thirst is a sensation indicating that the tissues of the body are in want of more water, argued that the sensation as felt in the mouth and throat is reflex, and that the real point from which the sensation arises is in the abdominal viscera; that from these the sensation is conveyed to the consciousness by fibres of the sympathetic system of nerves; that while ordinary thirst is caused by the withdrawal of water from the tissues to refill the veins depleted by excessive perspiration or otherwise, the thirst following abdominal section is caused by the withdrawal of water from the abdominal viscera to fill veins partially collapsed by reason of diminished blood supply because of contraction of the arteries of the viscera.

Post-operative Intestinal Obstruction and its Treatment. This was the subject of an address by the president, Dr. George H. Rohé.

A Synopsis of Results in 145 Operations done upon the Uterus and Appendages. Dr. Vander Veer (Albany) gave a careful review of the subject of the preparation of the patient, embodying all the strong points pertaining to the technique of such work, placing great stress upon the importance of the room in which the operation was to be done being put in a thoroughly aseptic condition, and thorough cleanliness of the patient herself.

Nephrectomy. Dr. L. H. Dunning (Indianapolis, Ind.) reported four cases of this operation.

Progressive Cutaneous Atrophy of the Vulva (Kraurosis Vulvæ). Dr. C. A. L. Reed (Cincinnati) read a paper with this caption.

Dr. Hurlbut followed with "The Element of Habit in Gynæcic Disease."

Intestinal Anastomosis with the Murphy Button. By Dr. Murphy (Chicago). In order to get proper adhesion of the ends of gut, it was necessary to get uniform aseptic approximation of their ends; and at the same time it was necessary that there should be sufficient space in the lumen for the transmission of the contents during the time adhesion was taking place. There must be as little irritation of the peritoneum about the bowel as possible. Every operation in the peritoneal cavity should be performed in the shortest possible time consistent with good work. The scar resulting from an intestinal approximation should be one that would not contract. The doctor presented a specimen sent him in which approximation was made by means of the suture, and in another place in the gut where approximation had been made by means of the button. The approximations were in the same dog, done on the same day. In the part sutured there was a contracted cicatrix; where the button had been inserted was very difficult to find, as the scar was almost invisible, and there was no contraction. Under the pressure of the button, the first tissue to be cut off and become approximated was the peritoneum; the next that gives way is the muscular coat, and this adheres to muscular coat. The connective tissue between the two becomes absorbed, leaving continuous muscle. The next coat to give way is the tunica propria, and then it approximates with similar tissue on the opposite side. The button was the first device, the speaker said, to acomplish the bringing edge to edge of corresponding tissues. The button had its drawbacks—defects which he hoped would soon be overcome. Some had raised the objection that the button would cause obstruction. In 129 cases reported to him up to the present, there had not been one report of obstruction. In one pylorectomy he had heard of, the button had slipped into the stomach, but did not cause symptoms. He had not heard of it being stuck in the ileocæcal valve either. It had been retained in one case at the hepatic flexure of the colon. The only thing in the way