

cartilages. The muscles should be bluntly separated according to the direction of their fibres. After dividing the peritoneum, the stomach is drawn forward, and a cone of about one to one and a half inches high of the anterior wall of the stomach from near the fundus held outside and in front of the wound with the help of one or two silk slings. The edges of the incised peritoneum are now stitched to the stomach around the base of this cone. Thus the peritoneal sac is at once closed. Frank also advises to stitch the divided muscles to the stomach in order to strengthen and remove tension from the first row of sutures. A second incision is now made above the border of the ribs three-quarters to one inch long, and about one and a quarter to one and a half inches apart from the first one. It only penetrates the skin. The interposed bridge of skin is bluntly undermined, and the stomach cone pulled underneath it and out of the upper wound with the help of the silk slings. The wound of the abdominal wall is closed and the stomach incised with the knife for about one-half inch (very readily done between the two slings), and stitched to the skin. Ssabanejew has done this operation four times. In all the cases regurgitation through the fistula so produced was prevented. Frank also has reported four cases, everyone of which was successful as far as the working of the fistula was concerned. He explains the favorable mechanical effect of the operation as follows: "The external opening of the fistula is raised; only if the stomach be filled to a great extent does the level of its contents reach the line which corresponds with the external opening." In all Frank's cases the fistula closed absolutely watertight at all times without the use of a special apparatus. Witzel's operation, according to Meyer, prevents leakage with absolute certainty, and if von Hacker's or Ssabanejew-Frank's operation be carried out properly, they give rise to the same favorable result. On this account it is advised that gastrotomy should be resorted to early in cases that will sooner or later require this operation. In cases of burn of the œsophagus, primary gastrotomy and timely dilatation of the contracting scar will most probably prevent conditions which at present generally confront the surgeon in this class of cases, and are sometimes incurable. For this

class of case Witzel's method is the best, since, when the tube has been removed, the oblique canal will close spontaneously, and hence no secondary operation will be needed. In cases of cancer of the œsophagus the author advises that a gastric fistula should be established as soon as the weight of the patient commences to diminish. In advanced cases, where the patient is very weak, von Hacker's operation should be performed, cocaine being used if requisite.—*British Medical Journal*.

**Thioform.**—Thioform is a greyish-yellow, very fine powder, and chemically is a bismuth salt of a dithiosalicylate, therefore a combination of bismuth, sulphur, and salicylic acid. It is odorless and tasteless, insoluble in water, alcohol and ether, but somewhat soluble in alkalis. Alfred Steuer (*Wiener Medicinische Wochenschrift*) has proved it to be non toxic by giving it to dogs and by taking it himself. In five cases of varicose ulcers of the foot, with exuberant granulations, which had been treated for a long time with iodoform, but not cured, surprisingly rapid skinning over was obtained, in spite of the fact that the patients were allowed to go about. Steuer also treated four cases of soft chancre of the penis and prepuce, partly with the powder and partly with a 10 per cent. salve of thioform; a rapid effect was obtained. In two cases of favus, which had failed of cure under all other treatment, cure was obtained after three weeks' treatment, and no relapse has occurred in three months. The treatment consisted in softening the crusts with table oil and removing them daily; then the scalp was covered with 10 per cent. thioform salve in vaseline in a layer as thick as the back of a table knife. Similar excellent results were obtained in ten cases of moist eczema in different parts of the body. A second category of cases was the purulent middle-ear inflammations, non-specific that is, of tuberculous nature. In these thioform has proved itself excellent. Steuer treated eight cases of chronic and twelve cases of acute purulent middle-ear inflammation with syringing, inflation, insufflation of thioform, and tamponing with thioform. Of the former, six cases with perforations involving nearly half of the drum-head were brought to cicatrization, and in two other cases the secretion stopped entirely, but the perforation was too large