

success. In a living calf, into whose jugular a piece of lung had been introduced, causing embolic symptoms, the artificial embolus was successfully removed from the pulmonary artery by this method.

Kümmell of Hamburg declared himself a warm supporter of the late practice of gynaecologists in letting their patients up within a day or two after laparotomy; and reports 164 cases with excellent results. This did not pass without opposition. Abel, of Berlin, and Henle, of Dortmund, remarked that they had had unfortunate results in some cases.

Kocher returns to the question of thyroid transplantation in cases of Graves' disease. He recommends its insertion into the medulla of bones, instead of into the spleen, as being a less formidable operation; the results, he says, are equally good.

Payr, of Greifswald, gave the late history of a child suffering from myxoedema and cretinism in whom he had transplanted twenty-eight months previously the thyroid into the spleen; early improvement had not held good, and the ultimate result left a great deal to be desired.

Lexer, of Königsberg, reports a large number of bone transplantations. Formerly he used boiled and macerated bone, and transplanted it underneath the periosteum. This was successful in small defects but not in the larger ones; the bone was usually extruded by suppuration. Lately he has been using the abundant amputation material of his clinic for transplantations; and this absolutely fresh material in which the periosteum is included with the bone has uniformly healed in. The transplanted bone marrow causes fever and inflammatory reaction by its destruction; so that he now clears this out and fills with an iodoform filling, which is later gradually reabsorbed. Of the large variety of his operations for the filling in of various bone defects we may note as especially interesting one case in which the whole upper third of one tibia, together with its articular surface, had to be resected on account of sarcoma. A corresponding piece of bone from an amputated limb, including the joint cartilage, was transplanted fresh, healed in, and relatively good joint function was retained. The same success was obtained in resection of the upper end of the humerus. Finally, in a case of bony ankylosis of the knee he substituted after resection a whole fresh knee joint with cartilages and crucial ligaments entire, measuring 1 to 1½ cm. on either side of the joint surface. The operation was performed seven months previously, but movement was up to the time of reporting slight, and whether good movement could ever be obtained was doubtful.

Bier reports a new method of inducing local anæsthesia in limbs. After expression of the blood by the Esmarch bandage from the toes up, the