

Germany. Recently Dr. Hochenegg has performed it successfully in two cases, which are reported in *Fortschritte der Medicin* of August 15th.

His method of procedure was as follows: In the first case, free access to the pelvis was first gained by dividing the recto-vaginal and respectively the recto-vesical septum. The carcinomatus uterus was so strongly adherent that the extirpation could not be completed according to the usual methods. The superficial incision was curved: the coccygis was extirpated and the right wing of the sacrum resected below the third foramen: the attachments with the rectum then divided, the peritoneum opened, and the uterus drawn forward; the vessels were then isolated, ligated, and cut through; the cervix then cut through, and the extirpation completed per vaginam. The peritoneum was partially sutured and both wounds drained.

In the second case, the extirpation was for a tumor firmly attached to the uterus. The growth was situated on the left side, was as large as a man's fist, cystic, and intra-ligamentous. Here also the coccygis was excised and the left wing of the sacrum partly resected. The rest of the operation was performed with blunt instruments as far as possible. On account of the firm adhesions of the tumor to the uterus, the latter had also to be extirpated from the cervix, and was removed through the sacral wound. The isolated vessels were then ligated, the stump of the cervix sutured with silk. The peritoneal wound was packed with iodoform gauze, and the sacral wound left open. Healing was rapidly effected, but for some time a small fistula remained in the sacral wound.

The advantages of this new method of operation are as follows:

1. It is of superior value in such cases where adhesion or fixation of the uterus render extirpation per vaginam technically impossible.

2. By means of this operation the retro-peritoneal lymphatic glands can also be removed, which fact is of great importance, as they are often found carcinomatous. The prognosis is, therefore, more favorable.

3. The operation is also practicable for small tumors which can neither be extirpated by laparotomy or per vaginam. Greater control of hemorrhage and drainage is possible. Finally,

the danger of ligating the ureters is greatly diminished.—*Med. News.*

INTESTINAL OBSTRUCTION.—Dr. Gelpke reports in the *Correspondenzblätter für Schweizer Aerzte* four cases of intestinal obstruction, of which two had been operated on, one with success, and two had been successfully treated with metallic mercury. From these cases he concludes that quicksilver is a valuable remedy in cases of obstruction, and that the metal seems to be quite innocuous to the system if not too long retained. It had been so retained in one of the two cases in which four teaspoonfuls of quicksilver had been given, and the feces and urine of the patient contained the drug for twelve weeks: there were other distinct symptoms of mercurial poisoning, such as great emaciation, excitement, loss of hair, and some stomatitis. The other patient, on the contrary, showed no signs of mercurialism whatever. He considers that in hernia it is generally advisable to commence the abdominal section from the orifice of the sac. Finally, considering the uncertain and not very successful results of laparotomy, he would not operate before other means, such as quicksilver, have been tried for from four to six days.

Dr. S. V. Reitz, in the *Centralblatt für Chirurgie*, reports the case of a labourer suffering from obstruction of the bowels, who, after three days' fruitless administration of purgatives, was brought to the hospital. Fæcal vomiting was present, and a tumour could be felt on the left side of the umbilicus. Enemata of water by the long tube, though as much as six pounds of water were injected, were unsuccessful, but the vomiting and sickness improved under repeated washing out of the stomach. The next day the patient was considerably worse, and fecal vomiting returned, with cold perspiration, restlessness, meteorismus, a pulse of 120, and a temperature of 100°. After the enema with the long tube had been again used, and the stomach repeatedly washed out, without any improvement, seven drachms of bicarbonate of soda in five ounces of water were injected into the rectum, followed by three drachms of tartaric acid in the same amount of water, and the anus closed. The patient, who was on his knees and elbows, complained at once of severe abdominal