

Surgical Treatment of Pruritus Vulvae.

Tavel (*Rev. de Chir.*) advocates resection of the internal pudic nerve in the treatment of obstinate vaginismus and pruritus of the vulva, and reports two cases in which he applied this treatment with good results. This method of dealing with painful affections of the external genital organs of the female, though first practised by Simpson, of Edinburgh, forty years ago, has not, it seems, been repeated by other surgeons for vaginismus, although it has occasionally been tried for the relief of certain painful forms of chronic urethrocystitis. The author discusses at length the surgical anatomy of the internal pudic nerve and its different branches, and describes his method of operating on this nerve. The external incision on either side of the perineum, which is about four inches in length, is carried directly from before backwards in the middle of the fossa between the tuberosity of the ischium and the outer margin of the anus. The nerve—the course of which is indicated by the pulsations of the accompanying artery—is carefully separated from this vessel and followed backwards to its trunk. The main divisions supplying the muscles of the vulva and the painful area of integument are divided near their origins and the peripheral portions of the nerve twisted and torn away. In this operation care must be taken to avoid the inferior hemorrhoidal nerve and the anal twigs of the deep perineal branch.—*British Medical Journal*

Rheumatism.

Every now and then some one bobs up and extols quinine, black cohosh or wintergreen in the treatment of acute rheumatism, when a long-extended experience by the medical world in general has abundantly illustrated the fact that the salicylates stand far and above all other agents or medicaments for the relief of this affection. And of the salicylates the salicylate of sodium has long had the preference.

If the salicylate of sodium be given to an adult in quantities of from ten to fifteen grains every two or three hours (some recommending as high as one hundred and twenty grains daily), and the patient held under the influence of the drug for a number of days, suffering is greatly curtailed and even almost entirely done away with, and the course of the attack much abbreviated.

This outcome will be observed in the great majority of cases; nothing of even approximate virtue has been advanced; hence it is questionable treatment to ignore these facts and go "beating about the bush" with quinine, black cohosh and wintergreen.—*Clinical Review.*