

does not resort to it, of course, in all cases of stone. Lithotripsy at a single sitting, litholapaxy, as well as median lithotomy, always, he considers, present their own indications, which is not the case with the lateral operation. In the performance of suprapubic section, he agrees with Petersen that plugging the rectum, while at the same time the bladder is filled, contributes in a marked degree to facilitate the operation and to render it free from danger. Complete suture of the wound is not generally desirable, but the application of some sutures to the bladder serves to check posterior hæmorrhage, and may be requisite for this purpose. Usually before opening the bladder Dr. Svensson passes a running noose of thread through the wall of the bladder so as to include the line of incision, thus providing a remedy in case hæmorrhage should occur. His experience is that posterior hæmorrhage occurs in an eighth of the cases if sutures are not applied to the wound in the bladder. He endeavors to show that the suprapubic operation is safer than other methods, the patient recovering more rapidly than after litholapaxy, the pain also being very slight. An additional advantage is on the side of suprapubic section; it is available for other affections of the urinary passages, and without some of these diseases would be incurable. He hopes in a subsequent paper to give an account of his experience in the Sabbatsberg Hospital.—*Lancet*.

EXTENSIVE CONTRACTION OF THE LARGE VESSELS.—Professor C. Wallis, of Stockholm, reports an interesting case of stricture or contraction of the large vessels. The patient was a girl of thirteen, who was admitted into hospital with chronic nephritis and hypertrophy of the heart. She died suddenly after having left the hospital, where she had been fairly well. She went home on foot, a walk of

about twenty minutes. Before her death she suffered from violent choking sensations. At the post-mortem examination the heart was found to be enormously hypertrophied—as large, indeed, as that of a man. There were no valvular lesions, but there was a marked narrowing of almost the whole of the aorta and of the pulmonary vein; that of the aorta, which was the more marked of the two, was continued into its principal branches, and attained its greatest degree in the abdominal aorta, where a thrombus was found which entirely occluded the vessel. The narrowing was due to chronic arteritis affecting all the arteries to a variable extent. This arteritis consisted principally of cellular infiltration, but also partly in the formation of a firm cellular tissue. No calcareous deposits were found. Professor Wallis is not able to speak positively as to the cause of the affection, but he is disposed to consider it as probably of syphilitic origin on account of the amyloid degeneration which was present in the liver, for which no other cause, as tuberculosis or malaria, appeared to exist. It is, however, right to say that no confirmatory evidence of the existence of a specific taint could be made out.

A. E. HURSELL,

ENGRAVER

IN METAL, WOOD AND NEWSPAPER

ILLUSTRATIONS.

505 MAIN STREET, opposite City Hall

WINNIPEG, MAN.