

by anhydrous alcohol-vapor heated in 120° C. (248° F.). Catgut is thoroughly sterilized by this method without losing any of its properties. The author places the sterilized catgut in a culture bouillon and seals it in a glass tube, keeping it for several days in an oven. If sterilization has not been complete, microbes will have developed in the bouillon, and the culture will have become cloudy; if, on the other hand, the liquid remain clear, it is a material and certain proof that the contents of the tube are thoroughly aseptic.—*Semaine Médicale*, June 6, 1894.

OPERATIVE TREATMENT OF WRY NECK.

Mikulicz (*Centralbl. f. Chirur.*, No. 1, 1895), dissatisfied with the results both of subcutaneous and open division of the sterno mastoid in cases of caput obstipum, advocates almost total removal of the contracted muscle, the posterior part of its upper extremity, where it is traversed by the spinal accessory nerve, being left. He has practised this operation in 17 cases with success, the only bad result having been disfigurement of the neck caused by the absence of the muscle. Examination of the removed muscle in these cases has convinced him that wry neck is the result of a chronic inflammatory condition—myositis fibrosa—involving the whole of the sterno mastoid. This condition he attributes in congenital cases rather to compression of the muscle during a long and difficult labor than to laceration. The so-called hæmatoma of the sterno mastoid sometimes observed in infants is not due, he holds, to effusion of blood, but to thickening and induration of the inflamed muscle.—*British Medical Journal*.

IMPROVED METHOD OF RADICAL OPERATION FOR CANCER OF THE BREAST.

Dr. Willy Meyer (*Medical Record*) describes the following method of operation:

A skin incision embracing a liberal area around the nipple, and running across the axilla to the point of insertion of the tendon of the pectoralis major muscle, is made. A second incision is made at right angles to the one just described, running to the junction of the middle and outer thirds of the clavicle. After the skin-flaps are reflected the tendons of insertion of the pectoralis major and minor muscles are divided, and these muscles, the axillary, subclavicular, and infraclavicular fat and lymphatics, and the diseased breast are removed in one mass. The muscles are separated from their points of origin, and the new growth is not cut into during the operation. The vessels entering the pectoralis major muscles are clamped

before they are cut. The wound is sutured as far as possible and axillary drainage is used.—*International Medical Magazine*

DEFECTS IN SURGICAL PRACTICE.

In an exceedingly instructive article—from which want of space prevents us from quoting as liberally as we would like—Prof. Skene (*Brooklyn Med. Jour.*, Feb., 1895) points out the most prominent defects in surgery as taught and practised at the present time. He considers the lack of dexterity and accuracy, which leads to slow and consequently imperfect operating, as the most noticeable of these defects, and states that every moment wasted in an operation is a detriment to the patient as well as the surgeon. Rapidity of operating is especially necessary in order to avoid prolonged anæsthesia, which is injurious and tends to retard recovery by favoring non-union, suppuration and sepsis. Time is also precious, because the longer the tissues are exposed and the more they are handled, the more slowly and imperfectly they heal. Tissues exposed to the air for an hour or more begin preparation for healing by granulation, and are therefore less capable of uniting by immediate union. Since the introduction of antiseptic surgery, imperfections are apt to arise from the endless detail necessary, which in itself makes it difficult to attain perfection. Another source of defects is the disposition on the part of some surgeons to devise new operations and to modify, in the hope of improving old ones, while they are in black darkness regarding how to perform many of the operations that are known to be quite efficient and well established by the surgeons of the past and present. The endeavor to cover too much ground is also held responsible by the author as a cause of defects; for if one endeavors to wrestle with the whole field of operative surgery, he finds such a number and variety of operations to do, that one life is not enough for him to perfect himself in them all.—*The Intern. Jour. of Surgery*.

CLASS ROOM NOTES.

—The best drug for *Hiccough of Enteric Fever*, Prof. Hare says, is musk, ten grains, given by the rectum.

—Prof. Wilson says that an attack of *Influenza* is sometimes ushered in with an attack of nausea and vomiting.

—Prof. Longstreth says the best antidote for the depression caused by the *Salicyl Remedies* is brandy, but black coffee also acts well.

—Prof. Hare says in *Uterine Hemorrhage*, which is due to a congestion of the pelvic viscera, dry cups over the sacrum often give relief.