toenail, for twenty-five or thirty years. He rarely found it necessary even to resort to the excellent operation introduced by Cotting and Martin, of excising a wedge shaped piece at the lateral aspects of the toe. Recognizing the nail as the sinned against and not the sinner, he came to its relief by leaving it severely alone, putting a little pledget of lint beneath the corners if he could reach them, and in the meantime applying a gentle escharotic, usually a saturated solution of sulphate of zinc. In the course of a couple of weeks the nail, which always refuses to be narrowed to less than its rightful width, would reach beyond the flesh and all troubles would be at an end. In cases of onychia, however, divulsion of the nail had to take place.

He then dwelt at some length on the improved system of *treating wounds*—the attention to cleanliness in patient, operator, assistant, surroundings, etc. He took exception, however, to the use of the spray and had stopped its use. After sufficient trial, his experience of it was not satisfactory. He had put it aside even before Dr. Thomas Keith and other distinguished surgeons had sounded its death-knell at the international medical gathering in London.

He had also discontinued the *use of ointments* in the treatment of ulcers; he had certainly not used them for nearly thirty years, and he could see no excuse for their employment except in inflamed or irritable ulcers (forms of ulcer not often seen in hospitals) where one desired to keep off atmospheric air. When he was a student, ointments were in general use and he rarely saw a clean ulcer in any hospital. Now he never saw a foul one forty-eight hours after its admission.

In *amputations, excisions, sections*, etc., he had returned, in the past few years, to very ancient surgery, having wounds thoroughly dry before closing them. That was a maxim in ancient surgery, but it had been neglected in recent years; but now again freedom, even from a drop of the patient's own blood outside the vessels, was endeavoured to be secured.

He discouraged, in strong terms, a resort to the knife, to establish diagnosis. He thought it unpardonable. It was one of the opprobria of modern surgery. He contended that a diagnosis, though not always easy, was almost always possible when undertaken with care and patience. During his long connection with the hospital, once and once only had he resorted to the knife before establishing what he believed to be a fair diagnosis. Even during the past few years he had not been able to make up his mind clearly as to the precise nature of the trouble, without long and repeated examinations.

Errors in diagnosis, he thought arose from hurry and inattention to minor details, rather than from a want of capacity in the observer.