F. T. TRAVERS, B.S., Lond., F.R.C.S., Edin. "Suture of Perforating Wound of the Heart." Lancet, September 16th, 1906.

The case reported was that of a young man, aged 19, who fell on a spike of an iron fence and was impaled on it. The lower portion of the sternum was fractured, and a large portion driven into the ventricular wall of the right side of the heart and firmly held there, so that little hamorrhage took place. Further examination by means of an ostioplastic flap showed the wound to be trifid, and extending up to the interventricular septum. On removing the piece of bone a profuse hemorrhage followed, which was well controlled by plunging three fingers into the rent. The wound was first roughly closed, and then reinforced by a row through the muscular coats and again by a row of Lembert through the pericardial serous cont. The most noticeable features of the case were the plugging of the wound in the heart by the detached piece of sternum, and the tolerance shown by the heart to the injury and handling required at operation. The insertion of each suture was observed to act as a distinct stimulus. There was remarkable little collapse, no air-hunger or delirium. The severe injury to the pericardium induced excessive secretion, but produced no other symptoms as free drainage was secured. The case died on the eleventh day, the cause being apparently failure of the heart's action, due to the pressure of the clot slowly forming on its anterior surface, which also blocked the pericardial wound and prevented the escape of the blood oozing from the gap in the wound in the heart. The small opening was due to the necrosis of the heart muscle most probably due to the traumatism.

W F B.

MEDICINE

UNDER THE CHARGE OF F. G. FINLEY, H. A. LAFLEUR AND W. F. HAMILTON.

- M. H. NEMSER. "The Elimination of Calomel." Zeitschrift für physiologische Chemie, September 6th: Editorial in N. Y. Medical Journal.
- M. H. Nomser has shed some light on the probable series of events that take place when colomel is taken into the gastro intestinal tract. Making use of intestinal fistulæ in dogs, and test tube experiments as well, he comes to the conclusion that the acid of the stomach has little