

septic phenomena supervened re-opened the abdomen and withdrew 230 grammes of putrid liquid which he had recognized by the vaginal touch, carefully made the toilette of the peritoneum and his patient thus escaped a death which appeared inevitable.

Another surgeon (Netter) advised that when septicity was suspected, that the peritoneum should be freely opened and washed with warm water.

I believe by these examples that you have been made aware of the interest which surgeons have taken *à propos* of these liquids, primary and secondary, and of their dangers to the peritoneum, and the general condition of the patient. Let us now see if there are any means by which their production may be avoided.

Wagner, in a recent work has demonstrated that as a rule we do not sufficiently take into account in the operation in which the abdominal cavity is opened, the intra-abdominal pressure. This pressure which normally is equivalent to some millimetres of mercury, diminishes sensibly during and after the operation. The importance of this pressure is however considerable, for on the one hand it prevents liquids from being effused too easily into the peritoneal cavity, and on the other hand facilitates the resorption of those which might be poured out from the serous membrane. You will see then how useful it is to establish an energetic compression after the operation by means of a thick layer of wadding, and by a well applied cincture of the body. This energetic constriction of the body is always recommended after abdominal operations, principally when one has taken away a voluminous tumour, such as a cyst of the ovary. You will also find, in this practice, a means of preventing the transudation of liquids which takes place from the surface of intra-peritoneal wounds, liquids which may undergo the phenomena of putridity, if, in spite of your care, they become mingled with hurtful substances. To attain the same end, that is to say, to prevent the production or the secondary exhalation of putrescible liquids, you ought in some circumstances to cauterise the wounds or even the pedicles of the tumours which you have taken away either with the hot iron or with the perchloride. The fire substitutes a dry surface for a moist one, and thus prevents the exhalation that you should dread so much.—*Le Prog. Méd.*

TREATMENT OF NÆVI.—W. Martin Coates, F.R.C.S., Eng., has found (*Brit. Med. Jnl.*) the plan of treatment elaborated by the late Mashall Hall, to be safe, painless, and certain, and without scars following. The method is suitable for superficial venous nævi, and consists in causing occlusion of the vessels by deposition of lymph. A cataract needle is introduced about a line from the circumference of the nævus, and passed to the extreme edge of the tumour, it is then withdrawn almost to its point of entrance, and again thrust through the tumour at about a sixteenth of an inch from the previous track. The incisions take a fan-like shape; the needle is to be kept as close to the surface as possible. In a few months a white spot is all that remains of the nævus, there being no cicatrix or depression. The bright scarlet or arterial nævus requires more pronounced treatment; for this purpose a large needle with a blunt flat end was made and pushed through the nævus, tearing through the vessels. The flat end of the needle being kept at right angles to the skin, ecchymosis results, then white spots form in the centre of the nævus, and gradually coalesce, leaving a white mark, but no scar or depression. When the nævus projects more than one sixteenth of an inch, he finds this process does not work. He then injects undiluted tincture of iodine. The needle of a hypodermic syringe containing a sufficient quantity of tincture of iodine is introduced at about a line from the circumference of the tumour, and the point made to reach its centre. The piston is then slowly sent home, the iodine being forced into every part of the growth, which gradually hardens and shrivels away.

A CASE OF CHRONIC LEG ULCER CURED BY AN ATTACK OF PHLEGMONOUS ERYSIPELAS.—B. F. Nicholls, M.D., in the *Phila. Med. Times*, records a case of a woman 72 years of age who had had an ulcer of the leg for 15 years, during which time though it never healed had never been troublesome. On the first of February she was laid up with an attack of erysipelas which assumed a phlegmonous character, numerous abscesses forming and discharging quantities of fetid pus. The erysipelas was treated by iron, quinine, and nourishing diet with some stimulants. As the abscesses began to heal carbolic zinc ointment was freely