

and as he unrolled he straightened the wire by putting his foot into the loop ; bent a piece, gave the doubled end a slight curve, and passed it easily into the bladder. The free ends which remained without the body separated somewhat, and the pent up fluid passed between them.

[Dr. Hingston here showed the ingenious contrivance of a country practitioner, near Montreal, for enlarging an opening in the chest wall, which the inventor called a "thoracoretrotome." Both blades cut equally on withdrawing the instrument, yet presented no cutting edge on entering.]

It is not always that the devices which were found to be successful in an emergency are put aside for something which might be better though not so primitive. Some years ago I was present at a meeting of a medical society, not in Canada, it is true, but in one of the more western of the United States. A gentleman from one of the large centres had exhibited an instrument for removing foreign bodies from the nose. He extolled its advantages, was applauded, and everything promised well. I noticed, however, a smile on the faces of many present when a small nervous man advanced somewhat briskly to the platform. I wish I could give you anything like a faithful sketch of his manner. His style was sharp, his language terse, and personal pronouns were used most sparingly. He commenced somewhat in this fashion : " Mr. President,—Much obliged to the gentleman from the city. Long distance for him to come to show us this instrument ; long distance for us out here to send for one. Now, when called to see a child with a cherry or any other kind of stone, or a pea, or a bean, or a bead, or a button in his nose, not going to send all the way to the great city for this instrument, and for Professor to come with it—for that's what it means. Can do without both. Wherever there's a boy with something in his nose

that has no business to be there, there is sure to be a woman in the neighborhood, and wherever there's a woman there's sure to be a hairpin. Now, with the boy and his nose and something in it and the woman and her hairpin and a live doctor and his jack-knife, nothing more is wanted. With the jack-knife half open, bend the double end, coax this bent end along the roof of the nose, raise the wrist a little, and withdraw with the bent end well down, and if one of the child's toys is there it's sure to come. Wouldn't give that instrument (he had made one while addressing us) for the instrument of the gentleman from the great city, and it don't cost as much money. There's not enough of *that* in the backwoods for the Professor. "

To return from this digression. Although allusion has been freely made to the primitive manner in which surgery is sometimes practised in Canada, it would be an error to conclude that such is by any means its general state. In the larger Canadian cities, surgery, in every department, is pretty much what it is in the more favored centres of Europe. There is, with us, as much refinement in diagnosis ; as much dexterity and courage in performing surgical operations ; and as much nicety in the technique. All the cavities of the body—brain, chest, and abdomen—have been explored, and the diseased organs operated upon. Canada follows Europe closely, very closely, in all her work. She has had the boldness—may she be pardoned ! to precede Europe in some departments of surgery. The tongue and lower jaw were first removed together in Canada ; the innominate and the gluteal arteries were first ligatured there ; and the credit of the first nephrectomy, which writers give so generally to Germany, belongs also to that country. But why should Canada be in any way behind ? The better classes of her students, not content with receiving instruction in their own medical