected cases, including tubercular trouble, I use the *en masse* suture of silkworm gut.

In conclusion I would say :—

1st. Obscure abdominal troubles require exploratory celiotomy. No honest physician can do justice to his patient by simply treating abdominal troubles symptomatically. Every honest general practitioner, in justice to himself and his patient should call in an abdominal surgeon as counsel.

2nd. An abdominal surgeon should be prepared to do any operations whatever, when he does an exploratory operation. Hence, an exploratory operation should be done in a well equipped hospital only.

3rd. The exploratory incision should be made in the medium line, if possible, or the outer edges of the rectum. The fleshy parts of abdominal muscles should be avoided as much as possible.

4th. In clean aseptic cases the buried Kangaroo tendon or catgut ligature in tiers should be used. In all septic cases, including tubercular peritonitis, sildworm gut, silk or silver wire, *en masse* suture should be employed.

RULES for the surgeon to observe in order to prevent the absorption of poison during operations on septic patients : 1. After the hands and arms are made aseptic, dip them in strong ammonia water, or in a saturated solution of oxalic acid. This procedure will instantly reveal to the surgeon the least abrasion of the skin from any cause. 2. All small abrasions, or separations of continuity of skin, should be painted with flexible collodion, and immediately covered with a few fibres of absorbent cotton. Dry this dressing quickly with heat from alcohol lamp, and again paint with flexible collodion, and dry in the same manner. Then sterilize finger in 1 to 100 bichloride solution. 3. If the wounds are on the joints, apply a strip of adhesive plaster over the cotton and collodion dressing, passing the plaster quite around the finger, at least twice. Fasten this dressing securely with thread. Or, instead of the adhesive plaster, draw on a rubber cot or glove. Sterilize finger or hand and dressing in 1 to 100 bichloride solution. 4. If the hand or finger is wounded during an operation, stop long enough to place on the wound a drop of saturated solution of carbolic acid, or lysol, or creolin, or touch it with a nitrate of silver point. Cover the wound with a small pledget of absorbent cotton, well saturated with carbolized or creolin water, and cover this cotton thoroughly with adhesive plaster. Fasten this plaster securely with thread. Sterilize the finger and dressing by immersing it in 1 to 100 bichloride solution, and proceed with operation. 5. Remember that your health is, or should be, as valuable as the patient's, and that if you have a good assistant to watch the patient, five minutes' time given to dressing your own wound will make no appreciable difference in the result of the operation you are performing.—*Horace T. Hanks.*

HYDATIDIFORM MOLE AND MALIGNANT DECIDUOMA.—Fraenkell (*Archiv f. Gyrak.*) has recently added to onr knowledge respecting the malignant changes which sometimes take place in the uterus after gestation. Undoubtedly malignant deciduoma is often associated with hydatidiform mole. Small portions of a mole of this class usually remains behind after the greater part has been expelled. The superficial epithelial layer (syncytium) of the chorionic villi proliferates considerably when a vesicular mole develops. It is precicely from this abnormal development of epithelium that the cancerous change known as malignant decidumo is evolved.—*Indian Lancet.*

CHRONIC INFLAMMATION OF the URETHPA COMPLICATED BY OLD STRICTTRE.—Arthur Aulad, M. D., M. B., Ch., B. A. O., B. A., Rathmines, Defoe Road, London, S. W., England, says : "I have very great pleasure in testifying to the extreme efficacy of Sanmetto. The only case in which I have used it was what I would call a test case, viz : one of inflammation of urethra of long standing, complicated by old stricture. I gave it in drachm doses three times a day, and in four days the patient was completely relieved."