erally, but still the true typhoid. Troubles began, he said, when it was attempted to distinguish a mild case of typhoid from one of simple gastric fever. During the outbreak there were over 150 cases, some lasting one day and some two months. Of these he had 34 in his own practice. The doctor then went into a minute description of several cases from attack to convalescence. Some held that typhoid never aborts, but while he did not claim that typhoid can be aborted or that he could do so, typhoid certainly does abort. The doctor went on to show that in the recognition of typhoid no one symptom was essential nor can any two or three be mentioned which may not be irregular or absent in undoubted cases of typhoid, and on the other hand there is not one of the usual symptoms which may not be present in other diseases. Cases were quoted in support of this position. Much had been expected from bacteriology, but it had failed. Osler says the death rate is 7½ per cent., and the essayist seemed disposed to pin his faith to this figure. In conclusion the doctor said that to distinguish gastro-intestinal fever from typhoid was often impossible. A mild case of continued fever might be typhoid, and a fatal one gastro-intestinal. In prevalence of typhoid we should presume the mild cases are typhoid. The death rate of any hospital is not a criterion for private practice. He emphatically disputed the statement made by a speaker of the previous day, that a case which did not run 20 days was not typhoid at all."—*From Windsor Press.*

"The Absorbable Ligature in Abdomnial Surgery," was the title of a paper by M. V. Mann, of Buffalo. The ligature referred to was the cat-gut. He called attention to the disadvantages of silk, and the treatment of the peidcle by cauterization.

The cat-gut did away entirely with some of the danger following an infection, which sometimes occurred. The ligature is softened, liquifies and disappears. The cure of the abscess or sinus is not complicated with the presence of a continuous focus of infection. One objection made against cat-gut was the difficulty of rendering it aseptic. He had proven that by the method of sterilization he had adopted, the material was completely sterile. This could be done by the dry sterilization or by boiling in Kumoll, placing in solutions of sublimate in ether or soaking in formaline solution.

To prevent slipping—another objection raised—the gut should never be used after having been placed in water, unless prepared by the Kumoll or formaline process. If taken from alcohol the slight tendency to slip could be overcome by simply pulling firmly upon the strands, or having his assistant do it for him, while he makes the second turn in the knot. By using the knot of Dr. Hanks, in which one strand is put through the second loop twice, all danger of slipping is absolutely done away with.

Dr. W. B. Geikie opened the discussion in medicine on "the treatment of phthisis." The remarks first referred more particularly to the treatment of the patients in the pretubercular stage. Then he discussed the value of the specifics generally used when the disease had established itself; and also those medicines best fitted to treat cough, diarrhœa and other symptoms.

In discussing this paper, Dr. Hodge, of London, said to effect a cure in phthisis, an early recognition of the disease was necessary—even in the