

ment of the right lobe of the liver, which has for some years been described in text-books as "Riedel's Lobe." The school in Jena is a small one, and in Professor Riedel's clinic are found only fourteen students; no women. The professor used the blackboard freely in illustrating his clinic. He occupied an hour in demonstrating the clinical features of osteomyelitis occurring in the tibia and femur of a girl thirteen years of age.

Osseous ankylosis had occurred at the hip joint, and after the students left, he proceeded to operate in this case. Leaving the ankylosed head in position, he did a transverse osteotomy through the great trochanter. He then excavated a hollow to form a new acetabulum for the reception of the upper end of the femoral shaft which he rounded off; he dissected a band of tissue and stitched it between the fragments with cat-gut in order to secure the formation of a false joint at that point.

A posterior gastro-enterostomy was done by an assistant using interrupted silk sutures without clamps of any description. A good long loop of jejunum was utilized and lateral anastomosis of the loop carried out. The anesthetic was chloroform, as is usual in this clinic. It was started, in this case, by an assistant, and for the last three quarters of an hour, continued by the ward tender. In an operation for excision of the hip joint an incision fully ten inches long was made over the trochanter major. The neck and greater part of the trochanter were sawn through. The acetabulum was said to have been involved. This large wound was left open without suture and packed with gauze.

On visiting the wards with the assistant, it was pointed out that most of the cases were either gall bladder or appendicitis. One case had recovered where an abscess secondary to gall bladder trouble had formed in the liver and ruptured into the lung. He drained this successfully.

In an operation for cholecystitis, Professor Riedel removed the gall bladder. Cholecystectomy he does very frequently and in this respect his methods differ from those of Roux above referred to. The case in which he had operated was said to have been a case of "Cholecystitis Concrementosa."

In the morning clinic Riedel occupied an hour and a half with demonstrations on appendicitis, illustrating his clinic with cases of fecal fistula and ileus.

At Leipsig one naturally visited the clinic of Professor Trendelenburg. He began his clinic at 7.30 a.m., and the arrangements for teaching in his operating theatre are excellent. One is not so sure that they are equally well adapted for aseptic surgery. There were eighty students (five women), in his clinic. As each case was brought in he called four students for questioning purposes. His thorough method of instruction may be illustrated by referring to a case of undescended testis, with hernia. This case he went into thoroughly, describ-