In this case, owing to the ulcerative chasm being far back in the tongue and the patient being unable to open his mouth widely and protrude that organ, it was difficult to determine the exact source of the haemorrhage. As the tongue ulcerating into the lingual artery is not very common. She was admitted to hospital on Dec. 7th, 1891. When three months old a red raised spot appeared on the left cheek, which gradually spread and affected the whole body, save the abdomen, which became redder and was very hot. There was no exudation from the surface of the abdomen, and no papules could be made out owing to the thickness of the skin. He was troubled at first with urticaria, and until the strong tar ointment was applied to restrain it. This treatment was successful for a time, but on the recurrence of haemorrhage the strong tar ointment was sent for. The lingual artery was easily found and tied. The haemorrhage ceased at once, and the wound for exposing the artery healed by the first intention.

Mr. Walsham proposed removing the gland and the tongue by Kocher's method, but the patient would not give his consent. The indications for the performance of this operation are mainly four: (1) Before removal of the tongue; (2) for haemorrhage after removal of the tongue; (3) in cases of malignant growth of the tongue too extensive for removal &c.; and (4) in some cases of macroglossia.' For the notes of this case we are indebted to Dr. J. Marshall, senior house surgeon.

On Jan. 3d the patient left the hospital, no further haemorrhage having occurred since the operation.

SOUTH DEVON HOSPITAL, PLYMOUTH.

CASE OF ATROPHIED KIDNEY, WITH PERINEPHRITIC ABSCESS; Nephrectomy; Fæcal Fistula; Recovery.

(Under the care of Mr. Whipple)

The most likely explanation of this case seems to be the following. Five years ago there was a small calculus in the pelvis of the left kidney. This eventually blocked the ureter, causing atrophy of the kidney, and later on ulcerated through into the descending colon, and was thus got rid of. The present abscess was probably caused by the escape of some intestinal contents into the perinephritic tissues.

The operation was removed a portion of the colon, which was adherent to the colon, where the stone had ulcerated through, some damage was done to the wall of the latter, leading to formation of the fæcal fistula. At the operation the escape of fæcal-smelling gas occurred long before the kidney was reached, and then the stone was removed from a wound of the colon. For the complete account of this case we are indebted to Mr. W. Gifford Nash, late house surgeon.

M. B—, aged thirty-eight, wife of a marine, was admitted on Aug. 1st, 1891. She stated that she began to suffer pain in the left loin five years ago. At first the attacks of pain occurred at intervals of three or four months, but latterly every three or four days. The pain, which was very severe on the left side of the abdomen, caused vomiting. During the last year the pain had been more constant, and had radiated to the left groin and thigh. For the last three weeks the pain in the thigh had been severe and the thigh had been more constant, and had radiated to the left groin and thigh. For the last three weeks the pain in the thigh had been severe and the thigh had been more constant, and had radiated to the left groin and thigh. For the last three weeks the pain in the thigh had been severe and the thigh had been more constant, and had radiated to the left groin and thigh.
An ordinary meeting was held on Tuesday, Feb. 23rd, Mr. A. Bowlby, on behalf of the chair.

Mr. W. G. McPherson (Army Medical Staff) supplied a paper on Antiseptic Preparations of Catgut Silk and their relation to Wound Infection (communicated by Mr. A. Bowlby). The author first alluded to the observations of various surgeons on the causation of suppuration in wounds by ligatures supposed to be aseptic, and then described his own experiments. These were conducted in three series: (1) Experiments testing the purity of dry material supplied by surgical instrument makers; (2) experiments testing the purity of material preserved in "antiseptic" solutions; (3) experiments with specially contaminated silk to test the antiseptic value of such solutions. Control experiments were also made. A description of the preparation of the silk used for surgical purposes, and it was pointed out that in its manufacture it was subjected to various processes which were well calculated to destroy any organisms it might contain, although this was not the object directly in view. The various experiments and their results were then given in detail, and attention was particularly directed to the results obtained with different kinds of material, the object of the writer being to ascertain the most reliable material for ordinary surgical use, and the best means for preserving it in an efficient condition. The following conclusions are then drawn:—(1) All so-called "antiseptic" preparations must be received with considerable caution, and there is good reason for rejecting such preparations of catgut; (2) aseptic catgut, used with certainty, can be obtained by the cheapest, simplest, and most efficient means of all—namely, by boiling or steaming; (3) material thus rendered aseptic can be readily kept aseptic in bottles containing antiseptic solution in which to keep their sutures and ligatures—Mr. Heywood Smith thought that silkworm gut was the best material for sutures.—Mr. Bowley, on behalf of the makers, and said that he should never think of using anything which he had not himself rendered aseptic. He thought that it would be safest for them to use some antiseptic solution in which to keep their catgut, though they might contain putrefactive bacilli, as Mr. Barwell had stated, which were not destroyed by after treatment with carbolic oil. It was probable, however, that micrococci rather than bacilli were most likely to cause mischief among the more slowly developing organisms, and in the case of the many sources of contamination, yet for others he thought that it would be safest for them to use some antiseptic solution in which to keep their sutures and ligatures—Mr. Heywood Smith thought that silkworm gut was the best material for sutures.—Mr. Bowley, on behalf of the author, stated that one reason why he had recommended that ligatures should be preserved in a dry state was that they were then somewhat less liable to be a source of bacterial infection, as it was well established that organisms required some moisture for their development. In the paper silkworm gut had not been referred to, as it was well established that preparations of silkworm gut, silk, or wire—were the best—Mr. Watson Cheyne thought that silk was the best material for ligatures, and that ligatures should be preserved in a dry state. He himself preferred silk.—Mr. Barwell referred to a paper on tying arteries in their continuity, which he had formerly read before this Society, in which he had held that the intestines were free from the ferment which he himself preferred silk.

Mr. Barwell referred to a paper on tying arteries in their continuity, which he had formerly read before this Society, in which he had held that the intestines were free from the ferment which he himself preferred silk.