gutta-percha tissue, is placed upon a pillow, the sutures removed upon the seventh day, and the patient kept in bed for two weeks longer, and compelled to wear a flannel bandage for at least six months, to be removed upon the slightest indication of varicosity in any of the remaining vessels.—*Canadian Practitioner.*

OPERATIONS ON AGED SUBJECTS.

Blum (*Arch. Gén. de Méd.*, July, 1892) asserts that as a result of recent improvements in surgical treatment, subjects of advanced age may be submitted to operation without any special risk. Whilst regarding as aged subjects those over 70, he points out that they are theoretically old whose anatomical elements and tissues have lost much of their physical, chemical, and organic properties. The chief physiological characteristic of old age, he states, is atrophy of the structures of the body, and especially of adipose tissue. Reference is made to several instances reported by British surgeons of successful operations on old people, and records are given of fourteen cases in which equally satisfactory results have been obtained by himself. In one of these a woman, aged 84, recovered after removal of a cancerous mamma; one woman, aged 81, was operated on with good results for strangulated umbilical hernia, and another, ten years older, for femoral hernia. The list includes several instances of removal of malignant growths. The author concludes from these cases that the surgeon, in dealing with aged patients, ought not to rest content with intervening in those instances only in which life is directly threatened, as, for example, in strangulated hernia, but that he should be prepared to act also in instances of chronic disease advancing slowly, yet inevitably, towards a fatal issue. He should endeavor to dispense with general anæsthesia; beyond its direct danger, the anæsthetic agent is liable to cause a prolonged state of prostration, against which the aged subject struggles with much difficulty. The author usually trusts to the injection of cocaine, or to the previous internal administration of chloroform in small doses with the object of benumbing the patient. Old people, he states, are much less sensitive to pain than adults. During the operation, much care should be taken to keep the patient warm. Although the surgeon should prevent loss of blood as far as possible, he ought not to practise the so-called bloodless method, as paralysis of the vasomotor nerves results in an oozing of blood from the seat of operation, which may be found very difficult to arrest, particularly in subjects of atheroma. Every effort should be made to bring about immediate healing of the wound by careful attention to asepsis, so that the necessity for prolonged rest in bed may be avoided. The patient should be well nourished after the operation, and allowed to get up as soon as he can do this without running any risk.—*British Med. Journal.*

TREPHINING FOR MENINGITIS.

McArdle (*The Dublin Journ. of Med. Science*, July, 1892) reports a case the good results of which favor the view that trephining may do good in some forms, at least, of meningeal inflammation. In other regions than the head, when inflammatory tension is evidently leading to a fatal termination, relief is often afforded by incision and free drainage. The time has now arrived, the author thinks, when this principle may be applied in brain surgery. The patient was a coal porter, aged 40, who fell into the hold of a vessel, and struck the left side of his head. He remained unconscious for some hours, but on the third day was able to resume his work. There was no trace of injury to the right side of the scalp. The patient continued at his laborious occupation for sixteen days, but after this interval suffered from nausea and pain in the head; soon afterwards he lost the use of both limbs on the left side. Four days later he suffered from severe convulsive attacks, each beginning with firm flexion of the fingers of the left hand; as death was imminent from laryngeal spasm, a small disc of bone was removed from the skull on the right side over the upper end of the fissure of Rolando. Serum, not blood, was found to be the immediate cause of the pressure symptoms. After removal of the piece of bone, the dura mater projected into the wound. On incising this, a greenish serous fluid gushed out. The membranes were thickened, and showed that meningitis had been set up. The man made an uninterrupted recovery, and went back to his work one month after the operation.—*British Med. Journal.*

REMOVAL OF TUBERCULOUS MESENTERIC AND RETROPERITONEAL GLANDS.

A. Bier (*Deutsche Med. Woch.*, No. 23, 1892) reports the following case. A young man, aged 15, was admitted to hospital on Sep. 1st, 1890, and gave the following history. He had had good health, and had no family taint. In the autumn of 1889 he suffered from attacks of pain in the region of the umbilicus. These disappeared in the winter but came on again in the spring of 1890, and were then accompanied by nausea, vomiting, and giddiness; they had become worse, and continued at intervals till admission. He had lost flesh for