is infinitely greater in the disturbed portion of the bowel. These facts impress upon us the importance of gentle handling of the bowel during the operation and evacuation of the obstructed loop. From these few remarks it is evident that the need of further bacteriological studies in regard to the bacillus coli communis is urgent. Their function and purpose, the circumstances modifying their virulence, the conditions needed to apply the principles of antisepsis to the lumen of the bowel, all need to be inquired into. In regard to inguinal colotomy, the author remarks that this operation has entirely superseded that of the loin. The two former objections to this operation—namely, contraction of the orifice and prolapse of the bowel—seldom occur at present. The catarrh of the bowel and also the prolapse of the bowel can be eradicated to a large extent by strict antiseptic treatment of the wound. The necessity of this operation has been rendered less frequent by the numerous instances of resection, especially for cancer. In carcinoma the best results are obtained when the growth is situated in the sigmoid flexure, or in such other portions of the large intestine as have a free mesocolon, and where the bowel is denuded of peritoneum. It is essential for success that the growth be dealt with early, and that the excision of the gut and the associated mesocolon be dealt with as liberally as possible. When excision is impossible, a lateral anastomosis can be carried out, as experience has shown that a considerable portion of the circuit can be thrown out without inconvenience to the patient. The best stitch for intestinal suturing is still the ancient one, which includes a fine continuous suture of the mucous membrane, combined with a few interrupted Lembert sutures. When suturing is impracticable, on account of the difference in size of the two segments, the Murphy button seems to fill nearly all requirements. The author has used the Murphy button in fifty cases, and finds two objections, indefinite retention and contraction of the artificial opening, these two being in close relation as cause and effect. Those cases of contracture are most liable to occur when the upper viscus, be it stomach or colon, is much dilated at the time of operation.—*University Medical Magazine*, Jan., '99.

DISLOCATION OF THE ULNAR NERVE.

John H. Jopson describes this rare accident in the *Philadelphia Medical Journal* of September 10, 1898, and gives a synopsis of the literature. Nine cases have been reported in which the dislocation is described as congenital, habitual,