although they had had albuminuria with their pregnancy, and in many instances puerperal eclampsia, nursed their children—satisfactory because it has been held that such women should not undertake lactation. Budin and Chavanne find that the children thrive and that the albuminuria promptly disappears. —*N.Y. Med. Jour.*

Kuestner's Abdominal Incision.

Dr. R. W. Westbrook reported (Brooklyn Surgical Society) his experience with the incision known as the suprasymphyseal cross-incision of Kuestner, designed to avoid disfiguring scars of the abdominal wall after abdominal section. It permits of a moderate-sized opening into the lower abdomen for operations on the female pelvic organs.

The incision is a transverse slightly curved skin incision, with its concavity upwards, made a short distance above the symphysis pubis, and about three to five inches long. It is carried down to the aponeurosis of the abdominal muscles. This skin flap, with its fat, is then liberated with a few strokes of the knife, as far as possible in the direction of the umbilicus, and retracted and held by a temporary suture passing through its edge and through the skin of the abdomen above the umbilicus. A longitudinal abdominal incision in the middle line is then made as usual into the abdominal cavity, through the remaining layers of the uncovered area. This latter incision may measure two to three inches or more in length, and with suitable retractors allows of a fairly roomy opening. The wound may be closed with a running catgut suture to the peritoneum, a chromicized catgut or kangaroo-tendon suture for the muscular layer and aponeurosis, and a subcuticular suture of silk or silkworm gut for the transverse skin incision. The scar resulting on the abdomen is soon covered by the pubic hair, or is hardly visible in the natural skin folds of the lower abdomen. A small, simple dressing will cover the wound.—*The Brooklyn Journal.*

Gelatin Injections in Aortic Aneurism.

At a meeting of the Johns Hopkins Hospital Medical Society, in January last, Dr. Fletcher showed four cases of aortic aneurism treated by subcutaneous injections of gelatin solutions after the method of Lancereau and Huchard. The injections are always to be made at some distance from the aneurism. It was found that the two per cent. solutions of gelatin in normal salt solution, recommended by Lancereau, gave great pain, and subsequently one per cent. solutions, as recommended by Huchard, were used.

The first of Dr. Futcher's cases had a saccular aneurism of the arch of the aorta. He unfortunately died of a perforation