

varicose and other chronic ulcers of the leg, by the elastic bandage has been successful in the hands of Dr. Martin of Boston, and others who have tried it. The bandage is of pure rubber 10 feet long and three inches wide, and is applied as an ordinary bandage to the leg. It is removed at night, and the ulcer dressed with suitable dressing.

The treatment of aneurism of the aorta by the the subcutaneous injection of ergotine conjointly with galvano-puncture has been tried, with very favorable results, by Dr. Carter of Queen's Hospital, Birmingham. Two needles connected with a Stohrer battery were used, first commencing with two, and afterwards increasing to twelve cells immersed half way in the acid. The operation was twice repeated at the end of a week or ten days, in each interval. The needles were allowed to remain in the sac from 35 to 50 minutes at each sitting. The result exceeded the most sanguine expectations, the patient being very much relieved, though not completely cured. Excision of the bones of the foot for the cure of talipes in the adult, has been successfully resorted to by Dr. Bryant of Guy's Hospital, and others in Europe and America during the past year. Two cases of gastrotomy have been reported. One successful case by Prof. Trendelenburg of Rostock, in a boy eight years of age, and an unsuccessful one by Dr. Bradley of Manchester, in a boy 14 years of age. Several successful cases of paracentesis of the pericardium have been reported in Europe and America, so that the operation has come to be regarded as a perfectly legitimate and favorable one in certain cases. A small aspirator needle is that generally used, and no difficulty has been experienced in the operation. The needle is introduced in the fifth intercostal space, nearly in the position of the normal apex-beat. Aspiration of the knee joint has been several times performed,—in one case in the Toronto general Hospital under the writer's care—with the most beneficial results. If performed so as entirely to exclude the air, it is perfectly safe. Prof. Langenbeck successfully extirpated the left kidney of a woman aged thirty two years. This operation has also been successfully performed by Dr. Martin of Berlin.

The operation of laparotomy has been resorted to by many surgeons on the Continent, both for the relief of disease and for the purpose of clearing up the diagnosis in obscure cases. The ab-

dominal cavity is now opened with as little hesitation as that with which the ordinary surgeon would open an abscess. Gussenbauer of Luttich performed the operation of resection for intestinal obstruction, removing four inches of the lower part of the descending colon and a tumor which was the cause of the obstruction. The patient died from septic poisoning, caused by the escape of the contents of the bowel into the abdominal cavity.

The new antiseptic thymol has received marked attention among British and Continental surgeons during the past year, and bids fair to supplant carbolic acid as the most available surgical antiseptic we possess. It is the essential principle of the oil of thyme, and is a more powerful antiseptic than carbolic acid. It is not so irritating, and in antiseptic surgery its advantages over carbolic acid are most marked. Spencer Wells has used it in a series of ovariectomy cases with the most satisfactory results. The strength used is one gramme (15 grs.) of thymol, to one thousand grammes of warm water. It does not in the slightest degree interfere with the healing process.

In obstetrics and obstetrical surgery we note a few novel features. In the treatment of vomiting of pregnancy, much benefit has been derived in many instances from the topical use of caustic applications to the cervix uteri. In some cases, a single application of the caustic was sufficient to allay the most distressing vomiting. Laparotomy has been resorted to in several cases in the United States, by Prof. Thomas and Dr. J. C. Skene, and once by Dr. Hime of Sheffield, England, as a substitute for Cæsarian section. The operation is performed by making an incision in the abdomen from the anterior superior spine of the ilium to the spine of the pubis. The peritoneum is drawn upwards, a probe is introduced into the vagina which is pushed upwards into the bottom of the wound and divided. The os is reached, the hand introduced and delivery effected by turning. The advantages are, the peritoneum and uterus are not wounded, there is very little loss of blood, and the shock is less than in Cæsarian section. The use of hot water in surgical cases and in uterine hemorrhages, has been still further put upon its trial. In some severe cases of uterine hemorrhage, it was found to produce immediate and energetic contraction of the uterus. The temperature of the water should be about 120° F.