HYDROGEN PEROXIDE AS A THERAPEUTIC AND DIAGNOSTIC AGENT.

From a large experience with this drug, Stuver (*Therap. Gazette*, March, 1892) draws the following conclusions :—(1) A reliable solution of hydrogen peroxide is an efficient and safe germicide ; (2) by its oxidizing power it rapidly decomposes pus, diphtheritic membranes and other pathological decayed deposits and effusions ; (3) it is an excellent deodorizer, and a non-irritating cleansing agent for foul wounds, abscesses, etc. ; (4) it is a valuable diagnostic agent in determining the presence of pus, for, when injected into a part in which suppuration is suspected, it will indicate pus if present by causing almost immediate tumefaction. When employing the drug in this way the surgeon must be prepared at once to use the knife should his suspicions prove correct, as thereby pain will be avoided. A number of suppurating buboes treated by the author did admirably under this method.—*Current Medical Literature.*

PERICÆCAL ABSCESS.

Mr. Edmund Owen operated on a young man, æt. 18, who had just been admitted into the hospital under Dr. Broadbent for an obscure abdominal affection. The history was that the patient had suffered from "inflammation of the bowels" last June, and that he was again in trouble in August with hypogastric and vesical pains ; also that, being a plumber, he had been treated, according to his account, for lead colic. He looked very ill, and complained of piercing pain in the right inguinal region ; temperature 102° F. As he lay on the table, Mr. Owen pointed out in the right iliac, hypogastric, and also in the right lumbar region, a great hardness and fullness, which felt as solid as a sarcoma, but its extreme tenderness suggested the swelling being of an inflammatory nature. Mr. Owen gave it as his opinion that the source of the trouble was perforation of the vermiform appendix. He made a free incision over the most prominent part of the tumor, which was about 2 in. to the inner side of the front of the iliac crest, and having traversed the abdominal wall, called attention to the fact that the muscles were so sodden with inflammatory effusion as to be about 2 in. thick, and that this apparently constituted the chief part of the hardness and swelling. Having cut a little deeper still, he came upon two encysted abscesses, which, to the onlooker, seemed to be very deeply placed in the iliac fossa. He remarked that all the tissues were so matted and sodden as to be incapable of recognition, and that he should be content with washing them over with hot iodine water, and draining them. He said that inquisitorial handling was not only uncalled for, but that it might lead to the inflammatory bounds of the suppurating cavity being broken down and to the general peritoneal cavity being implicated. Dr. Broadbent said that he was entirely satisfied with the procedure, also that his opinion had been that pus was lurking in the neighborhood of the appendix, and that unless an outlet were surgically provided for it through the thickened tissues, there was a great risk of its promptly finding an escape into the peritoneal cavity. It is satisfactory to state that, as the result of the operation, the patient's temperature has fallen more than two degrees, and that he has greatly improved in every respect.—*Med. Press.*

THE SURGICAL TREATMENT OF UTERINE CANCER.

The impunity with which large operations can now be done by careful surgeons is, doubtless, the cause of the tendency complained of that they, or some of them, too readily have recourse to extensive mutilations when the relief of the patient might be obtained by less drastic and less dangerous measures. This is especially the case in respect of the surgery of the uterus, and at the last meeting of the Royal Medical & Chirurgical Society, a protest was entered against the wholesale recourse to hysterectomy, for which certain Continental, more particularly German, surgeons have become notorious. Cancer of the uterus may be roughly divided into two classes, according as the disease attacks the body or the cervix. Not even the most conservative surgeon would be disposed to question the propriety of total extirpation in the former, and the battle is being waged over the course to advise in the treatment of cases in which the disease appears to be limited to the cervix. For purposes of discussion a further division is necessary, because the disease may start either in the vaginal portion of the cervix or from the cervical canal, attacking the tissue of the cervix proper. The distinction is important, because, while in cancer of the vaginal portion of the cervix the diagnosis is easy, and can be made early in the case, owing to the part being within easy reach and readily accessible to inspection and operation, the diagnosis in the latter must remain for some time a matter of inference. Hence, by the time the symptoms justify recourse to operative procedures, the malady has had time to infiltrate the neighboring tissues. It may be remarked that the tendency of cancer in this situation is to spread laterally, and when it is found to have reached the level of the internal os, or the body of the uterus, there is reason to suspect that the disease lower down has advanced beyond the reach of treatment. In this class of cases, therefore, nothing short o total extirpation would seem to hold out hope