

From calorimetric examination he convinced himself that the elevation of temperature was coincident with a diminution in heat radiation. Antipyretics increased this radiation to a greater degree than did cold water. He also found that the number of red cells and the blood-plasma were not modified during fever. His researches show the importance of vasomotor phenomena in fever, but do not explain the process. It seems, however, that toxic agents act upon the vasomotor nervous system, upon which depend the thermogenic process and heat radiation,—a view already advanced by Billroth.—*Internationale klin. Rundschau*, March 25, 1894.

TREATMENT OF LARYNGEAL PHTHISIS.—Dr. Hajek presented a patient with laryngeal tuberculosis upon whom he had tried a new treatment. The infiltration of the epiglottis was so great that the man could no longer swallow. Dr. Hajek removed the entire epiglottis by means of a galvano-caustic loop, and treated the wound with lactic acid. Four weeks later the patient was able to swallow with ease. Since then he had cured one of the vocal cords, which was ulcerated. This was also dressed with lactic acid and healed readily. It is now one year since the epiglottis was extirpated, and the cure is maintained. The patient has increased in weight 19 kilogrammes (38 pounds), proving that his general condition is better. Dr. Hajek stated that he had already extirpated the epiglottis of three patients. The operation is easy, and there is no great danger of hæmorrhage. It is indicated in cases of infiltration or circumscribed tumors. The case proves, besides, in his opinion, that the prognosis of laryngeal phthisis is not so grave as one would suppose.—*La Semaine Médicale*, March 14, 1894.

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RESECTION OF THE INTESTINE.—Herr J. Israel showed a woman, aged 85 years, upon whom he had operated for carcinoma of the transverse colon twenty months previously. For twenty years she had suffered from intestinal obstruction, which for two years previous to operation had become habitual. Left iliac colotomy was performed, and one year later she returned to hospital, with prolapse of the upper portion of the intestine. In this prolapsed portion hard carcinomatous masses could be felt. These were resected and were found to have their seat on the surface of the transverse colon. Several months later, after assuring himself that the intestine was permeable throughout, Herr Israel sutured the two ends and closed the artificial anus.

Herr Hahn remarked, in the discussion, that elderly women seemed to bear such operations remarkably well. He had operated upon a

woman of 70 years, who suffered from intestinal occlusion, and who recovered without incident.

Herr Rotter stated that it is not his practice to establish an artificial anus in the iliac region except when the carcinoma is situated in the rectum. If it is impossible to discover the exact location he practices laparotomy, having in this way cured three patients whose condition was desperate. In one of these the tumor was at the left bend of the colon and was inoperable. He made an astomosis between the ascending and transverse colon. The patient supported the operation well, dying several months later from carcinomatous cachexia.

Herr Israel agreed with Herr Rotter, but believed that the patients would oppose his methods, as an artificial anus was a source of great relief to them.—*Universal Medical Journal*.

Progress of Science.

OUTERBRIDGE'S OPERATION FOR HEMORRHOIDS.

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[Written for *Matthews' Medical Quarterly*.]

In a recent number of the *Provincial Medical Journal* (Matthews' Medical Quarterly, Vol. I, page 326), Robert Jones, of Liverpool, published "a simple method of treating the wound after excising hemorrhoids," and then says he "does not intend to use the cautery again."

Believing that simplicity in operative technique is the *sine qua non* to success, Dr. Outerbridge, since 1888, has given up the use of the ligature, clamp and cautery, etc., and pursued the following plan for the cure of hemorrhoids. His experience with this operation numbers from one hundred and twenty-five to one hundred and fifty cases of all degrees, varying from the simple external "tab" to the most severe case of internal hemorrhoids, with prolapsus of the whole "hemorrhoidal inch." As a part of the general physical examination in every case which comes under his care, Dr. Outerbridge makes it a rule to explore the anal region. Later, when the patient is anesthetized, after having completed any other surgical procedure which the condition of the patient may call for, he rectifies the condition at the anus at one and the same séance.

The preparation of the patient (and this rule holds good in all cases for operation) consists of (1) the administration of a laxative on the second night preceding the day of operation,