

the thumb pressed against its pulp, push the nail of the forefinger repeatedly up and under the spine to be located. By doing this, the parts are pressed in and the undermost part of the spine found. Finding the lower limit of the spine selected, generally the third, take a point a little less than a quarter of an inch below and a half inch to the right for the point of entrance of the needle. The skin can be frozen with a spray of ethyl-chloride and a puncture made with a bistoury; the point of the needle is directed a little upward and toward the ligamentum subflavum. The most concern must be felt from the condition known as idiosyncrasy. Surgical analgesia of the lower limbs will be attained in three minutes in the great majority of cases, but for operations on the upper trunk or head, at least thirty minutes must elapse.—*N. Y. Med. Rec.*

METHODS OF CLOSING THE ABDOMINAL INCISION.

W. D. Haggard, Nashville, arrives at these conclusions:

The most reliable statistics prior to 1894 show that hernia occurs in from 6 p. c. to 29 p. c. of abdominal sections.

Suppurating abdominal wounds result in from 31 p. c. to 68 p. c. of hernia (according to the method of suturing).

The frequency of hernia is increased with the thickness of the parietal wall.

The longer the incision, the greater is the likelihood of hernia.

Drainage openings predispose to its production.

The site of the incision does not materially add to the occurrence, if suturing is uniform.

Abdominal supporters have absolutely nothing to do with the prophylaxis of this condition.

Subsequent pregnancy does not influence its occurrence.

The best preventive of postoperative hernia is the aseptic healing of the wound.

Through-and-through suture is satisfactory in thin subjects with short incisions, and is recommended when rapid closure is imperative.

The best method of suture is one which insures accurate coaptation of the fascia.

The method of closure in three layers by continuous silk wormgut in peritoneum fascia and subcutaneously seems