

Trachelorrhaphy was performed for a hypertrophied and lacerated cervix, and perineorrhaphy by Emmett's method.

Subsequently the methods of illumination of the interior of the bladder by means of Kelly's cystoscope and head mirror were demonstrated. Three cases were shown, a normal healthy bladder, ulceration of the trigone, and tubercular cystitis descending from the left kidney.

Dr. Anglin next operated in the Fenwick amphytheatre, assisted by Dr. Mundell. A description of his case is appended.

J. C., æt. 34, a strong vigorous man was kindly referred to me by Dr. Duff for operation. The patient had an acquired left inguinal hernia, the result of an accident occurring about a year previously while he was employed on military duty in the Yukon.

The hernia was diagnosed as an enterocele and the sac had descended well into the scrotum. A well fitting truss had been worn for some months, but the patient was very anxious for the relief to be afforded by an operation for the radical cure.

The rules of procedure according to Bassini's method were followed throughout, and as the details of this operation have been given in former issues, they will be omitted here. Suffice to say that a well defined sac was found without difficulty, ligated well up to the internal ring and returned into the abdomen. As usual, sutures of kangaroo tendon were employed for the closure of the canal and also for uniting the divided aponeurosis of the external oblique muscle. Formerly catgut suture had been relied upon for the skin suturing, but owing in some instances to the catgut becoming absorbed too rapidly and thus causing delay in the healing of the superficial wound, it was considered best to supplement the continuous catgut suture by several points of silk worm gut.

The result was all that could be desired in this case. The patient was left in bed for three weeks, and then allowed to get up and sit about. He was supplied with an abdominal pad to be worn for three or four months.

After this operation we find that patients are desirous of getting out of bed at the expiration of two weeks. It is well to keep them recumbent for at least three weeks, and a New York surgeon assured me that he would never consent to operate for the radical cure of hernia, unless the patient agreed to remain six weeks in bed.