

which Professor Kocher had removed was then implanted in the cavity in the tibia and the periosteum stitched over this. The wound was then closed. This method of dealing with patients suffering from myxœdema has given sufficiently marked results to encourage further attempts in this way.

In excising the knee joint for tuberculous disease, one noted the fact that the tourniquet was used during the operation, and also that, although no sinuses existed, the wound was carefully drained by several glass drainage tubes. Before sawing the bone an abscess cavity which existed behind the tibia was thoroughly curetted and then swabbed with a mixture of carbolic acid, one part, and camphor two parts. After the dressing was applied, the whole limb was secured in plaster of Paris, which, we were told, was to be renewed in twenty-four hours; further, some gauze which had been packed into the abscess cavity was enclosed there, to be removed at the end of eight days.

Kocher's assistants did several operations, such as appendicectomy and hernia. The clinic was conducted before 200 students, 70 per cent. of whom were women, the latter chiefly Russians. Anatomical and pathological details were demonstrated by means of models, blackboard diagrams and X-ray exhibitions.

The care with which Professor Kocher would carry out the details of a difficult operation was exemplified by a case of gunshot injury of the arm, in which paralysis of the musculo-spiral nerve had resulted.

The injury had been received two months previously. The nerves of the brachial plexus were exposed in the axilla and the various nerves recognized by stroking them vigorously in a transverse direction with forceps and watching the muscular contraction which occurred in the hand and forearm. Loops of silk were passed around the nerves to preserve their identity. Finally the musculo-spiral nerve was secured and found intact in this part of its course. The arm was now turned over and an incision of six inches long was made on the posterior part of the arm and the musculo-spiral nerve exposed in its groove, and at this point was found to be divided. The ends were freshened and sutured with fine silk. The operation up to this point lasted two hours and a half. The patient was then handed over to an assistant for the purpose of closing the wound.

In performing a gastro-enterostomy for malignant disease of the stomach, Professor Kocher found that the stomach would not come up far enough to permit of the posterior operation. He then proceeded to anastomose by the anterior method. Two clamps were applied to the stomach through holes made in the gastro-colic omentum, isolating a V-shaped portion of the stomach. The jejunum was brought up and a good loop clamped off. Simple silk suture was used for the purpose of effecting the anastomosis.

In Professor Arnd's clinic in Berne one had an illustration of how much German patients will sometimes endure without anesthesia.