

I missed the old-fashioned tourniquet, and the old talk about sanious or "laudable" pus. It is not considered laudable. It seemed, to have pus at all.

I now hied me away to Cleveland, Ohio, where in the long ago I imbibed the heretical medical views which saved me from the beaten track. I found a large city instead of a small one. I could not find even the old college building. Nearly all the faculty were dead—only one remained to greet me. Instead of one heterodox college, with perhaps fifty students, there are two each, with about 125 students. None of these students are taught to use stimulants, or sedatives, or narcotics, etc. The old polypharmacy has long been shelved, but otherwise no difference could be seen from the ordinary.

A letter to Prof. Biggar, once an Ontario boy, opened the way for me. The Professor is an A.M. of Victoria University. One of these colleges became his *Alma Mater*. Formerly in the chair of general surgery, he is now in the field of gynecology. I saw him perform cœlotomies unto a surfeit. The last I saw was his 300th or thereabouts. His mortality has been about one in fourteen. He is a *gentleman*.

I was looking for something new. I found it, or it found me. It was orificial surgery. There is a chair devoted to it. An enthusiastic doctor from Sandusky held forth for an hour or so in place of the regular incumbent. He dwelt on the anatomy of the lower outlets and their numerous reflexes (the upper orifices are deemed comparatively unimportant), first, however, reminding the young doctors of the great advantage of being able to cure cases in which all others had failed. The various surgical procedures were explained, and many of which, however, were new. The operations on the uterine os and cervix included the usual repair of lacerations, dilatation and the too fashionable curetting, the latter being most safe when preceded and accompanied by dilatation and drainage. Incision of the male meatus, *a la Ots*, and prepuce is doomed if it goes behind the glans with anything of a snap, not to mention phimosis.

I heard the phrase "hooded clitoris" for the first time, and of phimosis in the same locality. The same treatment is applied as in the male, with results at least encouraging. The clitoris should

not be overlooked. But the greatest fountain of baneful reflexes is held to be the outlet of the bowel, and in addition to the usual treatments for fistula, the thorough dilatation of the sphincters alone, or followed by the "American operation," is the sovereign remedy for a large class of obscure and hitherto incurable diseases, or a big percentage of them, including insanity. This operation is similar to the Whitehead or English operation, but superior to it. This article is already too long to describe it now. It is done sometimes for merely constitutional effects.

The doctor so accurately described symptoms of which I had complained for many years, that I came near having the thing done for me then and there. I did have it done eventually, although I had no local trouble but an inveterate twenty-year-old pruritis. The pruritis is cured, and on my return home everybody pronounced me twenty years younger. It has been of immense benefit generally to me. Here, dilatation is the greatest of all remedies for chronic constipation, and, making some allowance for the claims of some of its advocates, I am satisfied that the operations referred to, barring indiscriminate womb curetting and circumcising, embody a very great advance in surgery. Dilatation should always be performed slowly with a bivalve speculum.

Before going home, I visited Prof. Pratt's sanitarium in Chicago, devoted exclusively to these matters. Everybody confirmed the good opinion I had formed of the treatment. Prof. Pratt, who was professor in one of the homœopathic colleges (five in Chicago, and 600 students) of Chicago, an Consulting Surgeon to Cook County Hospital, is the originator of the treatment. In addition to the "American," I saw him liberate a hooded clitoris, removing smegma, and for a case of retroversion of the uterus, cut down on the round ligaments, pull in or out the slack, cross them in front, and secure them until the wounds were carefully closed, then excise all outside. I remarked (I am of Hibernian descent) that in anteversion I supposed he would merely cut the ligaments, when the uterus would bound back to its place. I saw him perform the "American" also in a case where the mere removal of piles did not prove sufficient.

As I understand it, the thing needed to remove