

The Treatment of Gangrenous Hernia.

—Chaput (*Archives Générales de Médecine*, May, 1894, p. 523) considers the treatment of gangrenous hernia one of the most complex problems in surgical therapeutics. The prognosis is always grave: whatever the treatment employed there will at all times be an inevitable mortality as a result of generalized infection. Intestinal suture is to be preferred to an artificial anus for a number of reasons. Suture does not expose the patient to the dangers and discomforts of the local condition, and not to the risk of inanition; it affords relief at a single sitting, while the other operation leaves a disgusting infirmity, ultimately necessitating multiple and grave operations. The mortality of the operation for the establishment of an artificial anus is about 28 per cent., and there is no ground to hope that this will be reduced by any technique. The mortality of intestinal suture is from 15 to 20 per cent., and there is ground for believing that these figures will be reduced. The total mortality following the establishment of an artificial anus reaches 80 or 90 per cent., while that from suture is not more than 30 or 40 per cent. The principal improvements in the operation of suture consist in free incision of the constricting tissues from within outward, a sufficient resection of the intestine, including all diseased or suspicious tissues, the employment of an interrupted circular suture, the non-reduction of the loop of intestine, and drainage of the peritoneum. Suture is contra-indicated in case of collapse, of grave peritonitis, or when for other reasons the conditions of operation are not favorable. If the lesions are not extensive it is best to invaginate them and introduce a double row of sutures. If the lesions are extensive, but do not involve the entire circumference of the bowel, one may, if the adjacent tissues are healthy, make a lozenge-shaped excision and unite the free margins as in applying an interrupted circular suture.—*Medical News*.

Chlorinated Lime in Pruritis Ani.—

Berger, of Kremenichug, finds this give brilliant results. He inserts into the anus, about 1 inch deep, a piece of cotton wool soaked in liquor calcis chloratæ, B.P. The plug should be left *in situ* until the appearance of a slight smarting sensation, after which the wool should be removed

and the anal region washed out with the same solution. The parts should be left undried. Pruritus vanishes immediately. On its reappearance the procedure must be repeated. Tumefied tissues rapidly assume normal appearance, while any concomitant eczematous rash of the perineum or scrotum is cured by a few applications.—*Vratch*.

The Treatment of Syphilis Maligna Precox.—

Wickham, in an interesting letter, epitomises some remarks of Professor Fournier at the St. Louis Hospital. According to him the tertiary accidents of syphilis may be met with in any year of the existence of the syphilitic subject dating from the primary chancre. These accidents are most frequent in course of the third year. Statistics indicate that even the second year is very prolific in tertiary phenomena: indeed, more than any except the third. Even in the first they are often met with, and these constitute syphilis maligna precox. These lesions have special characters: so definite are they sometimes that at a glance the diagnosis of early malignant syphilis may be established. Thus the lesions ulcerate and spread rapidly; they are present in large numbers, and disseminated: they necrose deeply and very markedly: they are particularly rebellious to specific treatment, and are accompanied by a very bad condition of the general health. The local management consists in getting completely rid of pus and scabs, cleaning antiseptically with boric acid baths, boric vaseline, or boric compresses. When thoroughly antiseptic the limbs should be surrounded with a wet dressing of boric alcohol water, and on the superficial ones mercurial plaster, changed daily. Internally, if much prostration and anæmia, Fournier avoids mercury for the time, and prescribes tonics. He gives quinine or small doses of iodine in extract of krameria. The food is regulated, milk given to drink, and the urine watched. No iodide of potassium is administered. Fever and insomnia must be combated. Generally by this treatment alone strength is gained, fever disappears or lessens, and prostration is recovered from; indeed, the ulcers may heal in two or three weeks. When improvement is shown, mercury may be tried cautiously.—*Brit. Journ. of Dermatology*.