

get the better of the long tissue around, so that the tissues would not absorb them, leading to suppuration and the formation of sinuses which would not heal. These arguments led the essayist to give up the silk ligature and use the catgut. His argument in favor of these ligatures were that they did away entirely with some of the danger following an infection, because they softened, liquefied and disappeared. Under careful bacteriological examination he had found the material perfectly sterile. The sterilization was done under his own supervision, either by the dry method, boiling in kumoll, placing in solutions of sublimate of ether, or soaking in formaline solution. If it is desired to have catgut last longer than it usually does, it may be hardened by the bichromate of potash. To avoid slipping, the catgut should not be placed in water unless prepared by the kumoll or formaline processes. If used dry, directly from the alcohol, the tendency to slip can be overcome by tension upon the strands while the second knot is being made, or by putting one strand through the second loop twice. Since 1885 he had opened the abdomen a thousand times, and had, he supposed, left an average of three pieces of catgut—a low estimate—within each abdomen. He had never seen an accident in all these cases attributable to the use of catgut.

Brachycardia.—Dr. P. DEWAR, of Essex, reported two cases of slow pulse, exhibiting the patients.

Case 1. Mr. Taylor, aged 63. Habits—Active, physically and mentally. Family history good. Past history excellent. Previous sickness, malaria five years ago, and acute rheumatism fourteen years ago. From both of these he made apparently good recoveries. Habits temperate. Was called to see him for his present disorder over two years ago. Condition pale and haggard looking. Respirations sighing, digestion faulty. All the other organs with the exception of the heart normal. Heart-beat strong and regular. Pulse 22. Not accelerated by change of position or on exercise. Not easily compressed. Advised quiet, regulated diet. Gave digestives, thinking the condition of the pulse functional, and probably due to flatulent dyspepsia. Next day pulse 20; other conditions the same. Pulse had fallen to 18. Had in consultation Dr. Inglis, who regarded the trouble as probably due to some central lesion. Next day the pulse fell to 16 and remained that way for one hour, although we used every form of heart stimulant. For two months the condition remained much the same. The pulse sometimes ran up to 36, and frequently fell to 20. At the end of that time he had distinct attacks of petit mal, and twice convulsive seizures. In these he bit the tongue. During the last year the pulse has become rapid, weak and