

then performed higher up in 2 dogs, in the region where it would be indicated in wounds of the lumbar and iliac portions of the ureter. The first dog died of peritonitis eight days after the operation, but the anastomosis showed good union and did not permit urine to escape. The second was very successful and gave an excellent result.

The operations were repeated on the cadaver and the technique is fully described, the operation consisting of four stages. The first stage includes the opening of the abdomen, the turning aside of the intestines and keeping them free of the field of operation by gauze pads, and the exposure of the desired portion of the ureter by a median incision of the posterior parietal peritoneum over the lumbar promontory. In the second stage the edges of the divided peritoneum are turned aside and the ureters exposed, taking care to avoid the numerous vessels nearby. In the third stage the portion of the injured ureter to be anastomosed is carefully freed from its peritoneal covering and carried across the median line to a position parallel to the opposite ureter. The divided end of the injured ureter being closed by a ligature, the two are held together by two stitches. The anterior surface of each is then incised longitudinally and the two openings sutured by their edges, first posteriorly and then anteriorly, thus completing the anastomosis. The fourth stage consists in closing the abdominal wound usually without drainage.

The writers reach the following conclusions:

When during an operation the ureter is accidentally wounded the injury can be remedied by different operative procedures, according to the nature, location, and seat of the traumatism.

When it is located some centimetres from the bladder the surgeon can draw down the ureter easily for 3 or 4 cm. and implant the upper cut end into the bladder.

When the injury is located higher in the lumbar or iliac portion of the ureter two conditions may be present.

(a) Simple division without loss of substance or with slight loss of substance. In this case the two cut ends can be united by an end-to-end anastomosis (Poggi) by a terminolateral anastomosis (van Hook), or finally by a laterolateral anastomosis, which is the operation of choice.

(b) Division of the ureter with loss of substance, making the end-to-end coaptation impossible. In this case, according to their experimental results, the writers believe that the laterolateral anastomosis of the two ureters is to be preferred to the opening of the wounded ureter on the skin surface or into the intestine. It is an easier operation than ureteroenterostomy, and is particularly simple in the female at the level of the fourth or fifth lumbar vertebra.

Aneurysmal Dilatation of the Right Subclavian Artery, the Innominate, and the First Part of the Common Carotid.—BARLING (*Lancet*, September 16, 1905) calls attention to the much better results obtained at the present time from arterial ligature than years ago. This is due to the improvement in wound treatment and the provision of better material for ligatures. In this case distal ligatures were applied to the first part of the axillary artery and to the middle portion of the common carotid artery. The results were excellent. Barling's experience with the proximal ligature has also been very satisfactory.