adversely the methods of other operators in closing the wound by means of different rows of sutures, kangaroo tendon, and other forms of sutures, yet he has no reason to give up his usual method of closing the wound by deep sutures of silkworm gut, placing them three or four to the inch, taking in carefully only a margin of the skin, a portion of the fascia and muscles, and not to exceed one-quarter of an inch in width of the peritoneum itself, placing much stress upon the importance of careful, thorough, complete apposition. The causes of death in the seventeen cases were as follows: Obstruction of the bowels due to a coil of small intestines becoming attached to the stump of the pedicle, causing death on the fourth and fifth day, two cases. Septic peritonitis, two cases. Immediate hæmorrhage from the pedicle, slipping of the knot within six hours after the operation, though the wound was reopened, the vessels secured, abdomen flushed, and hæmorrhage controlled, one case. Undoubted hæmorrhage from the pedicle causing general peritonitis, although no distension of the bowels was present, death on fourteenth day, one case. Shock within twelve hours after operation, one case. Shock within twenty hours after operation, one case. Autopsy in both cases revealed everything in good condition. Pulmonary infarction on sixth day, one case. Aggravated diabetes, one case. Exhaustion on the sixth day, no other apparent cause found, one case. Another case of exhaustion on the third day, the symptoms in the last two cases, including an autopsy, not revealing any other cause. Multilocular ovarian cyst, tapped twice, operation complicated with four months' pregnancy, one case. Puerperal septicæmia, one case. Intestinal obstruction on twenty-first day, one case. Advanced age, complicated with the recent effect of an attack of la grippe, one case. Delayed operation in a case of extra-uterine pregnancy possibly four months, one case. Persistent vomiting was treated with cocaine, calomel, and oxylate of cerium. Movement of the bowels was secured on the second or third day, not later than the fourth.

Dr. McMurtry said there had been no allusion to post-operative sepsis, but upon inquiry he had learned that Dr. Vander Veer had only two cases of such. These operations should be done early in the morning; this gave the surgeon a chance to watch for hæmorrhage. Where the patient had to be reopened to check the bleeding, it should be done with as much care as the primary operation; often this was not the case.

Dr. Cordier also spoke; among other things he said surgeons should always remove their rings in doing these sections.

NEPHRECTOMY.

Dr. L. H. Dunning, of Indianapolis, Ind., reported four cases of this operation, of which the following is a synopsis: