

by flatulence or by food difficult of digestion, are much more to be dreaded than those due to abstinence from food; (7) stimulants are of great value where needed to meet special indications, but may generally be discontinued as soon as food can be digested.—*N. Y. Med. Rec.*, Dec. 18, 1886.

#### NERVOUS AND VASCULAR SYSTEM.

**I. Secondary Suture of the Ulnar Nerve with Rapid Return of Sensation.** By F. J. SHEPHERD, M. D. (Montreal) In a man, æt. 50, the ulnar nerve had been severed by the blow of an axe between the olecranon process and the internal condyle. Atrophy and loss of sensation and power in the muscles on the ulnar side of the forearm and the little and ring fingers followed. An incision in the line of the nerve and across the scar readily exposed the two ends, the upper being bulbous and the lower atrophied, separated about an inch. The nerve was dissected out, the ends freshened and brought together by a continuous suture of fine catgut, and the wound closed and dressed with dry antiseptic dressing. Fairly good sensation in the ring and little fingers, accompanied with a tingling feeling as if the nerve were asleep, appeared the next day. In 15 days, the wound was firmly united and the patient sent home. Six months later, he reported that he was fast recovering the use of his arm, complaining only of a slight burning pain in the little finger.

T. G. RODDICK, M. D. (Montreal) reported a case of suture of the sciatic 18 months after its division in a man, æt. 26. The operation resulted in gradually returning sensation and motion to the foot and rapid healing of two large and troublesome ulcers on the outer border of the foot. Two years later, he could walk without a cane. The point of interest in the case was the rapid healing of the ulcers after the union of the nerve, showing that the nutritive filaments had first resumed their functions, while sensation and motion were still in abeyance.—*Montreal Medico-Chirurgical Society*, Dec. 3, 1886.

**II. Remote Effects of Simultaneous Ligature of the Subclavian and Internal Jugular Veins and the Axillary Artery.**

By LEWIS S. PILCHER, M. D. (Brooklyn). Dr. Pilcher presented the patient upon whom he had performed this operation a year and a half previously for a wound sustained during an operation for the removal of a carcinomatous tumor at the base of the neck [ANNALS OF SURGERY, Vol. III, p. 110]. On exposing the field of operation, it was found that a slit had been torn in both the internal jugular and subclavian veins just previous to their convergence to form the innominate. The original incision having been enlarged and the tissues drawn aside to bring the wounded parts into view, a double ligature was applied to both bleeding vessels. The veins of the shoulder, the transverse cervical and supraclavicular veins having been divided during the operation for the removal of the supraclavicular growth, there seemed to be nothing but the capillaries through which the blood might return to the trunk. In consequence of the great turgidity of the veins of the upper extremity that immediately followed, the axillary artery was ligatured high up. The immediate consequence of the operation was considerable œdema of the arm coming on at the end of a week and persisting for several weeks, but finally leaving the arm in its present condition, which shows some increase of size when compared with the other. It seems as though the tissues in this arm were a little more succulent. There had been no recurrence of the disease since the operation, and the patient was perfectly well.

JOHN A. WYETH, M. D. (New York), in an operation for the removal of carcinomatous glands of the axilla, found the carcinomatous tissue studded along the axillary vein so closely that, in order to remove all of the diseased tissue, he was compelled to ligature the vein and all the branches emptying into it and exsect the part from just below the clavicle down to the brachial region. The patient recovered, and though the circulation of the arm was good, the same succulent condition of the forearm as observed in Dr. Pilcher's case resulted, but she had a very useful arm for sewing and light work. He had seen her a month ago, more than two years after the operation, when she had the first symptoms of a return of her old disease in the glands of the neck and in the lung.—*N. Y. Surgical Society*, Nov. 22, 1886.

III. Closure of a Wound of the Femoral Vein with Catgut Sutures. By FREDERICK LANGE, M. D. (New York). In an operation for the extirpation of a malignant tumor in the groin, the femoral vein was accidentally wounded immediately below Poupart's ligament at the entrance of the saphenous vein. The edges of the wounded vein were drawn together with catgut sutures, effecting a complete and perfect closure of the wound, without occluding the lumen of the vein. The loss of blood was not considerable. A lateral ligature did not hold in this case, the walls of the vessel being thickened and resistant.—*N. Y. Surgical Society*, Nov. 22, 1886.

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#### ABDOMEN.

Contributions to the Surgery of the Abdominal Organs. By Dr. OSCAR WITZEL, of Bonn. [Continued from ANNALS OF SURGERY, Vol. I., p. 362].

RETROPERITONEAL TUMORS. The author bases his observations upon five cases of retroperitoneal tumors occurring in patients admitted to the Surgical Clinic of Bonn and operated upon by Prof. Trendelenburg or his assistants. The cases are in short as follows:

I. *Retroperitoneal sarcoma of left side. Extirpation by means of lateral laparotomy, combined with extirpation of the normal spleen. Death after several months.*

Woman, æt. 44, first noticed abdominal tumor one year before admission. In the course of nine months it had grown to the size of an apple—and had increased more rapidly of late. The tumor appeared large, round, with uneven surface, of great consistency, yet fluctuating at certain points. It was not adherent to the abdominal skin, and was laterally movable. In the ninth intercostal space in the axillary line a retraction of skin was noticeable over the spleen. Percussion dull. Colon could be made out centrally to the tumor. Urine normal. Diagnosis was made of retroperitoneal tumor.

Operation: 16 July, 1882. Incision at external margin of rectus. Peritoneum divided. Colon freed from adhesions, the mesocolon descendens being partially divided. The tail of the pancreas being