

looked upon much as that of an ordinary abscess anywhere else. The external treatment of tubercular and abscess cavities in the substance of the lung has been somewhat extensively tried, and with good results in some cases. Some surgeons too have removed portions of diseased lung tissue with fair success, but I think so far these operations must be considered to be of a tentative and experimental character.

In regard to the heart and large vessels I do not know that any surgeon has ventured to tamper directly with them, though of course removal of fluid from the pericardial sac is a recognized plan of treatment for effusion there.

The Surgery of Joint Cavities has progressed markedly since the advent of Listerism, and it was in these cases that some of its earliest and greatest triumphs were gained. We can now deal with joints with a freedom which in old times would have been almost criminal, because sure to result in destruction of the function of the joint concerned.

But it is when we reach the Abdominal Cavity that we are met with the most striking exemplification of what the surgery of to-day has done and is doing. Here have been the brilliant results and the formidable undertakings which may be said to have completely revolutionized surgical practice and surgical ideas. And it is safe to say that thousands of patients are living to-day who would, if their lot had been cast even in the middle of the present century, have beyond peradventure, succumbed to disease then called incurable.

Abdominal Surgery is such a large subject that it would be impossible to give anything but a very meagre account of it even in a paper wholly devoted to it. It is a branch of surgery which it has fallen to my lot to become more particularly interested in, and I could give you a good deal of personal reminiscence which might not be devoid of interest. I have had the opportunity of seeing a good deal of it in the practice of the principle operations on both sides of the Atlantic. I believe I have the honor of having done the first "ovariotomy" recorded in the province, and either as principle or assistant I have been concerned in most of the abdominal sections so far performed; and although our record does not, perhaps, show as large a percentage of good results as that of the noted specialists abroad, still I think we have good reason to be satisfied with what we have done so far. These facts must be my excuse if I seem to give undue prominence in my remarks to abdominal surgery.

A very full discussion of the position of abdominal surgery took place a short time ago before the Medical Society of London. There were present most of the leading men of the United Kingdom representing all types and varieties of opinion and the advocates of all the different methods of treatment. The subject was discussed during two sessions of the Society and taken up in all its different aspects. It would be fruitless to attempt to follow this discussion, a full report of

which appeared in the *British Medical Journal* of April 19th and 26th.

I will instead of this refer briefly to some of the more important divisions of the subject—give some idea of the questions looked upon as still undecided, and indicate as concisely as may be in which direction the majority of evidence seems to tend. The discussion spoken of above was opened with a paper by Mr. Meridith, whom I had the pleasure of seeing operate a number of times at the Samaritan Free Hospital for women. He dealt more particularly with the operations connected with the female reproductive organs of ovariectomy, oophorectomy, hystorectomy, Cæsarian section and Porro's operation, subsequent speakers taking up in addition the more general operations upon the other abdominal organs. Of course one great point still at issue in all these operations is as to the use of antiseptics. Upon this question the position would seem to be that a majority of operators use some form of antiseptic solution—that a few still retain in addition the now old-fashioned spray—while a still smaller minority have discarded all chemical agents and germicides and depend entirely upon perfect cleanliness—using nothing but simple water for all purposes. Of these latter Lawson, Tait and Pantock, are the foremost advocates, and they claim equal results to their opponents. I may say that personally I have so far not dared to abandon antiseptics, though I have not for some time past employed the spray—unless it is to sometimes use it in the room before the operation, where there is doubt as to the hygienic surroundings.

As to flushing out the peritoneal cavity, the rule seems to be that it should be done in every case where there is any doubt as to its being perfectly clean and free from cyst fluid or other deleterious matters. Most surgeons use simple warm water which has been previously well boiled—some still employ weak antiseptic solutions. I am myself inclined to favor the use of the water alone, as I think I have seen bad results from the use of solutions when very weak.

The form of antiseptic used for making solutions does not seem to be a matter of very great importance, and of all the various substances which have been prepared the two still most in favor are Carbolic Acid and Corrosive Sublimate, though Lister is continually experimenting in hope of finding something which will be more satisfactory.

The use of the drainage tube is usually confined to cases where there is fear of bleeding or accumulation of purulent or other fluid, though some drain every case which it has been considered necessary to wash out.

The treatment of Fibroids of the Uterus, may be said to be a choice between the removal of the appendages—Apostoli's electrolytic methods—and Hystorectomy. Each method has its earnest advocates, the truth probably being that each is best in certain particular cases. I have to report one case in which Apostoli's method has given me most satisfactory results, some others have not been so encouraging,