

however, very well, and Mr. Duncan, in his subsequent address stated that, if this primary operation proved successful, he intended, in due time, to perform a plastic operation, closing up the artificial anus and thus restoring the natural one to its normal use. Spray was not used in this case, Mr. Duncan being as strong an opponent, as Mr. Bell was an advocate of its utility. The dressings, however, were of the usual antiseptic character. Patient passed a good night, and reported herself as freer from pain on the following morning than she had been for months. I did not hear the subsequent history of the case.

On my last visit to Edinboro Infirmary I saw a patient suffering from one of those unfortunate accidents which sometimes occur even in the hands of the best surgeons. It was a case of empyema in a strongly built man of about thirty years of age. Paracentesis had been successfully performed a week previously, and a rubber drainage tube inserted; several pints of pus were discharged. From that time the drainage had been constant. One dressing had been made since under spray. But on approaching the bed on this occasion we found the poor fellow suffering very acutely. His lips were purple; he was propped up in bed and laboring under the severest dyspnoea. The surgeon was alarmed by his unexpected appearance, and immediately removed the dressings under the spray as before; but the discharge was very slight, and no drainage tube could be found. It slipped inside the pleural cavity, and by its presence there undoubtedly caused all the distress and general symptoms of collapse which we witnessed. The surgeon made many efforts to find it. He enlarged the wound, passed his forefinger deep within the chest, used forceps of different shapes, tried exploring sounds, and various positions of the body, with no effect but to increase the agony of the sufferer. The dressings were put on again and we left the ward sadder and perhaps wiser than when we entered. How long the poor fellow lasted I did not hear.

With regard to these drainage tubes I may mention that the usual way of securing them is to pass a couple of strong sutures through the external end and then to secure them firmly to the limb or body before applying the dressings. I was speaking of this case to the House Surgeon of the Children's Hospital, in Hackney, London, some weeks later.

He remarked that they always found difficulty in securing the tubes so as to avoid the possibility of accident; and that he had devised a method which secured perfect safety. He showed me the arrangement, and also two in actual use there. The end of the tube was split in quarter segments longitudinally. A circular rubber cap was then made with a hole in the centre large enough to admit the tube. The ends were passed through, and by the application of heat welded on to the upper surface of the cap. The cap would thus effectually prevent the possibility of slipping in so much dreaded.

As the surgical cases, methods of operation and general treatment were very similar in the various hospitals of London to what they were in Edinboro; I will not dwell on them, but pass on to notes taken upon several ovariectomy cases at the Samaritan Hospital at the west end. The building is not large, being simply one of a row of good sized three storey houses, supplied with a rear entrance for patients and a front one for the medical staff and visitors. The lower flat is devoted to offices, visitors' room, and out-patient department, where a very large number of women are treated daily. The ovariectomy rooms are on the highest floor and hundreds of operations are performed there every year by Sir Spencer Wells, Mr. Thornton, Mr. Bantock and others. Sir Spencer Wells and Mr. Thornton both use carbolic spray, and the Lister treatment in full, while Mr. Bantock, like Dr. Keith, of Edinboro', has entirely discarded the former while adhering to the latter on general principles. I saw two of Wells' cases. They both made excellent and rapid recoveries. I might describe Mr. Thornton's method of operating, as I had the good fortune to witness two of his operations on succeeding days. In each the fullest preparations were made. The room was scrupulously clean—ventilation perfect—instruments and sponges all placed in trays containing carbolic solution one to forty in strength. The hands of the operator and all his assistants, nurse included, were washed in like preparation. None others were allowed even to touch the patient or any of the instruments, sponges, &c., employed in the operation. In each case spray was used. The sponges, of which there were a large number, were wrung out and counted by the nurse upon the order of the operator before commencing—patient was put under chloroform—extremities covered warmly—abdomen exposed