ends of the catgut in front and pulling upon the scrotum behind.

The catgut (again drenched with bichloride solution) is tied tightly into a triple knot, cut off short, and the scrotum pulled away. The knot sinks out of sight, and the operation is terminated by placing small pieces of plaster over the points of puncture.

The operation for hydrocele is even more simple, and is much easier to perform.

The apparatus I emp'oy is a glass syringe holding one hundred minims, having for its nozzle an ordinary hypodermic point, not the very smallest size. If the cyst is small this point is thrust into it and the clear contents of the cyst drawn out with the syringe. Then the latter is unscrewed from its point, rapidly and thoroughly washed, and promptly filled with the pure carbolic acid deliquesced with a little glycerine.

The syringe is now screwed again upon the point which has been left sticking in the cyst, and from thirty to sixty minims of the deliquesced acid thrown in. The point is now withdrawn and the whole operation terminated, with not much more trouble than it takes to give a hypodermic injection.

Generally, little or no pain is felt, no carbolic acid gets upon the scrotum or the operator's fingers, and the after-treatment is simply regulated according to the grade of inflammatory reaction produced. Sometimes there is no pain whatsoever during the entire course of cure, which (the cure) I have come to look upon as constant.

When the hydrocele is large I modify the operative method as follows:

I first insert the hypodermic point and see that a drop of clear serum oozes from it. I now puncture the cyst at another point with a fine aspirating needle, empty the contents, and withdraw the aspirating needle. I then screw the glass syringe upon the hypodermic point first introduced and throw in the drachm of deliquesced acid, which appears to be all that is required to accomplish the cure.

The first congress of the German Gynæcological Society will be held in Munich, June 17th to 19th, 1886.

WOUND OF WRIST, WITH DIVISION OF MEDIAN AND ULNAR NERVES: COMPLETE PARALYSIS OF MOTION AND SENSATION: SUTURE OF NERVES EIGHTEEN MONTHS AFTERWARDS: RECOVERY.

UNDER THE CARE OF MR. REGINALD HARRISON.

William E., aged 21, a groom, was admitted in June, 1884. Eighteen months previously he fell through a greenhouse, severely cutting his left wrist. There was a mark of a deep cut transversely across the wrist, just above the anterior annular ligament. The hand was stiff and useless, all the muscles were atrophied, and sensation and motion were completely absent in the part supplied by the median and ulnar nerves. The patient had been obliged to give up his occupation as a groom.

Mr. Harrison opened up the scar by a long vertical incision, and dissected out the ends of the ulnar and median nerves; these were found clubbed, and attached to the scar-tissue. After a rather tedious dissection, the ends of the nerves were freshened with a knife, and brought together as accurately as possible with catgut sutures. The wound was closed, and the limb placed on a splint, with the hand slightly flexed. The wound healed quickly.

A month after this operation, the patient was again placed under ether, when the stiffened hand was subjected to free movement. The amount of stiffness, especially in some of the phalangeal joints, was so great as to occasion considerable difficulty in thoroughly effecting what was desired. For forty-eight hours after this was done, the patient experienced considerable pain in a part that previously had been almost insensible. The patient left the Infirmary shortly afterwards, improving slowly but steadily.

On December 18th, 1885, the patient again presented himself for examination, when the following report of his condition was taken by Mr. Fox-Parry.

"He has resumed his employment as a groom, and can clean down horses with his left hand, button his clothes, or use a spade just as well as he could do before his accident. The thumb can be fully extended, flexed and moved nor-