

them. With a strong clamp, he pinches, in a longitudinal direction, the free border of the two intestinal loops, and then stitches them together along one margin of the compressed areas. These areas are then touched with caustic potash, and the suture completed around them. The cauterized portions of the gut necrose, and fall into the lumen of the intestine, and communication is established. In animals, this takes about forty-eight hours. The operation has been performed upon man several times with success.

Chaput has performed a similar operation, using a Paquelin cautery in place of caustic potash. If the stomach enters into the anastomosis, he first removes the muscular coat of the portion involved. Retention of feces is a contra-indication. The chief advantage of the operation is the rapidity with which it may be performed.

CHOLECYSTO-GASTROSTOMY.—Terrier (*Gazette Hebdom. de Méd. et de Chir.*, July 16, 1896) reports a case in which, upon opening the abdomen for obstruction in the gall-duct, due to cancer of the pancreas, he performed the unusual operation of forming an anastomosis between the gall-bladder and the stomach, which was more readily accessible than the intestine. Recovery followed the operation, and there was no disturbance due to the outpouring of bile in the stomach. The patient died some months later of disseminated carcinoma, and, upon autopsy, the anastomotic opening was found to be ample. Only two other cholecysto-gastrostomies have been performed.

RESULTS OF FIVE HUNDRED VAGINAL HYSTERECTOMIES—Jacobs (*Centralbl. f. Gynäkol.*, No. 29, 1896) finds that the mortality of five hundred hysterectomies for various causes is only 3.4 per cent. Among the cases are forty-nine of carcinoma uteri without a single death. Two of the deaths were from intestinal obstruction, brought about by adhesions of the intestine so low down in the vaginal region that the author thinks they might have been avoided by vaginal tamponade. Practical directions for the operation are given: Short clamps hold better than long ones. For the first part, a thermocautery is preferable to the knife as saving time and blood.

When the extirpation is complete, Jacobs ties off the clamps on the broad ligament, stitches the peritoneum together, and thereby renders the patient more comfortable, and avoids danger of intestinal adhesions and herniæ in the vagina. In inflammatory cases, drainage of the peritoneal cavity is necessary, gauze being employed.

REMOVAL OF ONE-HALF OF THE KIDNEY FOR TUBERCULOSIS; FAVOURABLE PROGNOSIS IN RENAL MALIGNANT DISEASE.—How important has become the application of surgery to the kidney is shown by the fact that a single operator, J. Israel of Berlin, is able to report (*Deut. med. Woch.*, May 28, 1896) 126 cases so treated by himself. Eleven times the kidney was extirpated on account of tubercular disease. In a twelfth case the lesions were situated so evidently in one end of the organ that Israel decided to remove only the upper half of it. Hemorrhage was