

pain was much relieved. During the next two days more stones passed, until the number reached 120 cherry stones and 70 prune stones which had come out of the artificial anus. All the stones were passed in four days, and none came afterwards. The man improved rapidly in health and strength and weight, and left the hospital on May 5th well and strong. On April 16th, 1894, he was hearty and hale, and beyond the inconvenience of the artificial anus was never better, having gained 27 lbs. in weight.—*British Medical Journal*.

Methods of Controlling Hæmorrhage in Amputation of the Upper Extremity.—

Keen (*Amer. Journ. Med. Sci.*) reports one case of amputation of the entire upper extremity, including the scapula and clavicle, and four cases of removal of the arm at the shoulder-joint. This paper has especial reference to methods of controlling hæmorrhage. In cases of simple amputation at the shoulder-joint, the axilla not being invaded, the best method of compressing the vessels in the axilla is that devised by Wyeth, in which a piece of elastic tubing is wound tightly round the axilla and shoulder above two stout pins passed through the limb in front of and behind the joint. Elastic compression of the vessels, the author holds, is by far the most secure method in all amputations. In the limbs they can be secured very readily by the ordinary Esmarch methods, but at the hip and the shoulder the difficulty has always been to retain the elastic tubing in place. The only object of the pins is to prevent this tubing from slipping. In cases in which the axilla is invaded so high that Wyeth's pins cannot be used, the author would practise Delpech's method of cutting down on the axillary artery through the pectoral muscles, and applying a preliminary ligature to this vessel. The advantages of this procedure are: (1) that it gives us wide access to the axilla, especially to its apex, where the vessels lie; (2) the surgeon can determine with ease how far and how great is the invasion of the axilla. The author has practised this method with success in one case, and the ease with which the operation was done and the paucity of the hæmorrhage during its performance have led him to think very highly of it. In removal of the whole of the upper extremity the scapula,

Berger's operation, in which a portion of the clavicle is resected and the subclavian artery and vein are divided between double ligatures before the flaps are made, is commended as by far the preferable method. In the author's case the patient was out of bed eight days after the operation. The frequency of recurrence of malignant disease after articulation at the shoulder, and the low mortality after removal of the scapula with the upper limb, have led Keen to agree with Berger that in all cases of malignant disease of the upper end of the humerus, or even of its lower end when it is already diffused, the surgeon should perform the latter and more radical operation.—*British Medical Journal*.

A Suggestion upon the Preparation of the Fingers and Nails for Surgical Operations.—

The nails form no mean part of a surgeon's outfit. As a covering to the end of the finger they give confidence; in the threading of needles they are often indispensable; while often, when working among adhesions, they may serve a good turn. If the nails are too long they are in the way, and if too short, a privation. A medium length of nail is an exceedingly valuable helper at times. With some the length of nail is governed by the ability to keep it clean. Hence the nail is kept very short—much to the disadvantage of prehension, in which man excels.

The surgical care of the nails has had its full share of attention. The nail-brush forms a part of every physician's and surgeon's outfit. It is cheap, compact and moderately thorough. Its disadvantages are that if stiff it is apt to scratch the hand or cut beneath the nails; if soft, it is of little value. To supplement the defects of the brush, some persist in using the point of the nail-blade of their pocket-knives. I say persist in using—as much has been written against the practice. Not only is there danger of cutting the flesh beneath the nail, but it leaves the under surface of the nail rough, making it a ready collector of filth, and less easily cleansed for a subsequent operation.

To avoid the knife I have long used a little wedge-shaped piece of soft pine. This, when wet, frays up, makes a kind of mop, is a good carrier of soap, and enables me to wash out under the