

THE ANTISEPTIC TREATMENT OF TYPHOID FEVER.—It is not to abort typhoid fever, as Dr. Osler apparently believes, that the antiseptic treatment is employed by the large majority of physicians who have faith in it, but because it inhibits the activity of intestinal germs concerned in fermentation and putrefactive processes and perhaps facilitate the spread of the necrotic process induced by the specific organism. To claim that antiseptics are of no value in typhoid fever because, as Dr. Osler states, they are a failure in cholera, is just as reasonable as would be the assertion that they must be efficacious because quinine, an antiseptic, cures malarial fever. There are few measures or means at the command of the physician that fulfil all the indications, and he who adopts a fad to the exclusion of all other effort, be it in the line of antiseptics or hydrotherapy, fails in his duty toward his typhoid-fever patients.—*Pittsburg Medical Review*.

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OPERATION FOR ATRESIA VAGINÆ.—Mackenrodt (*Centralbl. f. Gyn.*, No. 21, 1896) points out that attempts to keep the artificial vagina open by tampons after operations for this condition are seldom permanently, if even temporarily, successful, and states that he has recently in two cases successfully substituted a vaginal wall by transplantation of flaps obtained in operations for prolapse on otherwise healthy women. The new canal is prepared and plugged with iodoform gauze till its inner surface is covered with healthy granulations, and is then lined either by several single flaps which are kept in position by a tampon, or a lining is formed by sewing a number of flaps together round a Cusco speculum, and introduced with its wounded surface external into the granulating canal, and fixed by a tampon, which in either case is not removed for eight or ten days.—*British Medical Journal*.

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INFLUENCE OF THE VAGUS ON THE SECRETION OF URINE.—Walravens (*Archives Italiennes de Biologie*, xlv., 2) confirms the observation of Masius and others that faradization of the peripheral end of the vagus in the neck arrests the flow of urine. This effect is not, however, obtained if the animal is first atropinized. Hence Walravens considers that the arrest is due simply to the action of the vagus upon the heart and circulation, and not to any vasomotor fibres going from it to the kidney; if these existed, they would not be paralyzed by the small dose of atropine, which obviates the action of the vagus upon the heart. The author holds that all the observed facts may be explained by the variations in the aortic pressure. Stimulation of the central end of the vagus is found usually to increase