cases of furunculosis in nurslings, which presented themselves under three varieties: 1. Subepidermic abscess. 2. Furuncles, properly so called. 3. Abscess of the subcutaneous tissue developing almost without inflammatory reaction. In these nine cases, from which fourteen cultures of pus were made, the author found the staphylococcus aureus ten times, three times the same organism associated with a small number of staphylococci albi, and once the latter organism alone. He therefore concludes that the furunculosis of nurslings is a staphylococcic infection of the skin.

As to clinical varieties, he states that in each case in which there was subepidermic abscess there had previously existed a superficial lesion of the skin (varicella, miliaria, eczema, syphilides). On the other hand, previous lesion of the skin was absent in all the cases in which there was furuncle, properly so called, or abscesses developing without reaction.

SURGERY.

UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA; SURGEON TO THE
UNIVERSITY HOSPITAL;

ASSISTED BY

ALFRED C. WOOD, M.D., INSTRUCTOR IN CLINICAL SURGERY, UNIVERSITY OF PENNSYLVANIA; ASSISTANT SURGEON, UNIVERSITY HOSPITAL.	AND C. I. LEONARD, M.D., ASSISTANT INSTRUCTOR IN CLINICAL SUR- GERY IN THE UNIVERSITY OF PENNSYLVANIA.
--	--

Asepsis in Operations.—In discussing the work of Mikulicz in perfecting aseptic technique in operating, QUENU (*Revue de Chir.*, March 10, 1898) says that asepsis is not to be abandoned and a return made to antiseptics, but that the defects in aseptic operating must be discovered and means found for overcoming them.

The employment of gloves in operating produced such marvellous improvement in Mikulicz's results as to render his technique almost perfect.

Quenu has found that ordinary white cotton gloves, such as worn by servants, when sterilized in the usual manner serve all the desired ends. They are not impermeable, and the hands should be rendered as aseptic as possible by the ordinary scrubbing, alcohol, and antiseptic washings. In a short operation one pair of gloves is enough, but if the operation is longer they become soaked through, and one or two changes are necessary. They do not interfere with the ordinary manipulations in operating, and their ready employment is only a matter of habit. The employment of sterilized gauze before the mouth to prevent infection from coughing and speaking is favored by this author.

In his service for the past six years he has never examined a suppurating case the morning before an operation of grave character, such as a laparotomy. His wards are divided for suppurating and non-suppurating cases, and all suppurating cases are operated upon by his assistants. Of course, he is

obliged to make rectal and vaginal examinations, but these are never made on a morning preceding a grave operation. Immediately after such examinations the hands are thoroughly scrubbed with soap and water, washed in alcohol, then in permanganate of potassium, followed by bisulphite of soda, and, finally, in alcohol again.

The greatest care is given to the periungual spaces. After thorough sterilization they are painted with tincture of iodine. He agrees with Mikulicz in admitting as few as possible into the operating-room, and does not perform major operations in a large amphitheatre. He also believes that speaking should be avoided as far as is practical during the operation.

The Value of the Laborde Method of Resuscitation in Etherization.—HERZOG (*Deut. Zeitschr. für Chir.*, Bd. xlvii. p. 492), after a series of experiments upon dogs which had been anæsthetized to the point at which respiration ceased, shows that the Laborde method of resuscitation by rhythmical traction upon the tongue is of no value except in the early stages of the anæsthesia.

Hæmostasis Secured by Angiotripsy.—The success reported by Tuffier, which followed his crushing of the lateral ligaments in vaginal hysterectomy, and the use of this method without ligatures or hæmostatic forceps on the arteries, induced AF SCHULTEN, of Helsingfors (*Centralblatt für Chir.*, 1898, No. 29), to attempt the employment of this method upon the lesser vessels in general surgical operations. He found that by using a forceps with stronger jaws than the Péan hæmostat, and longer handles for leverage, he could readily crush arteries that had been picked up, so that ligation was not necessary. The result upon the healing process was all that could be desired. The absence of ligatures decreased irritation; there was no secondary hemorrhage, and primary union followed in all cases except one, in which an intercurrent pneumonia caused the wound to open and heal by granulation. In this case, although no ligatures had been applied, no hemorrhage occurred.

Operation in Lymphadenitis.—VANDERLINDEN (*Annales de la Soc. Belge de Chir.*, August 15, 1898) calls attention to the physiological function of the lymphatic glands, pointing out the fact that they destroy the germs and poisons that enter the system and act as a barrier to their generalization. The question of operative interference is therefore one that involves a judgment of the rôle which they are acting at the time. If they are preventing the dissemination of the poison they should be left and aided in their work by the removal of the original focus of infection. If their vitality and resisting power has, on the other hand, been destroyed so that they act as a nidus for the further development of bacteria, they should be removed. Of course, this reasoning does not apply to cases of malignant infection, in which the infection is a sufficient indication for removal. There are also many circumstances which must enter into the consideration in individual instances. The author cites instances in which the removal of glands undoubtedly led to a rapid dissemination of tubercular disease throughout the system.