In three of my very large umbilical herniæ, the subcutaneous fat was pushed away for a great distance from pressure absorption, so that the skin edges—even after a very generous amputation—did not come together nicely, and I therefore closed the incision so that the resulting scar was T-shaped and where the two lines met I left a small drain of gauze so as to empty the deep space and thus permit the wound to close up by granulation. This piece of gauze was removed on the fourth day, when half an ounce or more of serum and liquid fat ran out of the drain opening. The cosmetic effect was most satisfactory because where the drain existed, a resulting dimple or depression remained which finally looked like the original navel. Kangeroo tendon was used for the deep sutures and catgut or silk worm gut for the skin, and the patients were kept in bed from three to four weeks, and then a large abdominal bandage was worn for some months. So far I have had no failures.

I have also operated a number of large post-operative ventral herniæ where this lapping over method of closing the hernial opening was taken advantage of. In conclusion, I wish to aid that I know of no surgical operation which so beautifully meets all the anatomical requirements of a surgical case, and is more ideally mechanical than the Mayo operation for the radical cure of umbilical hernia.

493 Delaware Avenue,
Buffalo, N.Y.

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## STATUS LYMPHATICUS AS A CAUSE OF DEATH UNDER ANÆSTHESIA.*

By HERBERT A. BRUCE, M.D., F.R.C.S., Associate Professor of Clinical Surgery, University of Toronto, Surgeon to Toronto General Hospital.

WHILE a boy, aged 17, who was suffering from very large goitre affecting both lobes of the thyroid, was being put under anæsthesia, he showed marked respiratory difficulty. He was at first given a mixture of chloroform in ether—1 in 3—and after a couple of drachms of this solution had been given, pure ether was given by the open method. The cynosis continued under the ether and the respiratory difficulty increased. Tubes were put down the nose but no obstruction was found here to account for the condition. The respirations became very shallow and tracheotomy was at once done. By the time the tracheotomy tube was in position he had ceased to breathe. Artificial respiration was undertaken and in about a minute and a half he took three or four breaths. Again respirations failed, but the heart beat continued for

*Read at the meeting of the Ontario Medical Association, June, 1909.