

healed completely in another two weeks. The edges were quite soft, as were all the surrounding tissues. A few more applications were made to stimulate the healing, and he again returned home. On December 15th he reported it "practically healed, with only a small crust to be detached."

This patient has been seen since and there is absolutely no ulceration or sign of recurrence.

Another patient, referred by Dr. H. L. Anderson, of Niagara-on-the-Lake, Ont., was first seen in September, 1911. The condition had started four years before behind the left ear. At the date mentioned the area was as large as a fifty-cent piece, with raised, hard, everted edges. (Fig. 3.) The part was curetted under cocaine, and a radium plaque, with one lead screen, left in position subsequently for 12 hours. When seen a month later there was still a small area three-eighths of an inch in diameter, which had not yet healed, but was quite healthy-looking. The healing process continued, and the condition has remained satisfactory since then. (Fig. 4.)

Appendix Stump Treatment.—J. H. Outland, Kansas City, (*Missouri State Med. Assn. Jour.*) has used successfully the self-invaginating hemostatic stitch for appendix stump in 539 cases. He ligates the meso-appendix as usual. Then the junction of caput coli and appendix is caught in a curved clamp, the convexity toward the bowel. Another curved clamp he fastens just above, and then cuts the appendix close to the lower clamp, the stump being cut as closely as possible to the cecum. A Lembert suture of linen thread is carried across the clamp. A stitch is taken parallel with the clamp. It is then carried across the clamp again and another suture taken on the opposite side. The last stitch he passes beneath the clamp. The handle of the clamp is now taken in the right hand, and the needle, with the end of the suture in the left. The assistant pulls on the other end of the suture, the clamp being gently released and the jaws withdrawn from under the loops. By pulling on the meso-appendix end of the thread, invagination is accomplished more perfectly. With the use of a curved clamp it is easier to keep the loops of the thread over the clamp. The use of a rather heavy clamp prevents bowel contents from escaping. After the two ends of the thread are brought over and tied, and before cutting, a loop is made under the artery of the appendix and again tied. This suture is hemostatic, and it is seldom necessary to reinforce the stump with other superimposed stitches.