

ische Wochenschrift), reports fourteen cases of resection of the bowel in gangrenous hernia, seven of which resulted in recovery. In six of these normal action of the bowels was restored, and in one a fistula was formed. In the fatal cases death resulted, with one exception, from collapse. We quote one case, which will show Klaussner's *modus operandi*. The patient was a well-built woman, suffering from a strangulated umbilical hernia about the size of a hen's egg, and of three days' standing. Taxis was tried without avail. The surrounding skin was of a greenish hue. A superficial incision was made five inches long, and the underlying tissues were cut through on a grooved director. A discolored and fetid portion of the mesentery and a loop of the bowel, also discolored, were then laid bare. The strangulating tissues, which were very tense, were cut through and the bowel drawn forward. The opening of the abdominal cavity was then closed by means of a compress of bichloride gauze. The gangrenous portions of the bowel and mesentery were then resected, one and two-thirds inches of healthy tissue being included on either side. The entire portion resected measured fourteen inches. The edges of the mesentery were now brought together with a row of interrupted sutures, then the peritoneal surfaces with additional sutures. The bowel itself was united first by a row of sutures in the mucous membrane, and a second row in the serosa. For this the finest silk was used. The bowel was then washed with a solution of bichloride, 1 : 3000, and dusted with iodoform, then replaced in the abdominal cavity; the peritoneum was closed with catgut sutures, and finally, the skin was brought together with strong silk sutures after the gangrenous portions had been cut away. The lower extremity of the wound was left open for drainage. An antiseptic dressing was then applied. The wound healed well, there was no fever, and in three weeks the patient was discharged as cured.—*The American Journal of the Medical Sciences*.

PRACTICAL THERAPEUTICS IN HEART AND KIDNEY DISEASES.—In a recent article published in the *American Jour. of Medical Science*, Prof. DaCosta suggests a combination of remedies. I have used such a combination since

October, 1885, and have had most excellent results.

The proportions I have found useful are as follows :—

R. Tinct. belladonnæ, ℥j
Tinct. digitalis, ℥v
Nitroglycerine alcoholate ($\frac{1}{100}$), ℥ij. M.

This dose is to be given two, three or four times daily, as effect on patient seemed to indicate. The proportion of nitroglycerine may be increased or diminished, and in some cases the addition of tinct. nucis vomicæ or of cinchona seemed of advantage, and in cases where much dropsical effusion existed I have added decoction of apocynum cannabinum. I have found the last named especially valuable in the aged, whose vitality is so reduced that the employment of hydragogue cathartics was inadmissible; the effect was sometimes wonderful, even in cases where atheroma existed with chronic kidney and heart disease. In one case senile gangrene of the foot and leg appeared in a woman aged 78; it began in the second toe of the left foot, and extended to four of the toes and about the heel, and gangrenous ulcers appeared as high as the middle of the leg; the heart was weak and irregular, the urine scanty and loaded with albumen, dropsy of the abdomen and lower extremities existed; indeed, I gave them little hope, but under the use of the combination with apocynum thrice daily, two grains of quinine after meals, with milk punch four or five times daily, she gradually improved. The foot and leg were dressed with eucalyptol vaseline, five per cent.; the ulcers gradually healed, except the terminal and second phalanges of the toe in which gangrene began. These were removed after suppuration began, and the patient promises a good recovery.—*Dr. Davis, College and Clinical Record*.

HEGAR'S SIGN OF PREGNANCY.—The most conclusive signs of pregnancy in the first three months are to be found in the changes which take place in the size, shape and consistence of the body of the uterus. These changes are the natural result of the lodgment and growth of the globular ovum in the uterine cavity. The body of the uterus bulges out as the ovum develops, its lateral borders become rounded