with the grafts. On the contrary, if they are applied to a fresh surface from which the blood supply is not cut off, the accumulation of blood underneath the grafts may lift them, and cause them to necrose. The grafts in this case I shall take from the patient's thigh. Two parallel incisions, about five or six inches long, are made through the skin, the tissues are then put on the stretch, and the grafts cut off with a razor and immediately transferred to the arm. This is repeated until the entire wound is covered. This newly grafted surface should be kept moist, and for this purpose we cover it with thin rubber tissues, which in turn is covered with compresses moistened in salt solution. This dressing is removed in 48 hours, and a similar one applied. This is repeated every two or three days for about two weeks, when a dry dressing with gauze will usually suffice. The Esmarch is left on for about half an hour. The process of dressing the wound on the thigh, from which the grafts were taken, is very simple. It is covered with a layer of rubber tissue and dry gauze, and the bandage is left undisturbed for seven or eight days, by which time the entire surface is usually covered with epithelium.—*The Intern. Jour. of Surg.*

CATHETERIZATION OF THE STOMACH AND ŒSOPHAGUS.

In his recent work on gastric diseases, Dr. Bouvret, of Lyons, gives a careful study of catheterization of the stomach, and we are indebted to *L' Union Médicale du Cānada* for the following interesting particulars:

The author advises the use of the soft instruments, made like the familiar Nélaton catheter, but quite long, and, of course, of a much larger calibre. The olivary bougies with a flexible stem are also of use, but the soft instruments are preferable in most cases, as they allow of the injection of alimentary liquids, when a stricture has been overcome. A calibre of 12 millimeters is the most generally useful, although it is well to have several sizes on hand. It is an error to think that the smallest sizes are most easily introduced. These instruments must be kept aseptic. Before being used, they are dipped in a solution of boric acid, and are then placed in warm water for a few minutes. In cases of syphilis, tuberculosis and cancer, a special instrument should be kept for the exclusive use of the patient. The indications for catheterization are: Symptoms indicating a possible stricture or the existence of œsophageal diverticula; dyspeptic phenomena requiring investigation of the chemical condition of ingesta, and symptoms showing the necessity of washing out the stomach, either in poisoning or for the usual therapeutical purpose. The author gives a long list of contra-indications to gastric catheterization; these consist in senility, pronounced cachexias, pregnancy, various cardiac and arterial diseases, pulmonary conditions associated with dyspnœa and an enfeebled heart's actions. Disturbances of the cerebral circulation and recent hemorrhages, especially from the brain, the stomach and the respiratory system, are of great importance in this respect. While patients seldom refuse to lend themselves to this procedure, there are a certain number who will not consent. The longer the duration of the disease, and the more unsuccessful previous treatment has proved, the more readily will patients consent. It is rather important to succeed at the first attempt, as a failure to pass the tube discourages the patient, and causes him to refuse any further trial. The heart should be auscultated before practising this proceeding, as well as the lungs and aorta. An aneurism of the latter may be the cause of a stricture. All artificial teeth should be removed, unless firmly attached. The author describes the procedure to his patients before introducing the tube for the first time. He tells them that notwithstanding a temporary sense of contriction in the throat, they will be able to breathe quite well, since the tube does not go into the wind-pipe. When beginning the operation, the patient is told to breathe quietly and rather deeply, and to look at the operator, who himself begins to breathe in this manner. The suggestive effect of this causes the patient to do the same, and is of material benefit. The patient's head must not be thrown back, for this position does not facilitate the introduction and disturbs the cerebral circulation. The author has never found it necessary to anæsthetize the pharynx, which may be done by spraying or swabbing with cocaine solution.

With a soft instrument it is unnecessary to introduce the finger into the patient's mouth. The tube is placed upon the tongue and gently pushed backward. The upper orifice of the œsophagus is the dfficult place to pass. The patient must be told to swallow. If he fails to perform this act, the physician waits, exerting meanwhile a gentle pressure, and soon an involuntary movement of deglutition takes place. The tube then penetrates, and is gently and steadily pushed home. The possible accidents due to this procedure have been much exaggerated. They arise from inattention to the contra-indications that have been mentioned, from the rupture of a diseased œsophagus, or from passage of the tube into the larynx, —a rather inexcusable accident. In some cases the instrument produces sharp, gastric pain. This is always due to the existence of a local gastric lesion, ulcer, cancer, or the pressure on an adjoining diseased organ.—*International Jour. of Surg.*