whole for a few days, but in the end died of septic pneumonia, as was discovered at the postmortem examination.—*Lancet*, March 3, 1888.

H. PERCY DUNN, (London).

III. A Danger in the Prolonged use of a Silver Tracheal Tube. By DR. ST. SYCZ. ZALESKI. (Dorpat.)—A silver tracheotomy tube was brought to Dr. Zaleski which had been in the trachea of a patient for about two years, and during that time had never been removed. "Of the tube there only remained, owing to the solvent action of the contents of the air passages, the merest shell, in appearance like a kind of coarse cobweb." His explanation is that the chloride in the secretions acts on the silver, forming a chloride of silver, and this is dissolved by the alkaline secretions containing ammonia and cyanides. Dr. Zaleski is unaware if the patient suffered from agyria.

H. H. TAYLOR (London).

IV. A Case of Gastrostomy for Malignant Stricture of the Œsophagus. By A. M'PHEDRAN, M. B. (Toronto, Ont.)—A woman, æt. 41, had presented symptoms of cancer of the œsophagus, with resulting stricture, which finally after eighteen months began to interfere with alimentation to such an extent that starvation was imminent. The operation was done in two stages with an interval of ten days. At the first operation the stomach was brought to the abdominal opening and fastened with harelip pins according to the method of Macnamara. Ten days later, the stomach having become thoroughly adherent to the wound, the viscus was opened with a narrow tenotomy knife. The operation was successful in relieving the imminent danger of death from hunger and thirst, but the morbid processes continued, the patient eventually falling into a decline and dying from an attack of hypostatic pneumonia six months and eighteen days after the operation,—*Canadian Practitioner*, July, 1887.

JAMES E. PILCHER (U. S. Army).

CHEST AND ABDOMEN.

I. Cases of Stomach-Resection in Billroth's Clinic During 1887. By DR. F. SALZER (Vienna). This is a comprehensive

tabulation of every important feature in the 4 cases. 1. Cicatrix about a round ulcer (diagnosis, pyloric cancer); resection of pyloric end, cure. 2. Cysto sarcoma of stomach wall. Extensive resection nearly to the pylorus; cure (as yet of but five weeks' duration). 3. Similar to case 1; recovery. 4. Cicatricial pyloric stenosis. Cuneiform excision not including the whole circumference. Improvement at first. Death in two weeks from circumscribed peritonitis about an abscess at the pylorus (originating in foreign material passing an ununited spot). Diagrammatic cuts indicate the seat of disease and extent of excision in each case. Case 1 was operated by Salzer, the others by Billroth himself. Case 2 is more fully reported in Nos. 4 and 5 of the same journal.—*Wien. Med. Wochr.*, 1888. No. 2.

WM. BROWNING (Brooklyn).

II. Gunshot Wound of Liver Complicated with Compound Comminuted Fracture of the Ribs. By A. P. FRICK, M.D. (Fort Selden, N. M.) A healthy man, æt. 57, accidentally received a 44 calibre pistol shot wound, $5\frac{1}{2}$ inches to the right of the anterior median line of the body, and about midway between the axilla and the anterior superior spinous process of the ilium, emerging posteriorly about one inch lower, and $5\frac{1}{2}$ inches from the posterior median line of the body. The portions of the 7th, 8th and 9th ribs lying in the track of the ball were comminuted. Profuse hæmorrhage continued for more than twelve hours when it ceased spontaneously. Five days later, under ether, the two wounds were connected by an incision, the loose fragments of bone removed and the sharp edges rounded off. This exposed a lacerated wound of the right lobe of the liver, with an abscess one and a half inches deep about in the middle of the exposed portion of the liver. The lacerated parts were trimmed, and the abscess opened, drained and irrigated. A drainage tube was then inserted and the wound closed with interrupted suture, sublimate dressings applied and the patient proceeded to a good recovery, complicated only by some troublesome bed sores and a slight necrosis of the proximal end of the 9th rib, being discharged perfectly recovered three months later.—*Phil. Med. Times*, May 1, 1888.

JAMES E. PILCHER (U. S. Army).