

There seem to be two classes of cases, one which after careful and judicious treatment recover; another which, notwithstanding all kinds of treatment, die a few days after the initial chill. If the uterus is large and flabby, with evidence of retained placenta whether at full time or after an abortion it should be curetted, thoroughly irrigated and packed with iodoform gauze.

There is in the Doran building the notes of a case of septicæmia lasting over two months, in which the patient had a chill on the fourth day and continued every day for two weeks, the temperature two or two three times reaching 106.5 F. Under careful local and general treatment the symptoms gradually subsided, and at the end of two months the patient was dismissed perfectly well.

Another in private practice had severe chills on the third, fourth and fifth days. On the sixth day the uterus was twelve inches long measured by the sound and covered over in the interior with an ashen gray slough. The discharge was very offensive; the uterus was curetted, irrigated and packed with gauze, the irrigation and packing being repeated every day for a few days, and at the end of three weeks the symptoms had subsided. Her temperature on several occasions reached 106 F.

BASSINI'S OPERATION FOR THE RADICAL CURE OF HERINA IN THE FEMALE.

A young woman, aged eighteen, had been complaining of pain and weakness in the left inguinal region, for nearly two years, and when standing could feel a small lump just above the fold of the groin. After some persuasion an examination was permitted, and a small direct inguinal herina was plainly to be seen and felt. The condition appeared an excellent one for operation to which she submitted. An incision was made at a point two inches from the anterior superior spinous process and continued down to the spine of the pubes. The aponeurosis of the external oblique muscle was divided so as to fully expose the hernial opening. Buried silk-worm sutures were introduced with MacEwen's needle and the conjoined tendon stitched to the shelving part of Poupart's ligament. Silk-worm sutures were then passed through skin fascia and the aponeurosis of the external oblique, going wide of the cut margin in the last-named structure. Before these sutures were tied, the margins of the aponeurosis were brought carefully together by a continuous catgut suture.

R. W. GARRETT.