

great risks, the lesser issues of health and infirmity warrant only slight risks. It has been my object to show that the development of abdominal surgery and the extension of its scope have enabled us to realize the harmonious adjustment of this ratio, and to place the resources of our surgical art, with ever-lessening risk, at the disposal of an ever-widening circle of humanity.

MALIGNANT TUMORS.

Czerny and Caan (*Mün. med. woch.*) record treatment with Mesothorium in the following cases: Carcinoma, 85 cases; sarcoma, 12; lymphosarcoma, 8; endothelioma, 1; angioma, 6; tuberculosis, 6. Of 32 cases of recurrent mammary carcinoma, 19 showed a positive objective and subjective improvement. A favorable result was obtained in four out of six cases of carcinoma of the face treated. Two cases of cancer of the tongue, out of nine treated, were much improved.

FECAL INCONTINENCE.

Newman (*The Proctologist*) reports a case of fecal incontinence treated by the Chetwood operation. This is done as follows: Semilunar incision from one tuber ischii to the other, reaching slightly above the tip of the coccyx. The flap is dissected down, exposing the edge of the gluteus maximus muscle on either side. A ribbon of muscle a quarter of an inch and one-sixteenth of an inch thick is then dissected from the gluteus of each side, having the attachment about the coccyx. The perianal tissue is then tunneled and the strips crossing each other beneath the coccygeal and ligament are brought around the anus. The strips are then attached to the remains of the sphincter and to each other. The skin flap is then sutured back into place. A year and a half after operation this patient is perfectly well and able to control flatus and diarrhetic movements.