codeine to morphia as a sedative. For the diarrhœa, 5 to 10 drop doses of liquor hydrarg. perchlor. As an application to the chest in cases of non-resolution, he liked ung-hydrarg. iodide rub. of the B. P.

Exploratory Incision in Abdominal Surgery; its Indications and Technique.—Dr. Carstens said that it took a long time to educate the profession to the value of operating in abdominal cases. Its great success was due to the antiseptic methods of operating. In all obscure cases of abdominal disease where diagnosis could not otherwise be made, exploratory incision was justifiable. He would operate in every case of appendicitis. The Doctor related several interesting cases where he had operated for diagnostic purposes, and in which he had found that he was able to give relief at the same time. He also related the history of other cases he had formerly seen where he had not operated, and where *post-mortem* examination taught him that he should have done so. The incision should be made where the trouble was located. Other things being equal, he chose the median line. There would be less hæmorrhage, and there was a better chance of union.

Drs. TEMPLE, TESKEY and Sir WILLIAM HINGSTON discussed this paper.

Progress of Surgery.—Sir WILLIAM HINGSTON then made a few remarks on the Progress of Surgery. Surgery had grown from an art to a science. Wonderful strides had been made in regard to the treatment of cerebral lesions. The practice now in regard to the treatment of epithelioma of the face had changed. His plan was to leave them alone. If the disease occurred in the tongue, the whole tongue should be removed or left alone. In empyæma he recommended the removal of a portion of the rib. In calculus of the bladder the lateral incision was the best for most cases.

An excellent banquet was given in the evening.

NERVOUS ŒDEMA.—Fedorovsky (*Vratch*, No. 26, 1895) relates the case of a soldier who was injured severely, and after a period of unconsciousness found in addition to a paralysis that there was a unilateral œdema of the face. Since this time the patient has had frequent headaches and œdema of the cheek and eyelid, all upon the left side. The œdema can be brought on by energetic bodily movements, rapid walking, etc., and lasts two days. There is a slight exaggeration of reflexes, and there are no stigmata of hysteria. The author attributes the condition to a neurosis of traumatic origin which has provoked a special excitability of the vasomotor nerves of the face. —*Medical Record.*