

yet. Calomel fumigation and sprays of bichloride of mercury gave very satisfactory results. The Doctor stated that any practitioners who wished a bacteriological examination of any of their cases might have it done *gratis* at the Medical Health Office.

Philosophy of Abdominal and Pelvic Surgery was the title of a paper read by Dr. JOSEPH PRICE, of Philadelphia. Dr. Price deprecated the revival of the doctrine of pelvic cellulitis; he believed it to be a retrograde step. The attacking of tubes and allied diseases through the vagina was irrational and unscientific. Such could be dealt with best by opening the abdomen. This procedure demanded the strictest asepsis, and the fewer and simpler instruments the better. All adhesion should be broken down, preferably with the finger, and all bleeding points attended to. To irrigate when the element of sepsis was present was necessary. The hot abdominal douche was an excellent stimulant.

Dr. TEMPLE agreed with the remarks of Dr. Price as to the preference of operating by the abdominal incision rather than through the vagina for pelvic diseases. However, he was not, he said, a convert to the idea that there was no such thing as pelvic cellulitis.

Dr. KENNETH FENWICK related what he considered a case of pelvic cellulitis, where an abscess had followed removal of pus tubes.

Dr. PRICE believed the cause of the trouble in the case related by the last speaker to be a septic ligature. He did not belittle antisepsis, but it should not take the place of asepsis.

Radical Cure of Hernia.—This was the title of an able paper by Dr. A. H. FERGUSON, of Chicago. There were accompanying it, illustrations of the various methods of dealing with herniæ in a radical way. He pointed out the pathological condition present in oblique inguinal hernia. There existed, first, a congenital depression at the internal ring, then an infundibuliform pouching of the transversales fasciæ by the hernial mass, often an enlarged cord, then a thinning of the abdominal aponeurosis, and a certain amount of displacement of Poupart's ligament and the conjoined tendon. The operation he used was not a laparotomy, which Halstead's virtually was. However, the removal of the superfluous veins of the cord was correct. He utilized the sac like McEwen in making a pad to fill the funnel-shaped cavity. The transversalis was reefed by a figure of eight stitches, the ridge corresponding to the line of suture and being thrown inward. Then the opening through the aponeuroses was sutured in such a way as to produce a certain overlapping, thus giving additional strength to the heretofore weak place. His treatment of femoral hernia radically was then dealt with.