

in alcohol, though they may be placed in bichloride or carbolic solutions. Sublimate 1 to 1000 may be added to the celloidin solution, making it antiseptic.

Hydrocele Bilocularis Intra-abdominalis.—VOLLBRECHT (*Arch. für klin. Chir.*, 1896, Band, lii Heft 2) describes an interesting case of this rare form of hydrocele. The swelling was pear-shaped, with the apex downward, and very large, extending from the bottom of the left scrotum to the height of the umbilicus and from the anterior superior iliac spine on the left to four-fingers' breadth beyond the median line on the right. It was dull on percussion, translucent, and fluctuating. A portion of the scrotal contents could be emptied by pressure into the abdominal portion. The line between the two tumors was formed by Poupart's ligament. The testicle was found below and posteriorly in the scrotum. There was present also a simple hydrocele of the tunica vaginalis testis on the right side.

The following operation was performed for the radical cure by PROF. MIKULICZ: An incision was made in the longitudinal axis of the tumor and three half-pints of fluid were withdrawn. The inguinal canal was found to be widely dilated, sufficiently so for the passage of two hands. An examination with the hand disclosed the fact that the wall of the sac was fibrous in character and very thick; the whole sac was lined with a serous membrane which was thickest in the intra-abdominal portion. The hand could reach nearly to the left kidney, but that organ could not be palpated on account of the thickened wall of the sac.

The serous lining was removed by blunt dissection and the sac closed. The enlarged inguinal canal was closed by Bassini's operation for radical cure of inguinal hernia. The wound closed after a little delay from serous discharge and the patient made a complete recovery.

From his study of this case and the literature of the subject, the author concludes that these hydroceles have their origin in the fact that the funicular portion of Giralduc's organ does not entirely disappear, and that this particular form of hydrocele results from an anomalous growth of that portion of this organ.

Coxalgia should be Cured without Leaving any Limp in Walking.—CALOT (*La Méd. mod.*, November 4, 1896), in speaking of the treatment of coxalgia, says that of cases seen in the primary stage, ninety-eight out of the hundred should be cured without leaving a limp behind. The limp is consecutive, and is caused by shortening, by weakness of the limb, and by absolute ankylosis. Shortening is due to three factors—a vicious position, the displacement of the head of the femur into the iliac fossa, and atrophy of the limb. The two former may be easily avoided if the case is seen early; an atrophy in length cannot be always avoided, but it is an important factor, and does not need to be very great in order to produce shortening of itself. The weakness of the limb may be overcome by giving up splints and fixation as soon as possible, and beginning gymnastics, massage, and electrolysis. Ankylosis or extreme mobility the surgeon is responsible for. Ankylosis is extremely rare, and when it does occur may be overcome by special teaching, so that the patient is enabled to walk without limping.