

SURGERY.

IN CHARGE OF

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ABSORBABLE OR NON-ABSORBABLE SUTURE-MATERIAL.

Dr. Seth C. Gordon concludes an article on the above, subject with the following summary (*Four. of Med. and Science*, p. 303, July, 1898):

1. All suture-material unabsorbed must necessarily have more or less exudate about it.
2. Such exudate is of lower vitality than normal repair, where tissues are just approximated and not strangulated.
3. A few days only are necessary to insure repair, if there be no infection, and therefore in cases where no great amount of strain exists absorbable sutures only are needed.
4. Where continual strain on the parts is inevitable, non-absorbable suture should be used for at least two weeks, but should be so placed as to be removed.
5. For such suture the silkworm-gut seems to be the best, as it can be made sterile and kept so,
6. For all other purposes catgut is sufficient.
7. Inflammation is always destructive to complete repair.
8. Inflammation is always due to infection.
9. Sterile catgut or kangaroo-tendon should therefore fulfil all indications for suture or ligature-material, with exceptions named.—*Am. Med. Surg. Bull.*, Oct. 29, 1898.

TREATMENT OF TUBERCULAR PERITONITIS BY LAPAROTOMY.

Prof. Duplaz (*Le Bull. Med.*, No. 54, July 6, 1898, p. 653) in a clinical lecture says that the prognosis of all tubercular affections is grave, but there is a particular gravity in a tubercular infection of the peritoneum, especially when ulcerative. However, cure is possible either spontaneously or by the operation to be described. Here, the medical management of tuberculosis must give place to the surgical, since laparotomy has become the successful means of cure.

Leaving aside miliary or granular peritonitis peculiar to children where surgical treatment is not to be thought of, there are three chief varieties.