

flexure. The bowel constantly descended, in spite of the strapping of the buttocks together. Finally, it was reduced as far as possible and retained in position by the introduction of a Barnes's bag, which was then inflated with air; this bag was removed twice a day to allow the escape of liquid motions. On the second day the bag was retained twenty-four hours. At the end of that time the tumor had disappeared, and, on taking away the bag, a large quantity of flatus escaped. No further symptoms attributable to the intussusception were afterward noted, although the child steadily emaciated, and finally died three weeks later.

Rivington explains the action of the bag in this case by stating that reduction was due to peristaltic or anti-peristaltic action of the bowel which contained the intussusceptum. Another possible explanation is, that reduction might be due to the accumulation of gas above the bag.

This method of treating intussusception is, of course, not serviceable in cases of acute strangulation, or where adhesions are formed.

---

#### RESECTION OF THE TRANSVERSE PROCESS OF THE SEVENTH CERVICAL VERTEBRA.

A case involving great surgical skill and particularly successful in its outcome is reported by PERRIER.

A man, aged thirty, had suffered from palsy for many years, with violent pains in his right arm associated with muscular atrophy. On examination, a bony outgrowth over the transverse process of the seventh cervical vertebra was discovered. The patient noted this in his twelfth year. The symptoms were due to the pressure of this exostosis upon the subclavian artery and the brachial plexus. An incision was made in the right subclavicular fossa, and the external jugular vein was ligated. The subclavian artery and vein, together with the brachial plexus, were drawn aside, and the bony growth was fully exposed. In removing this the pleura was wounded. This was followed by pneumothorax and cellular emphysema. Both disappeared in a few days. The wound healed, with drainage, by primary intention.

The subsequent treatment consisted in the use of douches, massage, and electricity. Pain and muscular atrophy entirely disappeared, together with a slight hoarseness which had been observed before the operation. The patient's recovery was complete.

---

#### STERILIZATION OF CATGUT.

This most important subject has been ably investigated by LAROCLETTE (*Lyon Médical*, June 1, 1890).

According to Reverdin, sterilization of catgut is more difficult to accomplish than is the case with any of the other materials used for suturing or ligature. He states that it is comparatively easy to destroy all the germs in catgut if the latter is entirely free from fat, and is then submitted to a temperature of 140° C. for four hours. When the fat is not removed from the gut, the latter is fried in its own grease. For the purpose of determining the accuracy of this observation, Larochette introduced pieces of catgut into glass tubes, which were then hermetically sealed. These tubes were placed in an oil-bath, the temperature of which was gradually elevated. At 90° C.