

Lesions of the vagina came next in severity. He had seen vaginitis produce great mental instability,—in one case probably puerperal mania.

**A Case of Extensive Sloughing Following the Use of the X Rays,** was the title of a paper read by Dr. W. H. Harris.

**A Plea for the Radical Cure for Hernia Among the Insane.**—By Dr. A. T. Hobbs, London.

**The Value of Aseptic Methods in the Treatment of Pus Cavities.**—Dr. A. Primrose read a paper on this subject. The point which he wished to make in his paper was, that dealing with pus cavities, which owe their existence to specific organisms, it is of the utmost importance to prevent mixed infection. It is common practice, even to-day, to hear it remarked regarding cases in which pus is present that the condition is already "septic," and does not therefore demand the same rigid observance of Listerian principles as a so-called "clean case," *i.e.*, one in which pus is not present. True, pus cases are septic in the ordinary acceptation of the term, but there are, so to speak, degrees of sepsis. Thus an empyema representing a collection of pus in the pleural cavity may be a purely tubercular infection to begin with; but it is possible to have a streptococcic infection superadded. Or again, we may have an empyema in the pus of which there exists only the pneumococcus, under certain conditions, however, streptococci and staphylococci may be added, and various forms of bacilli are not infrequently found. Similar observations may be made regarding the so-called "tubercular abscess" which so commonly forms in connection with tubercular glands, or in the course of a tubercular arthritis. The dread which the older surgeons had of opening a psoas abscess showed that before the time of Lister the dangers involved in laying such collections open were appreciated, although the cause of the untoward results was not known. Modern bacteriological research has taught us much concerning the conditions under which various forms of bacteria flourish. In our treatment of specific organisms we should endeavor to upset these conditions. The main cause of mixed infection to my mind is, not the failure of our antiseptic measures at the time of operation, but the careless way in which the after treatment of the wound is carried out. For obvious reasons a wound should be dressed afresh whenever the discharge has come through the dressings to the surface. Drainage should always be employed when there is tension, and when there is likely to be septic absorption. Drainage may, however, be dispensed with in certain cases with advantage, as occurred in one of the cases about to be