and remove the pathology that caused the acute obstruction.

Dr. Graham closes: Mr. Chairman, I may have done some bad surgery, but I am not lying. I think there are a dozen of my town representatives here. I think it is only fair for you to allow me to call your attention to this class of surgery which I have done. I have been practicing surgery since 1915, and a little since 1901, and I think the surgery done in my town has been pioneer surgery. When I went to Durham I do not think there was a man in the town who could say he had done more than two or three abdominal operations. In the operations done most of them had extensive adhesions or abscesses.

One other point of observation at Durham that I have not seen elsewhere was the amount of rheumatoid—negroes as well as white. I reported thirty-two cases of obstruction by adhesion or abscess. Also nine cases of ileocecal tumor, a local tumor in the cecum. Not only have a good many of these operations been done in Durham County; but, with the exception of Wake County, there is no other county that touches us or in our neighborhood that has a hospital. Many of these operations were done in country homes, without a nurse, and many with the assistance of the average country doctor, who had never helped in operations, therefore I bring this experience to you for what it is worth.

AUTHORS' ABSTRACTS.

Surgery, Gynecology, Obstetrics, and Genito-Urinary Diseases.


There is no surgical error which casts greater discredit upon the practice of surgery, in the minds of laymen, nor so menses the surgeon with guilt as lack of care, as the deplorable and too frequent accident of leaving gauze in the closed abdominal cavity after celiotomy. Notwithstanding this, comparatively few surgeons have adopted a technic which makes the accident impossible, although Crossen, of St. Louis, described, in 1909, a method for its prevention which is simple of execution, economical and time-saving, and gives absolute protection. The method's underlying principle is the elimination of all detached pads and sponges by using instead of them long strips of gauze, each strip being packed into a bag in such a way that it may be drawn out a little at a time as needed. A set of gauze strips for use at an abdominal section consists of four narrow strips for sponging and one wide strip for packing back the intestines. The distal end of each strip is sewn to the bottom of the bag. At operation one bag, containing a narrow strip, is pinned to each side of the abdominal sheet and one bag, containing a wide strip, is pinned just above the upper border of the opening in the abdominal sheet. An inviolable rule in the use of this method is never to cut a gauze sheet, although the temptation to do so comes frequently. Any exception to the rule during operation would be made at the sacrifice of absolute security.


Dr. Shands says it is more important to know when not to operate than when to operate. He records a strong protest against the too promiscuous operating on fractures that has been done in the past five or six years. He was one of the early operators for fractures, having published a paper on the subject in 1898, but experience has caused him to modify his views.

The greatest danger in operating on fractures is sepsis, which is not always due to faulty technique. Many cases are infected through the blood current. The field of operation in a recent fracture is most unfavorable to any type of infected tissue, which is unable to resist the invasion of even a low-grade infection. Capillary hemorrhage is very abundant in traumatized soft tissue and cancellous bone, making it impossible to leave a dry wound. The blood clot is often not absorbed by partly devitalized tissue.

Non-operative method should be given a fair trial before operating. Never be in a hurry to operate. If it can be avoided, as by waiting for a restoration of traumatized tissue to normal a more favorable field for operation is presented. If the serrations of the fragments are made to engage, plates, nails, etc., are rarely ever needed.

He urges the use of the plaster of Paris snugly applied over a flannel bandage only; pressure can be regulated by splitting the cast open before it hardens.


The author relates a case of varicose aneurysm of the femoro-popliteal region, operated on by the obliterator method of endoaneurysmorrhaphy with complete success. A total of seven cases is reported, operated on by the Matas method, without gangrene, hemorrhage or recurrence. Of these the ages varied from 22 to 53 years; all were of negro race, 2 mixed, 5 unmixed.

The aneurysms were fusiform (2 distinct openings) in three instances, false in one, venous in three; of the latter, two were varicose aneurysms, one arterial varix. Of the seven, four cases (the one false and three arterial-venous) were due to gunshot injury. Four obliterator operations were done, three restorative, no reconstructive.

The mortality of popliteal aneurysm in the Charity Hospital of New Orleans (from 1884 to 1908) is reviewed, showing a total of 38 cases, with 17 cures, 8 improved, 1 unimproved, 7 deaths, a gross mortality of 21.21 per cent for the older methods of treatment.

The operative technics are reviewed. The re-