rate comparatively. The first successful cholecystotomy was done by Lawson Tait in 1879, and the first attempt to remove stones from the common duct by crushing was also done by Tait in 1884. Later, Thornton introduced needling. Cholecystotomy is an operation now frequently performed and generally with the most satisfactory results, and in ordinary cases it is almost devoid of danger. To-day, incision of the common duct has replaced the cruder operations of crushing and needling. Dr. Bell then gave an abstract of six cases upon which he had operated. The patients had varied in age from 33 to 61 years. In two there was but a solitary stone, in three there were stones in the gall-bladder as well as in the common duct, in four there was obliteration of the cystic duct and a contracted gall-bladder that contained no bile, in two a large calculus was impacted in the ampulla of the duct within the duodenum, and was removed through an incision in the duodenum. One case ended fatally from pneumonia after the sixth day; another patient was submitted to a second operation five months after the first.

Dr. V. P. Gibney, of New York, then read a paper on "The Treatment of Convalescent Club-foot." He remarked that there is no more interesting condition in orthopedics than club-foot, and none more difficult to bring to a successful issue, although knowledge of the anatomy and pathology of the part is indispensable to the orthopedist. The reduction of the deformity and the preservation of the induced condition in permanency are two different things, and the latter is often more difficult than the former. Relapses occur from various reasons. Among them is the failure of the surgeon to effect perfect reposition of the parts, or the corrected position may not be maintained for sufficient length of time. Sometimes the neglect of exercising the atrophic muscles or the use of too complicated boots is responsible. In operating, Dr. Gibney aims at the production of an over-corrected position, but he thought it unwise to maintain this too long. He felt that it is best to endeavor to enlist the intelligent co-operation of the patient and friends, and frankly tell them that the trouble is tedious, and much depends on their effort. The child should be taught to walk properly, as this will correct the tendency to pigeon-toes. After operative procedures the foot should be put up in plaster for from three to six months. If there is obstinate projection of the cuboid, and head of the fifth metatarsal, a cuneiform incision should be made in the neck of the os calcis. If the foot still rolled Dr. Gibney advocated supra-malleolar osteotomy, placing the foot in the position of over-correction. He thought that the surgeon should himself supervise the construction of all appliances,