Plastic Closure of Osseous Defects After Operation on the Mastoid Process.—V. MOSETIG-MOORHOF (*Cent. f. Chir.*, 1898, No. 46) describes the following method of closing the defects that follow operation on the mastoid : A flap is cut, having its broad pedicle on the lower margin of the defect and extending down into the area of skin that is free from hair follicles. If any hairs are present in the area they should be removed by epilation before the operation. The margin of the defect is freshened, except where the pedicle of the flap is attached by a double incision removing a long narrow strip. The edge is then raised by passing the knife beneath it parallel with the surface of the skin. The flap is now turned once and its margin slipped beneath the edge that has been raised. This is facilitated by blunt hooks, which lift the pedicle and facilitate the invasion. The flap is held in place by sutures, while the wound resulting from its removal is closed by interrupted sutures. The raw surface of the flap may be covered by the transplantation of skin or by scar-tissue processes.

The six cases which this author has operated upon have all given satisfactory results. The closure of the wound is immediately secured, and no air can pass through.

A New Radical Operation for Inguinal Hernia without Buried Sutures.—JONNESCU (*Cent. f. Chir.*, 1899, No. 3) describes a method which he has devised for obviating the employment of buried sutures in radical operations for hernia in the inguinal canal.

The operation described differs from others where sutures have been employed only in the method of placing the sutures and the disposition of the stump of the sac, which is brought into the wound and forms a part of the scar that unites the muscular plane that overlies the canal.

The sutures are double silver sutures put in layers. They are U-shaped, the two ends being brought out through the skin on the lower side of the wound and fastened over rolls of sterile gauze. The doubled portion being on the opposite side of the wound in the lower layer in the internal oblique muscle, and in the upper in the aponeurosis of the external oblique, or on the skin where they are looped over other rolls of sterile gauze. In one instance superficial skin sutures are employed, in the other they are not essential. The stitches are removed on the fourteenth or fifteenth day.

The author has been successful in the seventeen cases in which he has employed this method, and believes that the doing away with buried sutures is a distinct advance in the technique of radical operations.

Radical Operations for Herniæ.—BRENNER (*Cent. f. Chir.*, 1898, No. 41) in speaking of Bassini's operation, which he considers almost perfect as an operative procedure for radical cure of hernia, suggests a slight modification which he has found useful and to which he ascribes the very good results obtained.

The operation is performed according to the method laid down by Bassini, except that care is taken in opening up the canal to separate the cremaster muscular fibres from those of the internal oblique, and both from the aponeurosis of the external oblique.

After a careful separation and ligation of the sac the cord is displaced in