These being removed, the several dressings of silk and carbolized gauze were applied. The dressing under spray was repeated on the third day, and at intervals subsequently the patient making a rapid recovery.

Prof. Annandale, who ranks high in the estimation of Scotch University men, had one remarkable case which made quite an impression at the time. He cut down through the mesial line upon the prostate in search of a supposed tumor but found instead a completely encysted stone an inch and a quarter in diameter, imbedded in the prostate. He extracted it with the cyst. The operation caused great hemorrhage. This continued with so much severity, that half an hour subsequent to the completion of operation, the drainage tube was taken out and the wound plugged with silk carbolized. In a few hours hemorrhage ceased, the tube was returned, and the patient, I believe, made a good recovery.

Genu-valgus, or Knock-knee, is common among the lower classes in the British Isles, and the operation for the deformity so frequent, that I may be pardoned for describing one of Prof. Annandale's cases. The child, female, 8 years old, was anæsthetized, and both limbs operated upon. A longitudinal incision in front and to inner side and parallel to lower third of femur was made, and wound held open by traction hooks. This was followed by a cross incision through the periosteum a little above the inner condyle and the bone itself cut almost through at the same site with hammer and chisel. The balance of the bone was broken by force, and the other limb being treated in like manner, they were each in turn straightened and fastened to the arms of a frame splint, the arms passing upwards on the outside of the limbs and were united by a cross-bar below the feet. No spray was used but carbolic oil—one to ten—was dropped on the wound from a syringe used for the purpose.

Among the most deeply interesting of operations was one performed by Mr. John Duncan, for obstruction of the bowels of a chronic character, upon a woman over fifty years of age. Five years previously she had suffered severely from abscess of the right iliac fossa; this had opened externally and I understood the operator to say into the bowel also. This fistula remained open for some time and finally closed, from which period the patient began to suffer from obstruction. Fecal discharges were always small and watery and accompanied by pain. Sometimes obstruction became complete for a week or ten days with much vomiting, not unmixed with stercoraceous matter. During these periods life would be sustained by enemata of milk and beef-tea. Slight natural evacuations would again occur, and by careful dieting and copious injections the patient would enjoy a sufferable existence for several months again until the old symptoms would return. Each time the attack of complete obstruction became more alarming until finally Prof. Duncan decided to operate. So important and interesting was the case generally considered that a full staff of professors and lecturers, besides a large number of outside members of the profession gathered with the students in the principal operating theatre at the appointed time. Anæsthesia being complete, Mr. Duncan excised the old scar, and then carefully dissected through the adhesions down to the intestine. The first incision was parallel to Poupart's ligament. From this a little internal to the centre of it, another was made directly upwards. The flaps were deflected and the intestine reached. The affected portion was found, and was with much difficulty separated from its adhesions. The diagnosis was fully confirmed. The affected intestine was of a dark red congested color, and its calibre very much diminished. On examining it afterwards it would barely admit of the insertion of a pen-holder. Having extracted a sufficient amount of the intestine external to the abdomen so as to secure facility for completion of the operation, sound portions of the bowel above and below the stricture were fastened together by silk suture behind. Then the anterior and lateral portions of the upper gut were stitched to the upper portion of the intended artificial anus of the abdominal wall, and the anterior and lateral portions of the lower gut fastened by suture in like manner to the integuments above Poupart's ligament. The wound then being closed as much as possible, the bowel itself was excised to the extent of about three inches, the two segments thus together forming the artificial arnus. The operation lasted one hour and-a-half, during which time the patient was completely under the influence of chloroform; and as the hemorrhage was very free, and the patient herself much emaciated, many expected that she would hardly survive the operation. She rallied,