

in the lumbar than in the iliac region, and had appeared to be perinephritic. The speaker could not detect fluctuation, although one distinguished surgeon, who also examined the case, had been positive that he detected it. Operation had been advised, and about a week later, when it was about to be performed, no tumor could be found, although there was still considerable tenderness in the right iliac region. The man's general condition had seemed to indicate so clearly the existence of some pus formation that the lumbar incision had been made, and the region of the cæcum explored with the finger. No trace of inflammation could be found, so the wound had been drained. On dressing the wound three days later, the drainage tube had been found to be filled with extremely thick, foetid pus. There had evidently been a collection of pus deep down in the cæcal region. Two days after this he had said that he had felt a passage of gas through the tube under the dressings, and two days after this, after an enema of about a quart of soap and water, a considerable quantity of this had come through the drainage-tube. The speaker had advised the administration of another injection containing some coloring matter, but, before this could be done, some faecal matter had escaped through the wound, thus proving the existence of a perforation. During the past ten days there had been no discharge of faecal matter, and the pus was quite scanty. The drainage-tube had not been disturbed, the bowels were moving regularly, there was no elevation of temperature, and the patient's general condition was rapidly improving. The perforation must have occurred at the time of the collapse, but the general peritoneal cavity had escaped. The peculiar features connected with the tumor might be explained on the supposition that in consequence of the local irritation there might have been sufficient oedema of the cellular tissue to lead to the error regarding the existence of fluctuation.—*N. Y. Med. Jour.*

OPIUM ENEMATA IN THREATENED ABORTION.

—In the *Gazeta Lekarska*, No. 33, 1891, p. 657, Dr. Feliks Arnstein, of Kutno, Russian Poland, maintains that in cases of threatened abortion the practitioner is justified in accelerating and

terminating the process only when the interruption of gestation is induced by death of the fetus. "In all other cases," he says, "be the uterine pains of short or long standing, weak or strong; be flooding absent or present, scanty or profuse; be the cervix softened or not, and the os closed or widely gaping—in all alike treatment must consist in adopting all possible measures for retaining the ovum in the womb and arresting its threatened expulsion therefrom." As far as the writer's personal experience goes, the best way to accomplish this is the persevering administration of opium per rectum. As much as fifteen drops of simple tincture of opium, *Ph. Ross.* (containing one in ten of the drug), with two tablespoonfuls of lukewarm water, should be injected into the bowel every hour, the patient lying quietly in bed and taking occasionally some acid drink. Leaving out of consideration cases in which complete detachment of the ovum has already taken place, the treatment is said to be followed by the best possible results: "the uterine pains steadily and fairly quickly become less intense and less frequent, and ultimately cease altogether; hemorrhage becomes less and disappears; in some (occasionally twenty) hours the os is found to have contracted and the ovum to have receded." The author relates a case in which a fairly advanced abortion was controlled by the injection of 45 drops of the opium tincture. In some cases, however, the total quantity required for the purpose may amount to 80 or even 100 drops. Pregnant women are thought to tolerate opium much better than other persons, the toxic effects being usually limited to a heavy feeling about the head and drowsiness, which disappear in a day or so.—*British Medical Journal.*

ON THE LOCAL TREATMENT OF STRANGULATED HERNIA BY ETHER.—Dr. Finkelstein gave in 1882, from his own practice, 63 cases of strangulated hernia. Of these, five yielded to taxis. In 58 he employed "local etherization," taxis having failed, and of these 58 cases 54 proved successful. Of the four unsuccessful cases two underwent surgical operations and two died refusing operative treatment. The method is simplicity itself. The patient is placed on his back, with the hips slightly raised and legs flexed, and then every ten minutes or a quarter of an