

but I cannot help thinking that the method is a very valuable one, at all events as a palliative for the symptoms resulting from the presence of the growths. The elder and younger Keith still think it should completely take the place of operative interference, but Thornton, Meridith, Tait and the majority are still sceptics in regard to it. In Hystorectomy the chief point in dispute is the treatment of the pedicle. Many advocate the intraperitoneal method where it is dropped back just as in the case of ovariectomy—but a majority seem to consider it safer to keep control of it by retaining it in the abdominal incision—for this purpose Kæberlé's serre nœud is the favorite apparatus.

In cases of pregnancy where for any reason a living child cannot be delivered per vias naturales the modern idea is strongly in favor of removing it by an abdominal incision. The chief point to be settled here is whether a simple Cæsarian-Section shall be done, or whether the Uterus and appendages shall also be taken away by what is known as Porro's operation. In favor of the latter course is the fact that the patient escapes the risk of ever again being in a like danger, and as the operation is usually called for in women who could not bear a living child, this is a point of importance. It seems to be settled that the operation has very little more danger for the mother, when properly performed, than when craniotomy is done, and here the child's life is spared. Just before leaving Halifax a case was up for decision of a consultation as to doing the operation, but I have not had any report of its termination.

Leaving the purely gynæcological and obstetrical aspects of the matter, and looking at the more general surgery of the abdomen we find, first, in the surgery of the kidneys almost a subject in itself.

Nephrectomy or removal of the kidneys for cancerous growth or other tumours originating in it or connected with it, has for some time been practiced successfully—the contest is between those who favor an operation by an abdominal incision, and those who operate in the lumbar regions—to the latter operation alone is rightly applicable the term Laparotomy, which has now improperly become almost synonymous with abdominal sections. The operation by abdominal incision is especially favored by Thornton, who has had special experience in kidney operations. Nephrotomy, or cutting into the kidney is constantly done for treatment of pyelitis, or abscess in body of the organ—here the incision is in the lumbar region, and free drainage is insisted upon.

For stone in the kidney we have nephro-lithotomy, giving often most satisfactory results. What is called Nephroraphy consists in securing a floating or moveable kidney in its place by stitching it to the adjacent structures. Removal of one kidney is not found to exercise any prejudicial effect upon the system—the supposition of course being that the remaining organ enlarges with the added work given it. I have had for over a year under observation a patient in whom the operation was performed by

Thornton, and she has not seemed to suffer any inconvenience.

The Spleen has been removed successfully in some few cases, but their number is very limited—still there does not seem any reason why the operation should not be a legitimate one, as the successful cases prove that the economy can get along without the organ.

So also as regards the Pancreas.—Its surgery is largely in an embryo condition, and more experience is necessary before we can pronounce with any certainty about the propriety of dealing with it.

Coming to consider the Liver we find a good deal that is encouraging in the way of results. More particularly in the treatment of abscess—in the removal of gall stones by incision into the gall bladder, and also in the removal of the gall bladder itself in cases of distension due to obstruction of the duct. No one so far has suggested the removal of the Liver itself.

Treatment of cancerous and other diseases of the stomach by the removal of the organ in whole or in part, is becoming a recognized operation, though unfortunately results hardly seem yet to recommend it very highly.

The intestines are being dealt with much more satisfactorily. Malignant disease affecting them can be removed—in some cases the whole calibre of the bowel being taken away and the divided ends united by suture—an ingenious device for maintaining the lumen of the canal in such operations, is the insertion into it of a piece of decalcified hollow bone, the trachea of some one of the lower animals, or some other absorbable animal structure. In gunshot and puncture wounds of abdomen involving the intestines, the proper course now is to do an abdominal section, find out what the injuries to intestine are and close them by suture.

Besides dealing with diseases of the different organs, we also have operations for removal of retro peritoneal sarcomata and other tumours of independent growth, many of them attaining enormous size and involving operations of a most formidable nature.

In the treatment of stone in the bladder the suprapubic method is finding favor even to the discredit of Lithotripsy—which until lately was supposed practically to have supplanted all cutting operations.

Opening the Peritoneal Cavity and draining it in cases of abscess, or suppurative peritonitis is regarded now as the only satisfactory course. Where the inflammation, however, is of tubercular character, the results are not usually very good. These operations are commonly done for Typhlitic or Perityphlitic inflammation, and in such cases early operation is urged.

As to the material for internal ligatures or for tying pedicles which are to be left closed in, silk seems to be superceding cat-gut and other substitutes, it being found when properly prepared, never to give any trouble.

In closing the abdominal wound, silk stitches close