

dying area turned inwards, sound tissue being brought to sound tissue by interrupted sutures. Since the inverted tissue in which the sutures were planted seemed in a very doubtful condition, and since the bowel contained fluid contents, it was deemed advisable to apply a second layer of continuous Lembert sutures over all. The finest Chinese silk was used, and rendered still finer by splitting it up into fibrils, so that the sutures were as delicate as gossamer. This procedure allows one more readily to thread Dr. Cotterill's needles.

No attempt was made to attain a radical cure. Horsehair sutures were inserted into the lips of the wound, but were not tightened. On the third day, all having gone well, the horsehair was tightened, and the wound was closed. The patient did well, passing wind about thirty hours after operation.

At the end of three weeks she was about to be sent home, when she complained of much morning sickness. She was in the third month of pregnancy. The sickness and nausea continued with intermissions. She had attacks of vomiting. At no time was there any obstruction—wind always passed freely. The bowels required an enema to empty them. There was at no time any abdominal tenderness, or pain, or swelling in the region of the cicatrix. The abdomen was always lax, and moved freely during respiration. The unsatisfactory state of affairs continued, and it was thought advisable to explore, when she suddenly had an attack of diarrhoea, passing most offensive motions; the heart's action, always weak, became very irregular, and she sank four weeks after the operation.

At the autopsy there was not the slightest evidence of peritonitis. A loop of ileum was fixed to the internal aspect of the crural ring, and crossing it anteriorly, attached to the same point, lay the tag of omentum which had been seen during the operations. This had evidently acted as a constricting band. The gut was intact. On removal, the bowel was laid open. A pyloric-like ring of constriction, which could only admit the little finger, showed the site of the operation. Immediately above it the mucous membrane was distinctly ulcerated, and thus the diarrhoea was accounted for. The heart showed marked fatty degeneration.

It is noteworthy that we found here a short

localized general contraction, instead of a lumen only narrowed slightly for about an inch in length. The success of the first case was, however, so marked that one felt encouraged to carry out similar treatment in the second instance, although the unfortunate result shows that the vitality of the gut had been too greatly lowered. It is probable that a reactionary congestion and inflammation set in beyond the range of the sutures, and that the subsequent cicatrization of the effused products, more especially in the infiltrated sub-mucous tissue, gave rise to the contraction. Contraction may occur with great rapidity. In the museum of the Royal College of Surgeons there is a preparation showing a strictured gut, which barely admits an ordinary lead pencil, and which was found formed nine days after the reduction of a strangulated femoral hernia.—*Edin. Med. Jour.*

EMPLOYMENT OF SUGAR IN WOUND TREATMENTS.—By Dr. Jacob Dannheiser.—F. Fischer, of Strassburg, in 1885, introduced sugar as a wound dressing, claiming for it special advantages. The author, in an inaugural dissertation, shows that, in spite of the ever varying changes which the special means employed by surgeons in the carrying out of the antiseptic idea, have undergone, this agent is that employed at the Strassburg clinic. The sole change, and one of great importance, is the omission of the impermeable covering formerly employed; the result being that the sugar does not break down so readily into a liquid condition and a condition of dryness of the wound is maintained. The sugar is incorporated in cushions combined with wood, wool, etc., when profuse wound secretions occur. It is also used as a powder application to ulcerated surfaces, with the happiest results. It is contra-indicated in cases of cavities left after resections, and where there is secondary hemorrhage, iodoform gauze tampons being here substituted.—*Deutsch. Zeitschrift. f. Chir.* Bd. xxix. p. 311.—*Annals of Surgery.*

ECHINOCOCCUS HEPATIS; EXTIRPATION WITH PARTIAL RESECTION OF THE LIVER.—By Vohtz, Aarhus.—A woman, æt. 21 years, had observed a tumor in the abdomen for some nine years. This had rapidly increased in size after a second confinement, eleven months before. There was