

absence of any use for them for so many ages, but actually in spite of very considerable drawbacks to their existence, such as much exist in the friction to which they are exposed.—*Lancet*.

**THE TREATMENT OF REDUCIBLE HERNIÆ BY THE INJECTION OF ALCOHOL.**—Edward Steffen, of Zurich, during the past three years, has treated 326 cases of reducible herniæ by Schwalbe's method, and has published the results in the *Correspondenzblatt für Schweizer, Aerzte*. In most instances the patients were able to continue their work during treatment. After the injection the puncture was cleaned and covered with mercurial collodion. Notwithstanding, in a few cases, sloughing took place; but this acted rather beneficially than otherwise. The number of injections in a single case varied from 6 to 168, the latter extending over a period of two years and a half. A medium-sized rupture in an adult required from 80 to 100 grammes of alcohol. The author used alcohol 70 per cent. in doses of one to four grammes, substituting in exceptional cases extract of oak bark. Latterly he found the addition of phosphoric acid, in the proportion of 1 to 200, advantageous. In thirteen cases the result of the treatment is not known, in twenty-nine a cure was not possible from various causes, such as obesity or size of the rupture; of the remainder, 245 cases are reported cured and nineteen improved. The longest time taken to effect a cure was four years, the shortest one year. Of 257 inguinal herniæ, 216 cases were cured and 16 improved, with 23 relapses. Of 13 femoral herniæ, 9 were cured and 2 improved, with 1 relapse. Of 19 umbilical herniæ, 17 were cured, with no relapse. Of 4 herniæ in the linea alba, 3 were cured, the other improved. It appears that the more recent herniæ and the younger the patient the more favorable the prognosis, and the ambulant treatment, with intervals of three to seven days between the injections, gave better and more lasting results than the treatment in bed with daily injections.—*Lancet*.

**PUERPERAL SEPTICÆMIA FROM MEPHITIC AIR.**—Guéniot (*Bull. de l'Acad. de Méd.*,) read before the Paris Academy of Medicine on March 1st, 1892, a paper on this subject, which raised a very active discussion. It was based on four cases, in which the mothers all recovered after running great peril; the children were all born alive. The house where the patient lived was in each case malodorous. In the first case, the poisonous air arose from an untrapped sink pipe in a dressing room attached to the patient's bedroom. A similar insanitary arrangement existed on each floor. In the second case, a filthy privy on a staircase close to a large library room was the source of infection; the other side of the library. In both these cases the forceps was used with every precaution; Guéniot

had employed instruments repeatedly without any similar accidents. In the remaining cases, no forceps was required; the mephitic air came from a privy in the third, and from a ventilating pipe connected with a cesspool in the fourth. Free carbolised intrauterine injections and other precautions saved the patients. Guéniot declared that mephitic poisoning during pregnancy occurred in the respiratory tract; after pregnancy it entered through raw surfaces contaminated by liquids and solids already infected by the poisoned air. The septicæmia so produced was not of a suppurative type; its chief focus was the uterine cavity, where the septic vibrios met, in fluids holding the products of mephitism, a first-rate cultivating medium. M. Alphonse Guérin, who claimed to have discovered the germ theory of sepsis many years before the modern antiseptic doctrines were first promulgated, and M. Charpentier alike scouted the theory of infection through the lungs. That way of infection only occurred in paludal fevers. Had the mephitic poisoning occurred through the lungs in M. Guéniot's cases the patients would have been taken ill during pregnancy, not after delivery; and M. Guéniot did not explain how it was that the other inhabitants of the houses where the patients lived managed to escape infection. M. Charpentier considered that injections were insufficient, the curette should be used as well, but M. Guéniot maintained that the curette often made these cases worse. The septic symptoms only appeared after delivery because then a far larger dose of the poison was taken into the system than before.—*Br. Med. Jour.*

**THE SUBSEQUENT RESULTS OF SIMPLE RESECTION OF THE SCROTUM AS A TREATMENT FOR VARIOCELE.**—Wickham, in the *Revue Générale de Clinique et de Thérapeutique*, gives the ultimate results of five cases of this operation. In performing it one should resect, from the parts on either side of the raphe, a sufficient quantity of skin, so that the scar will fall in the median line and appear like a normal raphe. The remaining skin supports the testicles, and presses them up against the external abdominal rings. The operation is easy of performance, but care should be taken to excise a sufficient amount of skin, and a special clamp devised for the purpose had better be used. The first case, aged forty four, for several months had pain while walking for any distance. The operation above described was performed, and three years later the scrotum had not enlarged, but was of normal dimensions. The veins appeared normal to the touch, and all pain had disappeared. The second case, a man, aged thirty-eight years, was also found completely cured after a lapse of three years. Case three, aged twenty-nine years, had a long and flaccid scrotum. Two years after the operation there was no pain, and the scrotum