(over which it has no advantage, is a safe instrument to be used by the timid, who prefer the sear dry edges of a wound, to the trouble of looking for, and the risk of not easily finding and securing the divided vessels.

L'Aspirateur.—The last general method I shall notice is the aspirating syringe and exploring needle, destined to be of much advantage to surgery—though not, as some claim, invariably without danger. While on the other hand it has been repeatedly used, and with advantage, in distended bladder and strangulated hernia, in empyema and in purulent peritonitis, without untoward symptoms, its use has been followed by death in at least one instance, where, à priori, no danger would seem to be reasonably apprehended. Cysts, anywhere and everywhere, are treated with it, and whether as an aid to diagnosis or to treatment, abscesses of the liver, periodical effusions, and dropsical swellings of the joints, are dealt satisfactorily with by this pneumatic method.

Carbolic Acid.—Before passing to special subjects I have merely to observe that carbolic acid has now fairly taken its place in surgery. It is needless, therefore, to criticise its claim. It has been enthusiastically adopted by some, and as sternly rejected by others; but a little less enthusiasm on the one side, and of obstinacy on the other, and carbolic acid settles down into its appropriate niche of usefulness—not, in killing germs, hatched by enthusiasts for the nonce that they *might* be killed, but in diminishing suppuration and in opposing septicæmia.

Passing to the domain of Special Surgery I shall have time but to allude to the vast strides made in Ophthalmology. Entropion and Ectropion, (those troublesome diseases which hitherto resisted all efforts at permanent alleviation) are now managed by Schnell and others differently, and with lasting success. Obstructions of the duct are treated by a new method which preserves the patency of the natural channel. The classic operation of Weber no longer holds empire and sway—but has given place to Von Graeffe's and Liebreich's.

The ear, which some aurists taught us to respect so far as to advise us not to permit the introduction to the tympanum of an instrument smaller or sharper than the elbow, and that, the elbow of the owner of the ear, now tolerates, not only punctures of the membrane of the tympanum, but tenotomy of its tensor near the malleus—or of myotomy in its course—an operation which, early and judiciously performed, will often relieve suffering, and preserve the integrity of the whole organ.

Paracentesis of the membrane of the tympanum, and the use of the air douche in purulent inflammation, or catarrhal or hemorrhagic effusions, may not always preserve hearing, but may and does sometimes preserve life, when disease is spreading to more vital parts. Those who dread to approach the ear in that way, may learn to pass a small catheter through the entire length of the Eustachian tube from the pharynx to the anterior wall of the tympanum.

May I be permitted to make a practical suggestion *en passant*. Might not the deafness which has so frequently occured in some parts of Canada in the course of the recent epidemic of cerebro-spinal meningitis, be prevented by the timely use of paracentesis?

Unheard of liberties are now being taken with the *nose*. In addition to Thudicum's method of treating ozœna—that opprobrium medici, ozœna, is being transferred from the domain of medicine to that of surgery—and the mucous membrane of the Gingivolabial furrow is divided with the frænum, the cartilaginous septum to nasal spine, and the nasal cartilages too, if necessary, the nose turned up, and the necrosed bone, giving rise to the odour, removed, and the parts brought into apposition. Primary union without deformity takes place, and the cure is complete.

So long as we keep to the outer man we are safe; but should groping for disease carry us within the patient's mouth, we are in the domain of the *oral* surgeon. Save the mark! The oculist and aurist, with great advantage to science and humanity, take charge of the organs of the special senses of sight and hearing, and the field for either is sufficient to satisfy the desire of intelligent ambition. The dentist, now styled doctor of dental surgery, looked after our teeth, and well satisfied are we when his operations are confined to their inspection. But now the buccal cavity is claimed as the fishing-pond of the oral surgeon. Pardon me—the Doctor of Oral Surgery—D.O S.! Happy thought! and happier title!! Oral surgery carries the science from the top of the mouth above, past, (and including,) all the teeth, incisors, canines, bicuspids and molars; past the uvula, past the fauces and anterior