

in over 280 abdominal sections. There were no severe wound infections. Twice there was slight infection, one from a myoma stump, the other from air infection. The bacteriological and clinical proofs have given to the acetone-alcohol and the wound protective such a high value, and the method is so simple, that it is warmly recommended.

Cystitis with Incomplete Retention of Urine.—CEALIC and STROMINGER (*Ann. d. mal. d. org. gen.-urin.*, 1909, ii, 1787) say that it is well established that inflammation of the bladder without mechanical obstruction, may produce retention of urine, complete or incomplete, the latter more frequently. Three cases of the incomplete type are reported, the cystitis being chronic. In two cases the infection was with gonococci, in the third probably with the colon bacilli. In chronic cystitis the retention is due to the pathological changes in the muscles of the bladder. In the first stage of the disease the muscle is hypertrophied by overwork. In the second stage a sclerous hypertrophy follows, and in the third stage an atrophy. Some of the muscle tissue remains, but is not well coordinated. The fatty tissue is infiltrated among the muscle fibers and disturbs the retraction of the bladder, and this leads to retention. When fluid is injected into the bladder, the desire to urinate becomes intense, while the contractility of the bladder is little accentuated. The urethral sphincter is not involved in the process, so that incontinence does not usually result. There may be incontinence due possibly to an increased sensibility or to a participation of the urethral sphincter, which plays an important part in the act of micturition. Acute retention comes on sometimes in chronic cystitis and is to be explained by attacks of acute cystitis, which produce an inhibitory action upon the bladder muscle.

Intrahuman Bone Grafting and Reimplantation of Bone.—MACLEWEN (*Annals of Surgery*, 1909, i, 959) refers to a case in which the greater part of the humerus was restored by intrahuman transplantation, thirty years ago. The boy who was then operated on is now a man in regular employment, and the details of the case are presented in their entirety. Besides this case three others are mentioned, one illustrating human reimplantation of the flat bones of the skull, and two of restoration by transplantation of human jaw bones. These cases are quoted as examples of many others in which bone grafting and transplantation of bone have been successful. The periosteum plays no part in the bone reproduction after transplantation, and in the majority of the cases the periosteum was not transplanted with the bone. In the case in which the humeral shaft was largely restored thirty years ago, the grafted arm has increased in length, but not proportionately to the increase of the sound one, the latter being now three inches longer. A skiagraph shows that the increase in length of the affected arm has taken place almost entirely from the proximal epiphysis. This increase may be taken as an index of the amount of growth, which usually occurs from the proximal humeral epiphysis. All but a minute portion of the distal epiphysis was destroyed by the original osteomyelitis. The grafted portion of tissue, which is easily recognized from the rest of the shaft by its form and contour, has increased markedly in thickness and somewhat in length, so that there has been here interstitial osseous increase.