

RUPTURE OF THE KIDNEY.—Dr. C. K. Toland recently reported a case of rupture of the right kidney in a young man of nineteen years, who had been "charged and kneed" by an opponent while playing football.—*Medical Record*.

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OVARICTOMY PER RECTUM DURING LABOR: DEATH.—Sevitsky (*Annales de Gynéc et d' Obstét.*), describes a case in which during labor at term the foetal head was arrested by a dermoid tumor of the right ovary. By means of the forceps the head was brought to the outlet, the tumor bulging through the anus burst the rectal wall. Its contents were emptied, and the foetus was then easily extracted; it was already dead. Lastly, the cyst was drawn down and amputated, the rectal wall being carefully sewn up. Bad flooding occurred during the expulsion of the placenta. The patient died in thirty-three hours of pelvic peritonitis.—*British Medical Journal*.

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BASIC ORENIN IN THE VOMITING OF PREGNANCY.—Rech (*Centralblatt für Gynakologie*) reports a case illustrating the successful use of basic orexin in the vomiting of pregnancy, and thus confirms the favorable report of Frommel published in 1893. Rech gave the drug in doses of four and a half grains, in capsules, three times a day. The first and second doses were not retained, but after the third dose the vomiting ceased. With the exception of a burning sensation in the mouth, no evil effects were observed. In the case reported, nuxvomica, bromides, chloroform, tincture of iodine, and cocaine had been employed with success.—*University Medical Magazine*.

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A RAPID PROCEDURE OF INTESTINAL SUTURE.—Jaboulay and Briau (*Lyon Medical*) describe their perfected method of circular intestinal suture. It is an outgrowth of one performed for resection of the intestine in 1891, and for gastro-enterotomy in 1892. Two threads are passed through the divided ends of the intestine, one at the mesentery and the other directly opposite; pulling on these threads causes the intestinal walls to lie side by side. The posterior edges are then sewn together by a Glover continuous suture in two rows. The first row unites the serous and muscular layers to each other, and the second unites the mucous layers on each side. The anterior half of the circumference of the bowel is then united by a double row of continuous suture; the first of which unites the mucous surfaces and the second on the outside the muscular and peritoneal coats. The two threads first introduced are then tied, and the operation is complete.—*University Medical Magazine*.