SURGERY.

UNDER THE CHARGE OF

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The Surgical Treatment of Benign Affections of the Stomach, Especially of Gastric Ulcers and their Sequels, with Particular Reference to their Late Results.—BUSCH (*Archiv f. klin. Chir.*, 1909, xc, 1) says that most German surgeons are agreed that gastro-enterostomy is the normal treatment for gastric ulcer, and that resection is justified only when there exists an indurated tumor, in which there is some suspicion of cancer. Kronlein considered that operation was absolutely indicated in the presence of pyloric stenosis, in atonic gastresia and gastroptosis, and in frequently recurring slight hemorrhages. Busch reviews 124 cases of benign affections of the stomach operated on by Körte, in which 129 operations were performed. Of 76 ulcer cases, 65 were completely free of trouble more than one year after operation, 8 were able to work with slight stomach disturbances, and in 2 cancer developed in the floor of the ulcer. In 85.5 per cent. of the cases in which long continued internal therapy had failed, a successful result was obtained after operation. In 12 resections the end-results were good in all, although in 2 cases another operation was necessary because of a recurrent stenosis. He concludes that for ulcer stenosis, as well as for ulcer persisting in spite of long-continued internal treatment, the posterior, retrocolic gastro-enterostomy, by means of a circular double row of sutures, is the operation of choice. Especially for an open ulcer it will be advisable to keep up, for several weeks after operation, treatment with food of reduced acidity, with later washing out of the stomach, and a careful selection of foods. Resection should be done when there is a suspicion of malignancy, or in callus ulcer, especially when they press upon neighboring organs, as the liver and pancreas. It should always be circular according to Riedel's suggestion. In many cases it will be doubtful whether radical resection or the less dangerous gastro-enterostomy should be done. The nervous diseases of the stomach should not be operated on. There are, however, cases in which only an exploratory laparotomy will determine whether an ulcer exists or not.

The Value of Intravenous Adrenalin-Saline Solution in the Treatment of Peritonitis.—HEINECKE (*Archiv f. klin. Chir.*, 1909, xc, 102) says that the excellent results obtained by Heidenhain in peritonitis, by the intravenous infusion of adrenalin-saline solution, are remarkable, in view of the transitory influence of adrenalin in raising the blood pressure. No investigator has yet observed a lasting effect on the blood