IX. Œsophagotomia et Resectio Œsophagi Endothoracica. By PROF. IVAN I. NASILOFF, (St. Petersburg, Russia) The author proposes a new operation for removal of foreign bodies, cancers, or cicatricial strictures situated in the endothoracic portion of the gullet. The method, as devised by him upon the cadaver, consists in opening the thoracic cavity into the posterior mediastinum from behind, by the resection of four ribs, without touching the pleuræ. Having placed the patient (*i. e.*, the cadaver) on the abdomen, with the abducted and raised left upper limb, he makes (*a*) a vertical incision through the whole thickness of the soft tissues along the spine parallel to, and at a hand's breadth from the vertebral column, and (*b.* and *c.*) two horizontal incisions running from the extremities of the (*a*) towards the vertebræ. Having dissected and turned aside the quadrangular flaps thus formed, he performed a subperiosteal resection of the third, fourth, fifth and sixth ribs, of each separately. Then he carefully pushed the pleura aside with his finger, penetrated into the mediastinum, pushed forwards the lung, and thus reached the œsophagus lying on the right side of the aorta. He passes now to loosen the gullet from cellular tissue, separates the tube from the vagi by means of Langenbeck's hook, and proceeds to a circular dissection of the diseased portion, extraction of a foreign body, and so on, according to the necessities of the given case. It remains now obviously to stitch the œsophageal incision and to readjust the spinal flap. In such cases where some disease of the upper half of the gullet unexpectedly proves to be very extensive or to involve the vagi or other adjoining organs, Prof. Nasiloff thinks it justifiable to divide the gullet below the diseased part and stitch the lower half of the tube to the external wound. When the lower moiety of the œsophagus is diseased, he opens the posterior mediastinum on the right side and excises the right ribs at a somewhat lower level than that pointed out above. Technically the endothoracic œsophageal operations are said to be free from any particular difficulties as compared with other major surgical procedures—at least, as far as cadavers are concerned.—*Vratch*, No. 25, 1888.

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