

excellent operation, and one which, carefully performed, left little or no deformity. He had also in the past practised the method of reaching the growth through the superior maxilla. Both these methods he had now discarded. He had several times recently reached large hard masses attached to the basilar process, or to the bodies of the upper cervical vertebræ through the nostrils without dividing them. By introducing the index finger of the left hand into one nostril, and the index finger of the other beyond and above the soft and hard palates, and working steadily till the two fingers meet, the growth may be removed through the mouth. This is not a quick operation nor is it painless to the operator. He was obliged, in some instances, to complete the operation, with the patient suspended by the feet with his head on the floor, when the hæmorrhage threatened to fill the trachea.

In *surgery of the chest* he had noticed very remarkable modifications of treatment. At one time the trocar was used almost exclusively. Afterwards, when antiseptic surgery came into use, microbe-destroying fluids were employed to wash out the cavity. Now we had a variety of methods, adapted each to special conditions. Their use was summarized by Sir William as follows: When fluids in the pleural cavity are recent and are not as yet purulent, the aspirator was indicated, and should be repeated as frequently as may be necessary and so long as the fluid remained non-purulent. When the retained fluid became purulent, he resorted to the trocar, and if the fluid re-formed he made a counter opening, through which he endeavoured to drain the cavity. If that did not suffice, a large incision was made and the chest cavity repeatedly washed out. Should this not prove effectual, he wasted no more time but resorted to excision of a portion of one or two ribs. He had more than once regretted not having resorted to this latter operation earlier in the course of the disease. He had never regretted that he had resorted to it at too early a period. (Sir William here introduced a patient who had been brought into the hospital apparently in a dying condition, thin, emaciated, and suffering from cough, night sweats and an offensive discharge from the side. The removal of about four inches of each of two ribs gave complete and permanent relief. The patient was now stout, fat and corpulent.) Paracentesis of the pericardium was touched upon, and its advantages recognized.

In *Abdominal Surgery* the advances have been so great, and operations so general, that practitioners, not only in large cities, but even in smaller towns and villages and in country districts, perform gastro-tomy for one purpose or another. Operations upon the stomach