

only temporary, life being perhaps prolonged for eighteen months or two years. Professor Ruggi gave statistical results of 115 laparotomies, with only eight fatalities—viz., salpingectomy (one death in fifteen cases), supra-vaginal amputation for fibro-myomata (five deaths, twenty-four cases), laparo-hysterotomy for sarcoma (one case fatal), and extirpation of parametric cyst (two cases, one death). He discouraged the use of intra-peritoneal injections of sublimate, attributing one death to its absorption. Battey's operation was advocated by M.M. Clement and Bassini in cases of metrorrhagia and uterine tumours which resisted other measures; but M. Bottini would restrict it to cases of "grave hysteria," asking why, in cases of uterine lesions, since the abdomen must be opened, the uterus itself should not be removed. Trombetta and Durante claimed for electrolysis a superiority in such cases over oophorectomy. M. Postempski analysed twenty cases of laparotomy for the treatment of penetrating wounds of the abdomen; of eighteen in which the intestine or mesentery were injured there were only three deaths, and a case of wound of the liver and one of the bladder also recovered. The same surgeon recorded a successful case of radical cure of a diaphragmatic hernia (the omentum protruding through a wound in the diaphragm) in spite of pneumothorax. M.M. Durante and Trombetta gave details of two cases of extirpation of the cæcum, where chronic perityphlitis had been mistaken for cancer. One case recovered. M. Bassini mentioned a successful case of extirpation of the colon for adenoma. Splenectomy was performed by M. d'Antona on a child of three years, who recovered from the operation, but died from tubercular meningitis five months afterwards. M.M. Fussi and Ceci had also had successful splenectomies. Loretta's operation of dilatation of pyloric stricture has been again twice successfully performed by him. The criticism passed by M.M. Bottini and Putti that the measure could only afford temporary relief, since all strictures return after mechanical dilatation, was met by M. d'Antona, who affirmed that the pylorus could not be compared to the

urethra or œsophagus, but rather to other sphincters which do not contract after dilatation; and M. Poggi stated that in all the instances of Loretta's operation the results were permanent.

SUPPURATION OF THE SALIVARY GLANDS.

An interesting and important contribution has recently been made to the pathology of the remarkable form of inflammation of the salivary glands—most commonly the parotid—which sometimes occurs in the course of specific fevers or septic inflammations in other parts. The association of parotitis with abdominal inflammatory disease is well known. The condition has generally been attributed to metastasis or pyæmic infection; but this is not the conclusion arrived at by A. Hanau (Ziegler's and Nauwerck's *Beitrag*, Bd. iv., Hft. 5) in his paper on "The Origin of Suppurative Inflammation of the Salivary Glands." He describes five cases of the disease, all but one being cases of parotitis, occurring in (1) pneumonia, (2) pyo-salpinx with peritonitis, (3) phthisis with thrush, and (4) a specimen of bilateral "metastatic parotitis" in pyæmia. The fifth case was one of suppuration of the submaxillary glands with perityphlitic abscesses. The histological examination of these specimens showed that the inflammation commenced in the ducts of the gland, and masses of micrococci could be seen mingled with the pus, which filled these ducts and destroyed the gland substance in the more advanced stages. Hence it was inferred that the gland was infected from the mouth, and that its involvement had nothing to do with metastasis from a primary focus elsewhere in the body. The cases are therefore comparable with purulent infiltration of other glands—e.g., pyelonephritis, acne, and mammary abscess in the puerperal state. Further reasons for this view are adduced in the fact that, in some cases—e.g., pneumonia and typhoid—there may be no primary suppurating focus, and also in the presence of septic cocci in the inflamed parotid, whilst the primary disease may