

pletely enucleated, when its attachment to the tail of the pancreas showed its true nature. Very free hemorrhage occurred after the stump, which had been transfixed and ligated, was returned into the depths of the wound. Traction on the stump stopped the bleeding, and it was with great difficulty that the bleeding point was detected.

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**Twenty-two Consecutive Arthrotomies of the Knee.**—O'CONOR (*The Medical Press*, January 26, 1898) reports a series of cases of arthrotomy for both acute and chronic conditions of the knee-joint, which he has treated within the past two years without any particular selective process in the choice of the cases.

"The rheumatic patients were operated on because the function of their joints seemed doomed, and in one case the treatment was undertaken as a forlorn hope to save the patient's life.

"No apology is necessary for the drainage of gonorrhœal knee-joints, as all expectant plans have proved utterly futile; neither does the removal of blood and clots need any qualifying remark further than that it is a surgical obligation. As to traumatic 'water on the knee,' in my opinion, no method of treatment has a brighter future before it than arthrotomy and drainage.

"All the joints were irrigated during operation with mercuric lotion, and in five cases it was repeated daily. Drainage was continued in each instance until the serous discharge had ceased, and nothing but normal synovial fluid was seen trickling from the wound. Splints were only used in six cases, and were early discarded. Active movement was enforced as soon as the gauze drain was dispensed with, and in not a single case was there cause for post-operative anxiety."

All of the cases reported recovered with perfect function, and the author believes that these cases tend to prove the efficiency of surgical treatment in some of the common affections of the knee-joint.

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**The Relation of Tubercular Disease of the Shoulder-joint and Caries of the Coracoid Process.**—WOLFF (*Cent. f. Chirg.*, 1898, No. 6) says that in nine cases of tubercular disease of the shoulder-joint operated upon by Bardenheuer in the past year, three had in addition carious disease of the base of the coracoid process, and that it is this portion of the coracoid that is most frequently affected.

The appearance of the disease in this locality is secondary to the tubercular involvement of the joint itself. The tubercular infection passes from the diseased joint through the glenoid cavity into the neck of the scapula, and thus reaches the base of the coracoid process. If the cavity of the glenoid is infected and the coracoid process, there is undoubted evidence that the neck of the scapula is also involved, and it must, therefore, be included in any radical operation directed toward the removal of the disease.

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**Surgery of the Kidney.**—In his Hunterian Lecture upon this subject, MORRIS (*British Medical Journal*, March 26, April 9 and 16, 1898) emphasizes the facts (1) that the errors and uncertainties in the diagnosis of renal calculus have in many instances been of distinct advantage, because they have led to the exploration of the kidney, and thus in turn to the discovery and