

with alcohol, which is introduced and ignited near the cork. The air becomes quickly rarified, the cork is inserted, and the instrument is ready for use.

This is of great service in facilitating with rapidity and cleanliness the evacuation of the contents of cystic tumors, and with a proper attachment, for draining the peritoneal cavity of fluids.

(4.) *Anæsthetic.*—Have for seven years used a combination of one part of chloroform (by measure) to four or five parts of ether. It gives little or no stage of excitement; effect easily obtained, and is usually followed by little gastric or other disturbance.

(5.) *Sutures.*—For several days the sutures are kept in strong carbolic acid and washed immediately before the operation in pure water. Until recently I closed the wound with interrupted sutures of silk-worm gut, but time can be saved by using one needle and a continuous thread of silk secured at each end, or the loops may be drawn out, cut, and tied in separate sutures as adopted occasionally by Tait.

(6.) *Operation.*—It is my opinion that the operator should personally superintend the preparation of the water, instruments, operating room, and all appliances used or likely to be required, should be satisfied of their aseptic condition, and make such examination or enquiry as will satisfy himself that his assistants and nurses are not likely to be dangerous.

Nothing in this line should be taken for granted, but the most careful examination made in every case.

During the operation no unnecessary instruments should be used. With practice the hand becomes the best holder for sponge or needle. Aim at simplicity and avoid loss of time.

(7.) *Dressing.*—Lint or other suitable material wrung out of a solution of hydrarg. bichlor. ( $\frac{3}{1000}$ ) and applied in several layers, constitutes a capital dressing for these coaptating wounds. A pad of absorbent cotton and a bandage hold it in place. It is cheap, simple, easily applied, and can be changed in a minute without causing pain to the patient. And, what may appear paradoxical, I consider it to be by far the best absorbent of the ordinary oozing from wounds. Changing the dress-

ing daily, the condition of the wound is never a matter of doubt.

(8.) *Position.*—When no glass drainage-tube is used let the patient take the most comfortable position; but with the tube, adopt that which favors gravitation to it.

(9.) *Catheter.*—During the past eight years I have used, when required for female patients, a catheter made of ordinary glass tubing of suitable weight, length, and size, the sharp edges of which are made smooth by fusing while turning in the flame of a spirit lamp. When not in use it is kept in pure hydrochloric acid.

*Case 1. Perityphlitic Abscess.*—W. J., farmer, æt 37, who had had repeated attacks of typhlitis and obstinate constipation. Abscess formed and patient was extremely low when seen; opened, washed, and drained. Recovery rapid and complete.

*Case 2. Large Abscess.*—Mrs. G., of Ionia, Mich., æt 27. Family history not good. In April, 1886, she was confined of a still-born child. Labor twenty-four hours in duration, no instruments used, and recovery slow. She menstruated on the 16th of June, and shortly afterwards was seized with severe pain in lower part of back and hips, which was most severe at night. Medical adviser diagnosed "tumor of womb" and prescribed large doses of morphia, which had to be continued.

Admitted to Guelph General Hospital on the 18th of August, at which time her temperature varied from  $^{\circ}101$  in the morning to  $^{\circ}103$  in the evening, pulse 120, emaciation marked, appetite poor, and she had also frequent paroxysms of pain resembling those of labor. On examination, her abdomen was found to resemble that of a woman at the seventh month of pregnancy. A pyriform, well-defined, indistinctly fluctuating tumor was detected, which occupied the greater part of the abdomen. Vaginal examination disclosed the vault to be filled with a globular mass which gave distinct fluctuation when the abdomen was struck, and completely obliterated the cervix, excepting a small portion of the anterior lip of os which was found opposite the pubes. The tip of the finger could be passed under this for a short distance only, and received the impulse when the abdomen was struck as at the vault. The structures forming the floor of Douglas' pouch, though distended, were not adherent to it.