

bed, to close, with bone forming periosteum and fibro mucous membrane, apertures that nature, in her caprice, had left open; and yet maintain connection with surrounding living structures.

In the domain of bold and daring surgery is the recent operation—exceptionally dangerous in its character—removal or partial removal of bronchocele by the knife—thyrotomy, as it might be called—an operation, according to Greene, of Maine, warrantable only when a “certainty of death stands opposed to a possible chance of safety by operative procedure, giving the patient the chance, no matter how small it is, provided he or she make the choice, with a full understanding of the facts, and with no prompting by the surgeon,”—performed only about a dozen of times altogether, two-thirds of that number in the United States, and half of the remaining third, in part, by two distinguished members of this association, and without fatal consequences.

Early thoracentesis in pleural effusions occurring in the course of scarlatina, is now generally practised; and purulent collections are drawn off by an aspirating syringe.

Tapping the bladder with the fine tube of an aspirating syringe, in cases of retention of urine—in the opinion of M. L'Abbé, “a perfectly harmless operation, rarely followed by local tenderness or cystitis,” which though it addresses itself to a symptom and not to a disease, diminishes the impermeability of the stricture and permits the easier passage of a catheter—an operation so easy as to induce M. Dieulafoy to assert that it is “painless, innocent, easy of execution and certain in result, requiring no special surgical knowledge or ability, and within the reach of all.”

To obviate the necessity of resorting to this “painless,” “innocent,” and “certain” method, an American surgeon of eminence has introduced the vertebrated catheter (here exhibited) which, to read the description given, has a special affinity to natural passages. Between all these methods, and the old-fashioned cat gut, and the *coup sur coup* dilatation, and the forcible catheterism of Bitot, by a steel catheter of large size with a deep groove and an olive-shaped head, if the subject of stricture now permits a fatal blocking up of the water conduit—he should, as Sir Boyle Roach would say, be indited for it.

Passing to the other emunctory, the rectum also permits liberties not hitherto supposed susceptible of, in being so dilatible that all the fingers and the thumb, and even the whole hand (if not more than $9\frac{1}{2}$ inches) may be introduced within its cavity,

there to explore it, the bladder, and, in the female, the uterus and ovaries. In stricture, in cases where dilatation is of no avail, the division of the bowel in its entire thickness (including the sphincter) in the median dorsal line, is one of those eminently practical proceedings that one wonders it should so recently be introduced to the notice of the profession. Yet is it a safe and simple procedure, free from dangerous hæmorrhage and from risk of wounding the peritoneum; and vastly preferable to the tedious and difficult operation of M. Verneuil—external rectotomy.

A few words more and I have done, much as I could desire treating of the surgery of the lower extremities, for which there is no time. What vast strides have been made in the higher Gynæcological surgery—the highest—the noblest department of our art, inasmuch as it deals with organs and functions additional to those common to both sexes. The censure which, a few years ago, was heaped upon the surgeon who had the boldness to attempt the removal of an ovarian tumor, would now, with greater justice, be meted to him who had not the courage to attempt it. From occasional success, the percentage of recoveries in Great Britain has steadily increased till the present, when four out of five operations, in well selected cases, terminate favourably. On the continent of Europe the ill success that for a long time seemed to attend ovariectomy is now being improved. When in Vienna, in 1867, I was present at the eighth operation of the kind performed at the Krankenhaus—all of which had terminated fatally. But the success of Kæberle and others almost equals that of Keith and Wells; and like that of those gentlemen, is steadily improving. In 1871, there were sixteen recoveries out of every twenty-two; and in 1872, seventeen out of twenty-one; the number of failures diminishing from one-fourth to one-fifth. As an evidence of the interest now being taken in this department, no less than twenty-six papers have been published within the past six months, of upwards of 130 cases of complete ovariectomy, all presenting features of interest; but the method of removal which seems the most novel is that by enucleation, practised in some instances in the United States, without clamp, ligature, *ecraseur* or galvanic wire. But not diseased ovaries alone are removable with the knife, but from the womb itself, man's first resting-place from conception till birth; from its substance or its cavity, (the interior of which can now be explored as easily as the vagina itself,) are removed growths *qui peuvent nuire*. The removal of the whole organ has been frequently practised with