

others a small or large incision, others the removal of a portion of the ribs. Each was applicable to certain cases. If the effusion is purely serous aspiration was inadmissible, we were not warranted in admitting air. Where pus was present incision might be made, but, he believed, that an early excision of the rib was the very best possible practice. This had been his practice for some years. If the opening were not free, there was much danger of pæmic poisoning.

Dr. Hingston then pointed out the advance made in the differential diagnosis of pericardial effusion from cardiac hypertrophy. The former condition could now be relieved with a fair degree of safety, and give a most successful result.

The surgeon should be able to verify for himself the conditions he might be called on by the physician to treat. The seeming immunity with which the abdominal cavity was opened has led to the performance of laparotomies to an almost unwarranted extent. They were first performed in hospitals and then in private. It was generally supposed that better results were got in hospital practice. Such was not the case. Given a good intelligent nurse, and a good house in the country with windows all around and he would prefer to operate there, rather than in the best hospital. His most satisfactory operations had been performed miles and miles from the hospital, where he had a general practitioner who would carry out suggestions and instructions thoroughly. That little extra gut, the appendix, was receiving extraordinary attention. The surgeon should be ready at all times to operate where the operation was called for.

The question of when to operate was answered differently by different surgeons. There was no question in surgery which gave him so much uneasiness to decide. He had declined to operate on many occasions and did not regret it, except in two cases. He called to mind twenty-three cases where he felt it his duty to oppose operation, and so far as he knew to-day the patients were in the enjoyment of perfect health. It had been hinted that there was a surgical aspect to the question, but he believed that did not apply to surgeons in this northern land.

The operations on the appendages were diminishing, because the appendages were diminishing. The frequency with which these ovaries were being removed was becoming an important social question, and legislation might be required to limit the circumstances under which they shall be inter-

ferred with. In this matter the offences were not committed in the hospitals, but outside. A lady had recently informed him she had been at a small party of women where the subject of ovariectomy came up, and personal experiences were related. What was found? There was not an ovary around the table. Were these operations performed by men of eminence? No. But by the smaller men in the smaller villages. He recalled a society he attended in another country in company with one of the most accomplished living pathologists. One member produced an ovary; another produced two; a third two. The morbid anatomist picking them up, examined each carefully and found nothing pathological in any of them!

Latterly we had heard much of the supra-pubic method for the treatment of stone in the bladder. It was an admirable method where the stone was too large and too hard to be removed by the lateral method, and too hard to be seized by the lithotrite. If over or under three ounces the lateral method should be employed. The lithotrite should be used in all cases of children over five and in adult males over sixty-five up to the time at which the prostate begins to become troublesome. This should be done in every case where the stone is not too large nor too hard. The success of the operation for stone depends on the choice of operation.

Great advance had been made in the treatment of stricture. He remembers when a soft bougie was used to dilate the urethra gradually. It required from three to nine months, and then the results were unsatisfactory. The French introduced the method of forcible dilatation; then division. These were good methods, but were abused, and hence fell into disuse. Then came the method by internal urethrotomy. It appeared to him that a combination of external and internal division gave the most permanent results.

In concluding the Dr. pointed to the danger of devoting too much attention to specialism. No separate department of surgery, when isolated from its surroundings for the purpose of inquiry, could of itself become an art. Its departments were like the word or clauses of a sentence, each of value in its place, but of no value when alone. Every man before he enters any special department of surgery should spend at least five years of his life in the pursuit of general medicine and general surgery.

A hearty vote of thanks was accorded to the gentlemen who had contributed to the programme.