

inguinal hernia. In operating, the incision is commenced at the external abdominal ring, ending one inch or less to the inner side of the anterior superior spine of the ilium on an imaginary line connecting the anterior superior spines of the ilia. Every structure superficial to the peritoneum is divided throughout the whole length of the incision. The vas deferens and its vessels are isolated up to the outer termination of the incision, and held aside. The sac is then opened and dissected from the tissues which envelop it. The abdominal cavity is closed by quilled sutures passed through the peritoneum at a level higher, by about two inches, than the neck of the sac. The vas is then transplanted to the upper outer angle of the wound. Strong, silk sutures are passed through all the layers on each side of the wound beneath the skin, and tied; the cord then lies superficial to these sutures and emerges through the abdominal muscles about one inch to the inner side of the anterior spine of the ilium. The skin is closed after a manner practised by Dr. Halstead on all skin wounds. Interrupted sutures of very fine silk are passed through the under side so as to include only its deep layers, not occupied by the sebaceous follicles. The sutures do not perforate the skin and when tied become buried. One or two small, short, gauze plugs are used as drains to the wound, and are removed about the seventh day, when the wound is dressed for the first time. The patients are allowed to walk about on the twenty-first day.

DISCUSSION ON ANÆSTHETICS AT THE MEDICAL SOCIETY, LONDON.—Dr. Lauder Brunton delivered a very interesting address on his work at Hyderabad at the Medical Society on Monday evening. Describing the methods he employed,

now pretty familiar to those who have pursued physiological research, he passed round a number of tracings illustrative of the fall of blood pressure under chloroform, etc. Dr. Brunton reiterated in the main the conclusions which have already appeared in our columns, but supplemented them by details of work which could hardly find a place in the formal report. The discussion to which Dr. Brunton's singularly lucid descriptions gave rise tended to indicate conclusions not altogether in harmony with the Hyderabad Commission's results. While admitting the force of Dr. Brunton's arguments as applied to the lower animals, the practical anæsthetists present deprecated the extension of conclusions from the lower animals to man, unless positive evidence of uniformity of behavior of chloroform towards man and beasts were adducible. It was further pointed out that the evidence produced was, so far as the action of the drug upon the heart went, wholly negative, and that the clinical observations of Snow, Clover, and living anæsthetics were opposed to the Commission's contention that chloroform kills through the failure of respiration, and not by primary heart failure. While conceding the obvious and great value of experiments made upon the lower animals to elucidate conditions prevailing in man, one of the speakers pointed out that considerable divergence in reaction towards chloroform existed in them, and this was an additional reason for not relying too much in the present discussion upon the negative evidence Dr. Brunton advanced. None will seek to diminish the great value, both scientifically and practically, of Dr. Brunton's painstaking researches, and it must be accepted as a sign of respect to him that so eager and lively discussion was elicited by his description of his part in the work of the Hyderabad Chloroform Commission.—*Lancet.*