

cartilage, the lupus, together with the subcutaneous tissue, being completely extirpated, after careful arrest of hemorrhage by compression or ligature. In four cases the wound was sutured; in three instances, where suturing, on account of excessive tension of the wound edges, was but partly practicable, secondary suturing was practiced. Thiersch's method of skin transplanting was employed, and in one case a plastic operation was performed. The course of healing was aseptic and required from one to four weeks. The cosmetic result was very satisfactory. K. recommends the employment of extirpation as early as possible, but he claims that even in cases of advanced disease lupus excision may be followed by relatively good cosmetic results. The methods of transplantation, implantation and plastic method now employed have contributed largely to the success obtained in this class of cases at the present time.—*Centbl. f. Chir.*, 1892, No. 8.

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#### SURGICAL ANATOMY.

**1. The Ileo-Cæcal Appendix.** By Dr. CLADO (Paris). As a result of his researches the author concludes that the appendix in man is a portion of the atrophied cæcum; it does not possess valves, and the meso-appendix which binds it to the cæcum and the small intestine descend usually to its point; the peritoneal fold is sometimes filled with fat. In the female the meso-appendix has a prolongation which is lost in the broad ligament (appendiculo-ovarian ligament); it encloses the lymphatics, which establish a communication between the appendix and the ovary.

Clado found a ganglion in the angle made by the appendix and the cæcum with the small intestine; it is constant and of the size of a bean. Its hypertrophy has been demonstrated in typhoid fever, tuberculosis and appendicitis. The lymphatics of the appendix are to be found in the appendicular ganglion.

The appendix is on a level with the lesser pelvis, sometimes in the iliac fossa; in one out of ten cases it is folded above on the posterior surface of the cæcum.

The structure of the appendix is similar to that of the large intestine; from without inwards are to be found the peritoneal investment, long, smooth, muscular fibres, circular fibres, then a tolerably thick layer of cellular tissue with arterial openings and lymphatic depressions, then a mucous coat, doubled with a thin "muscularis mucosæ," and lined with cylindrical epithelium. The appendix is composed of glandular tissue which is found in spots of flat or round follicles.

Clado has had opportunity to study the appendix from the third month of intra-uterine life, in a state of health and immediately after death. He has invariably found in the appendix the common "bacterium coli." He has likewise met with it in three cases of appendicitis. This affection is, according to our author, an inflammation of the glands leading up to an intra-appendicular abscess. This is possibly the outcome of a microbial migration demonstrated in one case through the wall or a perforation.

The frequency of perforation at the extremity of the appendix is explained by a difference of structure at this point. When the appendix folded under the cæcum is diseased by abscess the lesion can be taken for a typhilitis or a perityphilitis. Finally the lymphatics of the appendiculo-ovarian ligament favor the propagation of inflammations of the large ligament to the iliac fossa.

Clado regards the appendix in the light of a gland rather than as an organ of absorption. Retterer, who has made as many researches on this subject as Clado, likens the appendix to a tonsil.—*Revue de Chirurgie*, 1892, March.

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## NERVOUS AND VASCULAR SYSTEMS.

**I. Resection of the Obturator Nerve for the Relief of Contractures of Central Origin.** By Dr. CARL LAUENSTEIN (Hamburg). L. details the case of a patient suffering from chronic myelitis. In addition to a severe cystitis, a contracted condition of the adductors of the thigh was the occasion of severe suffering. The knees were forced together so powerfully that it was found