

Opening of the gall-bladder is followed by a number of therapeutic results: 1. The septic contents of the gall-bladder are evacuated. 2. Calculi, which are most frequently present there, are removed. 3. The other biliary passages, more or less obstructed, either by calculi or by swelling of their walls, are rendered as free as possible. 4. The septic bile is allowed to escape, and mechanically washes out the lower passages, carrying away through the drainage-tube many of the infectious particles. 5. The relief of pressure prevents absorption of the septic elements. 6. The relief to the kidneys, by allowing the bile to pass freely, is also of importance, as they are thus enabled to perform their function more freely in relieving the system of septic and other materials.

The occurrence of a localized abscess of the liver should be followed by free opening and drainage. Medicinal remedies, while affording some amelioration, will probably only give temporary relief.

Leucin and Tyrosin in the Urine in Erysipelas.—DR. THOMAS S. KIRKBRIDE, Jr., makes a valuable contribution to our knowledge of leucin and tyrosin, the history of which has been full of contradictions and untrustworthy statements.

Kirkbride examined the urine of a patient with facial erysipelas, without symptoms or signs on the part of the liver. The urine contained (febrile) albumin. Toward the end of the disease crystals of leucin and tyrosin were found. The urine was acid. In order to positively determine the nature of the crystals they were obtained separately by appropriate chemical procedures and in considerable quantity. The possibility that the leucin and tyrosin were formed from decomposed albuminous substances after leaving the body seems opposed by the fact that the urine had been preserved with formaldehyde, but further investigations on the subject are promised.

Tendency to Bending of the Bones in Cretins under Thyroid Treatment.—TELFORD SMITH (*The Lancet*, October 2, 1897, p. 853), in referring to the rapid growth of the bones of cretins while under treatment with thyroid preparations, speaks of a feature that has been repeatedly observed, namely, a tendency of the bones of the lower extremities to become bent. He gives photographs of a cretin girl at fifteen and a half and seventeen and three-quarters years of age. During the two and a quarter years the patient was under the thyroid treatment, and grew seven and a half inches. The under extremities, particularly the tibia and fibula, in the mean time became markedly bowed, as is shown in the second photograph. The explanation given for this is that under the treatment the rapid growth of the skeleton leads to a softened condition of the bones, resulting in a yielding and bending of those which have to bear weight. As cretins under treatment become much more active and inclined to run about, this tendency to bending has to be guarded against. In this connection it is interesting to note that rickets has been produced in rabbits by Hofmeister, and in sheep and goats by von Eisenberg, by removal of the thyroid gland. Whereas, in rickets, however produced, there is perverted and delayed ossification, resulting in softening and bending of the bones, under thyroid treatment in cretinism there is rapid resumption of growth in the skeleton, leading to softening,

which is most marked in the long bones and at the epiphyses. Telford Smith, therefore, recommends that cretins under thyroid treatment should be watched for any commencing bending of the bones of the legs, and if such appears the child should for a time be hindered from walking or the legs supported by light splints.

SURGERY.

UNDER THE CHARGE OF

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Closure of Perforations of the Stomach by the Suturing-in of Omentum.—In performing a gastro-enterostomy upon a patient who had suffered for some time with gastric ulcer and apparently had a pyloric stenosis due to contracture of scars, BRAUN (*Cent. für Chir.*, No. 27, 1897) found that there had been a recent rupture of the stomach. There were numerous fresh adhesions which so bound down the stomach that it was impossible to bring it to the parietal peritoneum; the tissues, on account of the ulcers, were so fragile that they would not retain sutures, and it was, consequently, impossible to close the tear by any of the ordinary methods. He therefore brought up a fold of the great omentum and sutured it over the opening, the gastro-enterostomy was completed, the peritoneum washed out, and the abdomen closed. The patient made a good recovery, and in the three and one-half years since that time has enjoyed good health. "This means, therefore, of closing a tear in the stomach has had a fair test; from other cases, which have since been reported, it would seem a method which, where it is necessary, is capable of rendering good service."

Osteoplastic Opening of the Orbital Cavity for Resecting the First Branch of the Trigeminal.—CAHEN (*Cent. für Chir.*, No. 27, 1897) describes the following method of operating for a deeper resection of the supra-orbital nerve after an unsuccessful operation for neuralgia. In many cases the ordinary operation does not secure the desired result, and both patient and doctor are unwilling to take the risk of a removal of the Gasserian ganglion; in these cases the author has employed and advises this operation, which has been successful in his hands.

At either end of the longitudinal incision employed in the ordinary opera-