

TREATMENT OF VAGINITIS.—Lutand, *Annals of Gynecology and Pediatrics*, abstracts an article, *Revue Obstétricale Gynécologique*, in which the author urges a careful distinction to be made between the acute and chronic stages of the affection, although very little difference exists in the treatment of the simpler and specific forms of the disease.

In the acute stage the speculum should be avoided, the patient kept as quiet as possible, and walking, coitus, and all physical exercise forbidden. Esmarch's douche with two litres of a 1-per-cent. solution of boric acid should be injected about every six hours. Emollient injections, such as starch, flax-seed, or decoction of poppy-heads, are also useful.

In cases of severe pain a suppository of opium may be given at bedtime. Bladder symptoms are relieved by poultices sprinkled with laudanum; bromides, emollient drinks, and alkaline diuretics are prescribed.

Wine is not to be used, but weak tea may be drunk.

For the chronic stage the following injections are recommended to be used three times daily:

R—Acidi carbolici, gms. v.
 Alcoholis, gms. x.
 Ess. thym., gtt. xx.—M.
 Sig.—For two quarts of water.

R—Hydrarg. bichloridi, . . . ctgms. xv.
 Acidi tartarici, gm. j.—M.
 Sig.—For two litres of water.

R—Potass. permangan., . . . gms. x.
 Aquæ dest., gms. cc.—M.

Sig.—A tablespoonful for two quarts of water.

This last injection is the best remedy for gonorrhœal vaginitis, but it soils linen.

In rebellious cases or when it is necessary to act rapidly, a speculum is introduced and the vagina is painted with a solution of silver nitrate (two grammes in thirty grammes of water).

Before withdrawing the speculum, a large tampon saturated with the following is introduced:

R—Acidi tannici, gms. ij.
 Cocain. hydrochlor., . . . ctgms. x.
 Glycerini, gms. cxx.—M.

This tampon should be left in position two days.

Separation of the walls of the vagina by the introduction of tampons of iodoform or salol gauze hastens the cure of every case.

TORSION FOR RECTAL INCONTINENCE.—A recent paper of Dr. Gerster on this subject, *Boston Med. and Surg. Jour.*, is interesting, as furnishing additional information respecting the method reported by Gersuny, of Vienna, for the treatment of rectal incontinence described in detail in a previous report. The incontinence may be due to congenital absence of the sphincter ani, to paralysis of sphincter from spinal lesions, or surgical injuries due to traumatism or operation. Gerster has used torsion with success to relieve incontinence. He rotates the free end of the gut around its own axis so as to arrange the folds of mucous membrane in spirals. The twisted gut is then sutured to the edges of the external wound. The amount of torsion is gauged by the amount of resistance felt by the index finger on introduction. He did not in two cases make more than one complete twist, but more than one revolution might be required when the freed end of the rectum was long, that is, when five to six inches had been excised and the end drawn down. If not twisted at once, the operation of torsion must be delayed till the rectum is fixed in a mass of granulations to the surrounding soft parts. It is then dissected clear for two or three inches, and twisted till the necessary resistance is obtained. Which method is preferable is not yet known. Gerster has never performed torsion immediately after extirpation, only after dissecting out the rectum, the proximal end when the dissection ended being fixed firmly when torsion was made.

THE TREATMENT OF THE URIC ACID DIATHESIS.—Dr. John F. Barbour. *Am. Therap.*, points out the chemistry and physiology of this condition, quoting from well-known writers upon the subject. The relations of this condition to gout, articular rheumatism, migraine, and cutaneous affections on the one hand, and to certain nervous diseases on the other, as neurasthenia, hysteria, epilepsy, hereditary forms of insanity, general paresis, locomotor ataxia, and the pathology as shown in the kidneys, blood-vessels, and the nervous system, are carefully presented. In the acute attack, piperazine seems to give the speediest results, and of the use of this