kenetic changes in the connective tissue cells mark the proliferation of the same and the consequent repair results. In the other form of inflammation (infectious specific) the bacterial element acts as a constant irritant, processes leading to an abundant migration of leucocytes prevail, karyokenetic changes cease and destructive processes are inaugurated.—*Deutsche Zeit. f. Chirg.*, Bd. xxv, hft. iv and v.

II. Micro-Organisms in the Air of Hospital Wards.
By Dr. VON EISELBERG (Billroth's Clinic). Investigations directed to the detection of the streptococcus playing the etiological role in cases of erysipelas (streptococcus, erysipel., Rosenbach). The first efforts were directed to the air of the general wards and discovered in cultures prepared from exposed gelatine and agar plates, in addition to many unimportant mould fungi, the staphylococcus pyog. aureus (Rosenbach).

A second series of experiments were made in a surgical ward where there had been four cases of erysipelas.

Plates prepared in the manner below described had given cultures of a streptococcus identical in appearance and behavior to that described by Fehleisen (streptococcus erysipelatosus).

A third series of exposures of gelatine plates were made in an isolation ward where there were patients suffering from erysipelas. Here the plates were exposed in immediate vicinity of the patient on the bedding. The author in these cases also thinks he has discovered the streptococcus erysipelatosus. Lastly cultures were made of desquamating epidermal scales of erysipelatos regions of the body and the above streptococcus found. In healthy individuals epidermal scales did not give the same results. The methods employed by the author were of the most simple and primitive nature (from a bacterial standpoint). Plates of sterilized gelatine were simply exposed to the air of the above localities for a certain length of time then put under bell jars and allowed to remain a certain time until development of colonies. The painstaking methods of Hesse or the method of Emmerich (bouillon) were not tried. Dr. Eiselberg then made cultures from the above plates in gelatine and agar tubes, and in a series of experiments he inoculated rabbits in order to observe the effects of the culture obtained.

The author makes the positive conclusion as to the presence of streptococcus erysipel. in the air of wards, and as a result advises not only the isolation of patients affected with erysipelatosus and phlegmonous complications, but separate pavilions and corps of nurses — *Arch. f. klin. Chirg.*, Bd, xxxv, hft. I.

HENRY KOPLIK (New York).

OPERATIVE SURGERY.

I. A New Plastic Method for the Cheek. By Dr. J. ISRAEL (Berlin). In defects of the cheek, it is necessary to replace both skin and mucous membrane. Thiersch's method, by first letting the flap granulate, is limited because of shrinkage to small defects. To make double flaps from the remaining skin of the face leaves terrible scars. Israel takes a single long flap from more distant hairless regions. He presented a case where he had thus replaced the whole buccal mucous membranes and a large part of the skin, after extirpation of a cancer. The flap was taken from the lateral neck and supraclavicular region as far as the clavicle. The pedicle began at the border of the beard below the angle of the jaw. The flap was reversed and placed in the defect, its epidermal surface thus facing the oral cavity. At the end of seventeen days bridge pedicle was divided low enough to give a flap which, after freeing from granulations, would just replace the skin of the cheek. The third act consisted in adapting it to the corner of the mouth. A fourth act consisted in freshening and uniting the posterior flap-border to the posterior defect-border.

In the discussion Hahn stated that he had proceeded similarly (flap from the breast however) in four cases.—Proceed. XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

II. A New Method of Rhinoplasty for Saddle Nose. By Dr. J. ISRAEL (Berlin). König's method for this purpose [*v. ANNALES*, 1887, Jan., pp. 59-60] has disadvantages. It disfigures the forehead by the removal of two flaps, and leaves an unæsthetical lump instead of the normal depression between forehead and nose. I. takes but one 7 mm. wide quadrangular skin-periosteum-bone flap from the forehead. This he turns down with its bony surface out, to form the