become smaller, and to heal, while under the influence of moist warmth it spreads out and takes on a more harmful character (necrosis). Moist warmth has no injurious action on sound tissues and produces no tendency to suppuration, for instance, in fractures where staphylococci are present in the circulating blood; upon infected tissue, however, it acts injuriously, tending to aid the spread of inflammatory and suppurative processes.

The harmful influence cannot be readily observed in transient suppurations where there is a daily changing of dressings, and the pus is not allowed to remain in the wound as it collects.

Alveolar Sarcoma of the Right Kidney in a Child Six Years Old.

Kopal (*Prager med. Wochenschrift*, 1895, No. 19) reports a very interesting case of an enormous alveolar sarcoma of the right kidney, which extended from the right hypochondrium upward to the liver, downward to within three finger's breadth of the symphysis pubis, to the left to within an inch and a quarter of the median line, and on the right continuous with the lumbar muscles. The patient was thin, anæmic, with normal heart and lungs, had slight fever, and complained of marked pain in the abdomen. There was no œdema of the lower extremities. The stools were retarded, and the amount of urine markedly decreased.

The tumor was removed by a laparotomy, the incision through the posterior layer of peritoneum passing externally to the mesocolon. Drainage was established by iodoform-gauze drainage anteriorly in the upper angle of the peritoneal wound and by a drainage-tube passed posteriorly. The recovery was feverless except for the first two days, when there was slight fever.

The amount of urine increased after the operation from 500 cubic centimetres per day to 1600, falling off again to 1200 to 1500. The specific gravity was normal, there was no albumin or crystalline constituents. There was marked arhythmia of the heart after the operation, which, however, produced no great inconvenience to the patient. The patient gained strength rapidly after the operation and increased in weight. The tumor probably arose from the central part of the kidney, and was an alveolar sarcoma larger than a child's head.

The author believes that such cases should be subjected to operation so long as they have formed no metastases in other organs, and so long as the strength is one-half normal and a careful examination of the urine shows no pathological nephritic changes. The size of the tumor and the age of the child are not direct contraindications to operation.

Gastrostomy by Frank's Method.

After an extensive experience with other methods, Lindner (*Berliner klin. Woch.*, 1895, No. 8) believes that Frank's method is capable of producing the best results. In the nine cases which he has operated upon all the patients lived over the first week, although the operation was performed for malignant disease, showing that the operation itself is not more harmful than that by older methods. Its other advantages are the greater retentive power of the stomach and the absence of excoriation from overflow, and consequent necrosis of the edges of the wound and sloughing out of sutures. There is also no tendency to gradual dilatation of the fistula as in other methods. Of the nine cases, one operated upon *in extremis* died from peritonitis following necrosis of the mesentery, which had been included in the suture by oversight, eight days after operation. Two others died of pneumonia and bronchiectatic processes with putrefaction ten and twelve days respectively after operation. Of the six patients who lived over the first week, four left the hospital 142, 20, 37, and 39 days after operation; one of these died at home shortly after returning there; another has not been heard from and is probably dead; the others are living over a quarter of a year after operation. The author believes that earlier operation in these cases is desirable, and that better results will be obtainable when the patient is not so weak before operation. The author believes that the stomach should be united to the peritoneum before the canal is formed and the fistula completed. In non-malignant stricture this method produces the best of results.

The Results Obtained by Kocher's Method for the Radical Cure of Inguinal Hernia.

The fact that no death occurred in the 220 cases operated on by this method and reported by Beresowsky leads Kocher (*Arch. für klin. Chir.*, 1895, Band l. Heft 1) to say that in a patient who has no lesion of a serious nature in any organ the radical operation for hernia does not endanger his life.

The results obtained by the use of deep-buried suturing of the inguinal canal are, in 84 cases, 74 healed by absolutely primary union and could leave the hospital without a truss on an average of ten days after operation. The 10 cases of secondary union required an average stay of thirty-four days in hospital. Sixty-four of the total number of cases were examined at a later period and 6 relapses were found; these cases, with one exception where suppuration had taken place along the line of suture, had been operated on by assistants. That is, all of the cases operated upon in a correct manner and healing aseptically were cured.

Forty-eight cases were operated upon by the author's verlagerung's method. In 38 primary union occurred, and in 10 there was suppuration with discharge of the sutures, and in some cases of the hernial sac.

These were the results of aseptic treatment. The author believes that in large clinics, where varied operations are performed, the proper combination of anti- with asepticism will produce the best results. There were, however, in 31 cases afterward examined only 2 cases of relapse, and these occurred where there had been a large amount of suppuration. This method, therefore, gives certain results in cases where aseptic healing is procured. The author believed that a part of the bad results was due to the torsion and bending of the sac in the operation, and has, therefore, modified the method of procedure; the operation is now as follows:

An incision is made extending the entire length of the inguinal canal and somewhat externally; it exposes the fascia of the external oblique muscle and divides the cremaster and infundibuliform fascia; the hernial sac is then carefully dissected and separated from the spermatic cord. An incision is