

a foundation for connective-tissue formation, which fills up the remainder of the opening. The fear that the flap will cause a damming up of secretion was not justified by Abrashanoff's experience. In a man, aged twenty-seven years, after a stab wound of the chest, there developed an abscess of the lung, which was opened by incision. Ten months after the wound was received a fistula still persisted and communicated with the lung, as shown by bloody expectoration after probing it. The above operation was performed, and in three weeks it was completely cicatrized. It was still closed nine months after the operation. In a woman, aged twenty-three years, during a double salpingectomy for an adhesive pelvic peritonitis, the colon was wounded, and after one and one-half months there still persisted a fistula, 6 cm. deep. After two months it was closed by the same operation. The flap healed in and the escape of feces soon ceased. In an old empyema, operated on twice by Schede's method, there remained a cavity 6 cm. deep, which was filled by such a flap and thus healed.

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**Concerning the Question of Drainage of the Thorax.**—TIEGEL (*Zentralbl. f. Chir.*, 1911, xxxviii, 347) reports the case of a man, aged thirty-seven years, who was admitted to the hospital with a stab wound of the thorax, in an almost pulseless condition. The knife had penetrated the right intercostal space, had divided the second rib and the internal mammary artery, and had produced a deep wound in the upper lobe of the right lung. There was an extensive pneumothorax with a marked cyanosis. Under the administration of oxygen, which improved the dyspnea immediately, the wound was enlarged downward, the wounded vessels ligated, and the wound closed by exact suturing with silk. The skin and muscle wound was closed by sutures down to the lower angle, where an opening was left, three fingers' breadth below the original wound. Through this oblique canal a strip of iodoform gauze was introduced. On the third day there developed signs of a high grade of pneumothorax, when the tampon was removed and there immediately escaped a quantity of bloody exudate. The breathing, which had been troubled, superficial, and panting, immediately became quiet and deep. In the place of the gauze drain a rubber tube was inserted, which was provided with an improvised valve. Healing followed. As a result of this experience, Tiegel devised a more suitable apparatus for this kind of drainage, which is described in detail. He also provided that the inner end of the tube should lie in the lowest part of the cavity near the spinal column.

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**Clinical and Experimental Investigations Concerning the Function of the Stomach after Gastro-enterostomy and Resection of the Pylorus.**—SCHÜLLER (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1911, xxii, 715) says that an anterior gastro-enterostomy at the fundus of the stomach with a wide anastomotic opening and an adjacent entero-anastomosis will not cause an alteration in the form, position, or outline on distention of the stomach. Since by the use of the x-ray it is seen that during the taking of food, the stomach contents do not pass into the intestine, it is concluded that the anastomotic opening does not interfere with the function of the stomach. The path taken by the