

cautery scissors when suitable. It is an admirable instrument in the majority of cases of lingual cancer where the disease is not too extensive. He never uses a ligature through the tongue. The tongue is held by toothed forceps, and just as the ranine arteries are about to be severed the hot blade is allowed to cool a little, in order to allow the arteries to bleed; they are then secured and ligated. Frequent sprays are the best antiseptics.

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**The Resection of the Liver.**—AUVRAY (*Rev. de Chir.*, 1897, No. 4) has conducted a study of the possibilities of resection of the liver in the human being on animals that leads him to conclude that the procedure is applicable, in the living, to the ablation of tumors and cysts situated in the parenchyma of the liver, so long as they are not placed too deeply in the abdomen; that is, if they, for example, are situated in the left lobe or on the costal margins.

The method consists in passing through and through the parenchyma of the liver, outside of the line of resection, two interlooped sutures, which are so arranged that the various loops formed by each include and ligate the vessels of definite portions of the parenchyma in a continuous series.

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**Osteoplastic Closure of Bone-cavities.**—OLIER (*Rev. de Chir.*, 1897, No. 4) speaks of the great difficulty experienced in the healing of wounds and the filling in of cavities produced by the removal of diseased spongy tissues from bones, especially the long bones, and, after studying the divers phases of the question, comes to the following conclusions:

1. Cavities in bones, whether abnormal, accidental, pathological, or following operations, fill up slowly, especially when they are deep, on account of the rigidity of their walls, which do not retract. They cannot be filled by the granulations of medullary origin which form on their walls, at least when the subjects are not young and in a plastic condition. In tuberculous cases the difficulty is always very great.

2. In the long bones, as the tibia, after removal of the medullary substance, the repair is so tedious that it seems almost impossible to heal them. Of the short bones, the calcaneum is especially exposed to this slow repair where it has been reduced to but a thin wall.

3. The method to employ in healing these cavities is to remove or make movable one of the walls to permit, in the first case, the periosteum to reach the opposite wall, and, in the second, to place the osseous walls in contact.

4. When one of the bony walls is removed, the corresponding periosteum and soft tissues which cover it are pressed into the centre of the cavity and come in contact with the opposite wall. The strength of the bone is momentarily decreased by this procedure, but the formation of osseous tissue on the inner surface of the periosteum finally gives the necessary solidity. This is particularly true in cases of hypertrophy of the bone from osteomyelitis.

5. Outside of these cases, where hypertrophy has taken place it is better not to sacrifice the bone, but to form a flap which shall, according to the case, approach or be fixed to the opposite wall by metallic sutures. As soon as