He has used torsion in 113 cases of all kinds, with no signs of secondary hemorrhage, and with fewer cases of delayed tissue unions. He thinks that if the vessel is diseased, that torsion is safer than the ligature, which very often, even when little force is exerted in tying, partially or entirely severs the external coat, thus by hastening the sloughing of the end of the vessel, tending to produce secondary hemorrhage. In cases of diseased vessels, the limited method of torsion should only be used, and the end of the artery should not be rotated more than twice.

In plastic operations, the fact that we are enabled to close the wound without leaving a loop of catgut to irritate or produce sepsis and delay union is an advantage which cannot be too highly appreciated.

Doctor D. ends his paper by stating that he is satisfied that those who will give torsion their practical attention will be amply repaid and thoroughly convinced that as an agent for the averting of hemorrhage it is the equal, if not the superior, of the ligature in many respects.—*Internat. Med. Magazine.*

A NEW TREATMENT FOR HYDROCELE.

A new treatment for hydrocele is proposed by J. Neumann (*Wiener Medizinische Presse*, No. 45, 1893). It consists in the withdrawal of the fluid by means of a trocar and cannula, leaving the latter in the hydrocele sac to act as a drain. A slightly compressing bandage is applied over a small thickness of cotton. Healing is said to occur in a few days. The cannula is removed on the second or third day.—*North American Practitioner.*

FREEDOM FROM RECURRING APPENDICITIS AFTER EVACUATION OF THE ABSCESS AND RETENTION OF THE APPENDIX.

By James M. Barton, A.M., M.D.,
Surgeon to the Jefferson College Hospital and to the Philadelphia Hospital.

[Philadelphia Academy of Surgery.]

At the last meeting of the American Surgical Association I reported nine recoveries from operations for appendicitis in which the appendix was not removed. These were all cases of ruptured appendix with circumscribed abscess, with no general peritonitis and no symptoms of obstruction.

The operation consisted in opening the abdomen and using sterilized cheese-cloth to hold the movable intestines back and to protect the general peritoneal cavity while the abscess was opened and emptied. Drains were then introduced, some of the cheese-cloth permitted to remain, and most of the wound closed. No attempt was made to find or remove the appendix.

Before considering the later condition of the appendix in these cases, I wish to report, briefly, five more cases upon whom I have operated in the same manner, all of whom also recovered.

Mr. B., aged twenty-three years, a patient of Dr. Cline, of Jersey Shore, Pa. He was operated upon August 24, 1893, on the seventeenth day of the disease.

William C. M., aged twenty years. The operation was performed at Jefferson College on August 28, 1893, on the third day of the disease.

Harry S., also aged twenty years. I performed the operation at the Philadelphia Hospital, September 4, 1893, on the seventh day of the disease.

Richard B., aged forty-four years. The operation was performed at the Jefferson College Hospital, September 17, 1893. It was the third attack, and the present one had existed for thirteen days.

Miss V., aged twenty-two years. The operation was performed November 10, 1893, on the third day of the disease. She was a private patient of Dr. M. B. Dwight, of West Philadelphia.

My object in bringing this subject to your notice is to exhibit several of these patients and to read reports from most of the others, to show that none, whose histories I have been able to follow, have been at all troubled by the retained appendix, and to learn if the experience of the Fellows of the Academy have been similar to my own.

It is becoming widely recognized that this method of operation is accompanied by a low rate of mortality. Richardson in this country, Tait in England, and Reclus and Schmidt on the Continent, as well as many others, content themselves in these cases of local purulent peritonitis with protecting the peritoneal cavity and draining. Others, however, still consider that no operation is complete without removing the appendix. In the March number of the *Annals of Surgery*, Fowler advises, in these cases, the removal of as much of the appendix as can be done without separating adhesions, but considers it necessary to remove the rest of the appendix at a second operation.

Of these fourteen cases, eleven were operated upon by myself during the last two years. All on whom I have operated in this manner have recovered, and none, that I am aware of, have had any trouble with the retained appendix since.

As the mortality has been much greater when I have removed the appendix, I now rarely do so unless the appendix is unruptured, or, if ruptured, only when general peritonitis has occurred.