

observation ; if it remains normal replace it ; in case it sloughs, treat the anus præternaturalis. He cites the following case in support of his views: A woman, forty-three years old, presented a left-sided inguinal hernia which had been incarcerated three days. In the hernial sac a bluish-black piece of intestine, eleven centimetres in length, together with a small piece of omentum, was discovered. The omentum was removed. The gut was loosened from its adhesions and drawn forth. At the place of incarceration it was of a dull color, blackish in several spots, and at one place the serous investment was bursted ; on the upper portion several blackish, dull spots were observed. As gangrene was feared, enough intestine was drawn out to make a loop twenty centimetres long outside the abdomen and in the hernial sac. The case ran a normal course ; no reaction. The dressing was removed the fourth day after the operation ; the gut was of a normal red appearance, without a sign of gangrene. The sutures were removed, the intestine replaced, the hernial sac and cutaneous wound closed, merely a small drainage tube being left in the wound. The case ran a favorable course, and she was discharged with a truss a month after the operation. In addition to the above, the writer refers to two other cases of certain gangrenous intestine where this method was employed. Both patients died ; the one, a fifty-six-year-old woman, with an inguinal hernia, the next day from acute peritonitis, and the other, a seventy-three-year-old woman, with a crural hernia, from apparent sepsis, due to a phlegmonous inflammation of the hernial wounds, a few weeks after the operation.—*Hospitals-Tidende*, R. 3, Bd., 10, S. 465.

IV. Bacteriological Examination of the Fluid in Incarcerated Hernial Sacs. By THORKILD ROVSING (Copenhagen, Denmark). The writer has made a bacteriological examination of the fluid contained in five incarcerated hernial sacs. Neither inoculation in agar-gelatine, nor microscopic examination, revealed the presence of bacteria. In four cases the gut was in a condition to be

replaced. The incarceration had lasted for a varying period: in the first and second cases twenty-four hours, the intestine being reddish-blue, smooth and shining: in the third incarceration had lasted seventy-two hours, the fluid being clouded and serous and the intestine bluish-black. It was allowed to lie outside the abdomen for ninety-six hours, after which it was replaced. The fourth, an umbilical hernia eight centimetres in length, was incarcerated twenty-six hours: the fluid was profuse, of a brownish-red color and stinking: a portion of the colon was included in the hernia, and was of a dark greenish color, but the serous coat everywhere shiny. In the fifth case the incarceration had lasted for forty-eight hours; in the sac were two spoonsful of dark, brownish liquid, while the gut was bluish-red and shining. The writer has also examined the liquid of two cases of hernia of ancient date, where the sac did not communicate with the peritonæum. In one the culture was sterile, while in the other, where the sac contained several cysts, in one of them a pus-like liquid, revealing microscopically numerous pus cells and staphylococci, was discovered. Cultivation developed the staphylococcus aureus. Here the infection was presumably of ancient date, as about fourteen years before, during an incarceration, the patient's hernia had been manipulated daily for several weeks before reposition was successful.—*Hospitals-Tidende*, R. 3, Bd., 10, S. 489.

V. Operative Treatment of Prolapsus Ani et Recti. By JOHN BERG (Stockholm, Sweden). The author, in a paper read before the Swedish Medical Society, points out the uncertain results of the methods of operation, up to the present in vogue, in the surgical treatment of this affection. He mentions three severe cases of prolapse of the rectum where he operated by an abdominal incision, as in iliac colotomy, reducing the prolapse by drawing up the sigmoid flexure and the upper portion of the rectum, with subsequent fastening of the gut in this position by silk sutures, placed through the whole thickness of the meso-rectum and the parietal peritonæum. He operated as Jeannel and Verneuil had done before him, though