

to me that the complete cessation of the chills upon the occurrence of the diarrhoea, which probably corresponds to the rupture of the abscess into the cæcum and the escape of the pent-up pus, bears out this view. I cannot understand why he did not continue to improve. Why did he begin to fail on the 3rd May? I would like the opinion of some of the more experienced members of the Society on this point. Was it in anyway due to the lead poisoning? Could he again suffer from lead poisoning without subsequent exposure to lead?

Dr. Henry B. Sands, of Brooklyn, reports 26 cases of perityphlitis. 22 of these were observed in males and 4 in females, thus confirming the fact already established of the comparative rarity of this disease in the female sex. Ten of his cases terminated in resolution without evidence of suppuration. In three cases there was conclusive proof that an abscess had formed, had emptied its contents into some neighboring hollow viscus, two into the bowel and one probably into the bladder, and had been followed by rapid recovery. Eleven cases were treated by operation; of these all recovered but one, in which the patient would not consent to the operation until the 9th week, when the abscess pointed over the middle of the crest of the ilium. He died of septicæmia. Concretions were found in four of the eleven cases treated by incision. Two cases terminated without the abscess discharging its contents either externally or internally. In both cases a large abscess was found on post-mortem examination, and in one of these there was also discovered in the brain changes characteristic of purulent meningitis.

Dr. Flint advises the early operation for the relief of a perityphlitic abscess by opening it as soon as the nature of the case is determined without even waiting for fluctuation. He refers to the operation being performed by Hancock of London in 1848.

Habershon in his work on diseases of the abdomen reports a case in which death followed from exhaustion, after large abscess behind the colon in a tubercular patient had emptied itself into the cæcum.

NØGGERATH'S OPERATION.

By Dr. C. E. NELSON, New York.

Complete ablation of the womb, including or not the ovaries, was, up to a recent period, thought incompatible with the life of the patient; of late, the German gynecologists, with Freund at their head, have fearlessly led the way, achieving an amount of success sufficient to warrant the placing

of this operation almost on a basis similar to that now held by ovariectomy, which latter Velpeau and other Parisian surgeons said "should never be performed."

Freund's operation has been the operation performed in Germany until recently; also, modifications of the same. This method consists in making a median abdominal section, through which are taken out womb, with or without ovaries, after disengaging these organs from their connections; the upper end of the vagina, now open at the top, is then sewn up, the suture threads hanging out through the vulva. The other German gynecologists since modified this operation, in leaving the cut end of the vagina open, it healing up subsequently by granulation; in the meantime a Bardenhauer's rubber drainage tube is inserted through the cut end of the vagina from below, the upper portion, "abdominal" (which is only a quarter of the diameter of the "vaginal" portion), passing out upwards, through the abdominal incision; the upper and lower wounds heal along and up to the tube. To prevent hernia of the intestines through the vaginal wound, a flange is attached to the upper end of the "vaginal" portion of the tube; this flange fits closely against the vaginal wound; there are lateral holes in the tube, to permit of sluicing the parts with detergent injections, and also to allow of the natural draining of fluids; this tube is retained till cicatrization is complete. The abdominal incision is of course closed with sutures.

The new operation which Professor Nøggerath, of New York, has inaugurated, and which is now being the more generally followed in Germany, consists of bringing away the womb, with or without the ovaries, after extirpation, through the vagina, thus doing away with the abdominal section, thereby simplifying the operation materially besides rendering the patient less liable to the shock inseparably connected with opening the abdomen. This operation is now a recognized surgical procedure, and has been performed with varied success in Germany and the United States; Professor Nøggerath being the chief, and perhaps the only exponent of it in America. I have been at the pains of visiting this distinguished gynecologist, and, besides being present at two of his operations, have obtained from him the following data of the various steps of this operation. This operation is not so well known in New York as one would suppose, chiefly from its being so very difficult in