second, it is not always easy to identify the bowel when reached in the limited wound space, and the longitudinal bands are sometimes impossible of recognition, from which cause numerous instances are upon record where the small intestine, the duodenum, and even the stomach, have been opened by mistake; thirdly, in a fat or muscular person, owing to the depth of the bowel and its want of mobility, there is a difficulty in fixing it to the skin without undue tension; fourthly, and altogether his gravest objection, is that if the colon happens to take an anomalous course, avoiding entirely the lumbar region, the attempted operation entirely fails, as has been observed by the author several times in the hands of other surgeons; and lastly, the posterior position of the wound is inconvenient to the patient for purposes of cleanliness, and to the surgeon in adjusting pads.

In inguinal colotomy, on the other hand, the wound space in front is practically unlimited, and thus allows of a thorough exploration of the part by a clean incision, without the least damaging of the tissues. There can arise no possibility of confounding other tissues for the colon, which, by its clearly marked longitudinal bands, its convoluted surface, and its epiploic appendages, admits of absolute recognition; and, owing to the mobility of the sigmoid flexure and the ease with which the skin can be depressed, there can never arise much difficulty in fixing the bowel in the wound without undue tension on the stitches. Again, abnormalties in the shape or situation of the colon do not, by this method, mean failure of the operation, for it can be searched for and reached at any part of the abdomen. Besides meeting the chief objections which can be raised to the lumbar operation, the inguinal method has, in certain instances, advantages entirely its own. This consists in being able to verify the diagnosis in obscure cases before the bowel is laid open. For instance, rectal examination has thrown no light upon the site of lesion. In such a case the surgeon would hesitate to perform lumbar colotomy, not knowing but that the obstruction might exist above the artificial opening so made; but a mistake of this kind could not occur if the operation were done in the groin, for the bowel would be made subject to direct examination and the diagnosis confirmed before it was laid open.

It has not been the writer's experience that the inguinal method is unsuited to urgent cases, or that it is more often followed by subsequent tendency to prolapsus. He recommends that, if the symptoms are not urgent, the bowel be simply stitched in the wound until it has become sealed off from the peritoneal cavity, when it can possibly be opened with greater safety, but has observed no bad results from immediately opening it with due caution to prevent peritoneal infection.

Mr. Cripps has added to his article a record of his thirty-seven cases in tabular form, a study of which will well repay any who may be interested in the subject.—*British Medical Journal.*

RECENT VIEWS ON GOUT.

At the recent Congress of Physicians held in Wiesbaden Professor Ebstein of Göttingen, and Dr. Pfeiffer of Wiesbaden, contributed two papers of considerable length on "Gout: its Nature and Treatment." Professor Ebstein divides gout into two great classes—1st. Those of joint affections. 2nd. Those affecting the kidneys. The first form is the typical form of gout, where the joints and their surroundings became affected by the morbid process. The attack usually comes on by night, and the favored seasons of its approach are the spring time and the end of the autumn season. After localising it in the great toe, he said accumulations of gouty matter were to be observed in young people afflicted with this disease. These enlargements are closely connected with the uric acid found in gout. Ebstein is opposed to the opinion held by Garrod on these enlargements, that they are caused by an excess of uric acid in the blood, which in the form of the sodic salt, becomes deposited in the tissues of the joint, and by this gradual accumulation and final irritation produces the gouty inflammation commonly accompanying this affection. He holds this deposit of the urate of soda to be the result of the inflammation, and not the cause, as Garrod believes it to be. He next referred to the effect of gout on the nerve system, through which he considers the heart and the blood-vessels become affected. He is quite satisfied that gout was hereditary in families, but it did not confine itself to the indolent and high fed, but rather afflicted the active and moderate liver and the industrious class. In females the attacks are not so intense as in males. Men suffering from gouty affections may reach a good old age, though the diathesis is fraught with much danger to life.

Pfeiffer, who followed with a paper on treatment, holds the view that uric acid is diffused through the fluid tissues of the body in a very insoluble form, which soon becomes deposited throughout the body, or is localised in the form of swellings. The earliest effects are the retention of the uric acid, which rapidly accumulates in the system until every organ becomes more or less affected, or if it happens to expend its force on a single organ, death may be the result. The first indication, therefore, in the treatment would be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low