

anterior displacements require an anterior incision, and subglenoid or posterior displacements require a posterior incision, probably by Kocher's method; (3) the head of the humerus should, if possible, be restored to its place, and resection should be resorted to only when reduction is impossible or likely to cause such extensive damage to the parts, or such prolongation of the operation, as to increase the risks of wound infection or of shock; (4) resection will probably give a better result in fracture of the anatomical than in that of the surgical neck of the humerus, but reduction is to be preferred in both cases; (5) asepsis is an indispensable requirement for a good functional result, and operative interference in this class of injuries should not be undertaken except under aseptic conditions; (6) motion should be begun in the joint as soon as the wound has healed—in ten to fourteen days after the operation.—*The Medical Age; American Practitioner and News.*

#### SOME REMARKS UPON THE TECHNIQUE OF OPERATIONS DESIGNED TO CURE, RADICALLY, OBLIQUE INGUINAL HERNIA.

F. D. Bird lays stress on the following points: the skin incision to be made well above Poupart's ligament and well away from the pubes, the separation of the fibres of the external oblique aponeurosis at a suitable spot, the separation being carried well toward the muscular portion; the sparing of the external ring; the dislocation but partial of the cord from its bed, and the elimination of the sac from above and therefore the preservation of the nerves, the whole to be accomplished with little or no bleeding—an advantage to be attained with great gentleness and the use of dissecting forceps. Apart from the unworkmanlike appearance of a sloppy operation area, bleeding much inconveniences the surgeon and damages the tissues. It obscures the view, necessitates constant sponging, and irritates the delicate areolar planes, which become more or less loaded with blood not capable of being removed. The serous exudation is much greater and the tissues are much weaker and sodden. In addition to these immediate disadvantages there is the grave though unlikely occurrence of thrombosis in the veins of the cord with its possibilities of pneumonia and other distant disasters. The absence of the deep sutures is a gain in two directions: the unimpeded muscle acts as nature meant it to, and there is no foreign body at all in the depths of the wound, no silk with tension on it, and no over-chemicalized catgut.—*Lancet. N. Y. Med. Rec.*