

cervix. The labia are then occluded, so that the fluid may distend the vagina and obliterate all the rugæ, and reach even into the interior of the os, detaching and washing away the mucus accumulated there. From one to two litres of the solution is used for each irrigation. Immediately after the placenta is detached another irrigation is administered, which is repeated regularly during the first few days of the puerperal period.—*Lancet*.

POTATOES AS A SUBSTITUTE FOR LAPAROTOMY.—At a meeting of the Imperial Society of Physicians in Vienna, Dr. Salzer reported a communication from Dr. Cameron, of Glasgow, upon the "potato cure" first recommended by the Scotch observer. Dr. Cameron has used this plan of treatment in several cases of ingestion of large foreign bodies with gratifying success. Salzer has also had an opportunity to try the potato cure in the case of a boy who had swallowed a brass weight of twenty grammes. Potatoes were fed to the child, cooked in a variety of manners, so as to encourage his appetite. He took them willingly. After five days the brass weight was compelled to retreat, overwhelmed by the constant accessions of reinforcements from above, and passed out, leaving the potatoes in possession of the field. In the same manner he treated the ingestion of a set of artificial teeth, while in another case a scarf pin proved no match for its farinaceous antagonist. Dr. Salzer believes that this form of treatment will subserve a useful purpose in many cases in which, up to now, gastrotomy appeared to be the only form of relief available. He also advised the members to place no trust in sauer kraut, which has been recommended for the same purpose. Dr. Hoehenegg related the case of a boy who had swallowed a nail six ctm. long in 1884, and had been treated by gastrotomy. He had swallowed a similar nail two years later, when the potato cure had proved successful. Dr. Billroth spoke of the difficulty which exists in the removal of foreign bodies by laparotomy, and was strongly in favor of the potato cure.—*International Journal of Surgery*.

PUERPERAL FEVER—PROLAPSE OF THE VAGINA.—(Notes on Clinic, March 13th).—The first case

was a patient convalescent from puerperal fever. Dr. Hunter found her moribund with high fever and almost pulseless. He said the first and the chief thing to do in these cases is to wash out the uterus, and to do this an antiseptic solution should be used in a Davidson syringe, not a fountain syringe. The latter may fail to give the required force, and the membranes, clots, or whatever may be the cause of the fever, will not be brought away. The next patient was a woman forty-two years of age, married twenty years, five children and two miscarriages, the last being three years ago. She had hernia of the vaginal walls with some prolapse of the uterus, the cervix being visible at the vulva. Alexander's operation of shortening the round ligaments, supplemented with restoration of the perineum, would have been the proper treatment. This was impossible, as the woman could not spare the time necessary, so the pessary was used. It worked admirably. A large stem pessary with an open shallow bowl was used, and it kept the parts in place, giving great comfort. This the woman takes out every night and replaces it in the morning, so that visits to the hospital are rarely necessary. Formerly she was much troubled with cystitis, but the pessary entirely cured this. A chronic cough sometimes defeats the surgeon in the attempt to use these single stem pessaries, but if a double stem is used instead no amount of coughing or straining will displace it. In remarking upon the operation for ovariectomy and the tendency of hernia to follow it, Dr. Hunter said that if the peritoneum, fascia, muscle and integument are brought separately together, a strong wall ought to be obtained. Don't make too large an opening. One that is an inch and a half long is sufficiently large. He believes with Spencer Wells that the mortality of the operation depends a great deal on the length of the wound. The peritoneum is more sensitive and more liable to inflame the higher up it is disturbed. He sews the peritoneum and fascia with interrupted catgut sutures, and the muscle and integument with silk.—JAMES B. HUNTER, M.D., in *International Journal of Surgery*.

TREATMENT OF GANGRENOUS HERNIA.—Dr. Ferdinand Klaussner (*Münchener medicin-*