rapidly. At the time of reporting, both transplanted areas have normal sensibility, with correct localization.

THE RESULTS OF OCCLUSION OF THE URETERS.

SOME interesting experiments are reported on this subject by ROBINSON (*Annals of Surgery*, October, 1893), which lead him to the following conclusions: 1. Complete occlusion of the ureter produces atrophy of the kidney. 2. Partial occlusion produces hydronephrosis; the kidney cavity dilates and its wall thins. 3. The kidney will bear occlusion for some weeks and then resume its function after removal of the obstruction. 4. Urine is secreted until the urine pressure in the ureter is greater than the blood pressure; the high pressure prevents circulation in the glomeruli. 5. The ligature is apt to cut through the ureter wall and produce urinary fistula. 6. The ligature is apt to yield and the urine trickles through, producing hydronephrosis; two ligatures should be thrown about the ureters at some distance from each other. 7. It is probable that three ureters are tied in each one hundred cases of hysterectomy, while many are tied and the fact is not known. 8. Severed ureters should not be made to empty into the small intestine, as the active peristalsis prevents healing. 9. The assertion that the irritation of the ligature will produce suppression of the secretion in the other kidney was disproved. 10. Man has double the amount of kidney required for ordinary use, but when an emergency arises he needs both kidneys.

INFLAMMATORY NEW FORMATIONS DUE TO THE PRESENCE OF A FOREIGN BODY IN THE TISSUES.

THIÉRY, in summing up his remarks before the Société Anatomique (*Bull. de la Soc. Anat. de Paris*, 1893, No. 18) says: Foreign bodies when introduced into the body produce different results according to their septic or aseptic condition. Aseptic bodies are generally tolerated without noticeable reaction of the cellular tissues, save certain irritable liquids or bodies that produce ecchymosis. Septic bodies can produce an acute inflammation, which terminates by abscess formation or fistulae if the foreign body remains behind. It may, however, remain *in situ*, irritating the connective tissue and producing a simple induration or connective-tissue neoplasm.

EIGHT CASES OF HYDATID CYSTS OF THE ABDOMEN.

LLORET (*Revue de Chirurgie*, October 10, 1893), after reporting eight cases of hydatid cysts of the abdomen, with one death, remarks that the choice of procedure in the treatment of hydatids of the abdomen, and especially of the liver, is the immediate incision or method of Lindemann-Landeau. In reality, the only other methods to be mentioned with it are that of puncture and double incision, or that of two stages. Both of these present inconveniences or dangers. The first is inefficient in cases of multilocular cysts, and dangerous when the cysts are situated deeply. It does not allow of the detection of other cysts in other neighboring organs, and in such cases is merely a palliative method of treatment, and the injections of antiseptic fluid may give rise to poisoning. The second, or method of

Volkman, offers great security, but, on the other hand, does not allow exploration. The death reported occurred in a case of relapse treated by puncture, and the author thinks his results show that the method of immediate incision and drainage is not so dangerous as has been stated.

A CASE OF ATROPHY DUE TO TRAUMATISM IN INFANCY.

CH. FÈRÉ (*Rev. de Chir.*, October 10, 1893) reports a case of a man, forty-five years old, who presented himself at the hospital for treatment for epilepsy. He presented also an interesting deformity of the left hand. The personal history showed that at the age of four months he had received a severe burn, superficial and limited to the back of the hand and fingers, but not including the thumb. It was to be expected that this uninjured portion would increase in strength and make up for the loss sustained by the member. This was not, however, the case, as the atrophy present included the thumb with the rest of the hand. The author would draw from this the conclusion that atrophy of the whole extremity may be expected after severe traumatism received in infancy. The pathology of the disease is in doubt, as other influences, such as fixation, may have entered into the production of the result. The epilepsy was found to be alcoholic in origin.

THE OSSEOUS ORIGIN OF CERTAIN TUBERCULAR ULCERATIONS.

ADENOT (*Rev. de Chir.*, October, 1893), after reporting three cases of tuberculous ulceration, having for their point of origin the neighboring osseous structure, says, in his résumé: Certain lupoidal tegumentary ulcers, having a wrinkled or papillomatous aspect, can easily be confounded with certain malignant tumors of cutaneous origin, in particular those situated upon the hands and feet, in close proximity to the adjacent bone. Their origin is from the bone disease, though the continuity may be broken or may persist.

In the former case, though the osseous disease has healed spontaneously, it nevertheless existed. Oftentimes the bone disease will break out afresh after the cutaneous disease has apparently yielded to treatment. These relapses are certain, and their cause, often not understood, but persistent and tenacious, can only be prevented when the bone lesion has been removed.

The search for and finding of an osseous lesion is often useful in the differential diagnosis of these ulcers from malignant growths.

TWO CASES OF CONGENITAL UMBILICAL HERNIA.

BERGER (*Rev. de Chir.*, October 10, 1893), reports two interesting cases of successful operation for the radical cure of congenital umbilical hernia. The first was a case of embryonal omphalocele in which the hernial contents, the cæcum and colon, were adherent to the envelopes of the cord. The operation was done thirty hours after birth, and the patient recovered. The second case was of a similar character, irreducible, and was not seen till three days after birth; there were adhesions of the cæcum. The operation for radical cure, done more than seventy-two hours after the birth of the child, was successful.