

brain mass is too small. The sutures and fontanelles are usually present and naturally developed. Only in the rare cases of microcephalus with premature closure of the fontanelles and union of the sutures is craniectomy of value. Here the surgeon may attempt to imitate the function of the sutures by making artificial bony defects at both sides of the longitudinal sulcus in order to favor the growth of the brain and the skull.

Tillmanns has done craniectomy in two cases belonging to this last category. The first was a boy sixteen months old, and at the end of a year is still living, though no improvement worth mentioning has been observed. The other was a girl two and a half years of age, who died suddenly eight and a half weeks after the operation. No improvement was observed as a result of the operation.

The technique recommended by Tillmanns consists in a division of the soft parts at a different level from the bone operation by making a scalp flap. After reflecting back this flap the periosteum is not scraped back, but is removed with the segment of skull, so that the defect shall not become refilled with bone. With a small trepan, about one and five-tenths centimetres in diameter, a hole is made in the parietal bone, from which as a centre the bone-cutter can be introduced and a piece ten or twelve centimetres long and one centimetre wide can be removed parallel with the sulcus longitudinalis, involving also the frontal bone. The dura mater must not be damaged. The scalp is then flapped back into place and sutured. The same operation is performed on the other side.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

**II. A New Operative Procedure for the Cure of Bony Ankylosis of the Temporo-Maxillary Joint.** By Dr. HELFERICH (Greifswald). Helferich has presented an eight-year-old girl on whom he operated a year before for a left-sided ankylosis of the jaw. The result of the operation is a perfect one, the child being able to open the mouth without any difficulty.

The operation is new in that an interposition of muscular sub-

stance is made between the separated parts of the joint to prevent them from again adhering. After the resection of a pretty good-sized piece of bone with its periosteum, a flap of the temporal muscle about two fingers broad, and representing the whole thickness of the muscle, the attached end being below is turned down, after resection of the processus zygomaticus. This flap is then interposed between the bones, and fixed at its border by a couple of sutures.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

**III. Further Observations in the Operation for Cleft Palate.** By Dr. JULIUS WOLFF (Berlin). Since the year 1872 Wolff has operated upon 160 cases of cleft palate by staphylorrhaphy. Of these eighty-five were children under six years of age.

Out of thirty-nine cases of children under eighteen months old death resulted in seven cases.

All of thirteen operations in children between one and a half and two and three-quarters years gave good results. Out of these thirteen operations were no deaths, no failures, and no incomplete results.

The remaining 108 cases, among patients ranging from three to fifty-two years, show two deaths. One of these occurred in a child of four years, and the other in one of five, though the fact of the age had nothing to do with the deaths.

The greatest mortality is observed under eighteen months, though these figures are much better than the statistics in general literature. Simon, for example, had two deaths in five operations; and of the three remaining cases one was an entire failure, and two were only partially successful.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

**IV. Rhinoplasty from the Arm.** By Dr. E. KÜSTER (Marburg). The history of the method of rhinoplasty from the arm, invented by the Sicilian surgeon Antonio Branca, in the fifteenth century, presents many pronounced changes. After being practised