

testicles upwards, and seizes with a long pair of forceps a fold of scrotum containing the plexus of the spermatic veins. Deep sutures are passed immediately in front of the forceps and fixed by leaden tubes; a row of superficial sutures is then placed a little nearer the edge of the fold, which is afterwards excised. The superficial sutures are tied, and an antiseptic dressing is applied to the wound. M. Horteloup has performed this operation in eighteen cases without any serious accident, and expresses himself much pleased with the ultimate results—*London Med. Record*, April.

**DIAGNOSIS OF GONORRHOEA IN THE FEMALE.**—Martineau, at a recent meeting of the Paris Obstetrical and Gynecological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litmus paper as to whether a woman is or is not suffering from gonorrhoeal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhoea, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Med. News*.

**ACUTE ABSCESS.**—Prof. S. W. Gross says it is a mistake to apply a poultice to an abscess after its contents have been evacuated. The endeavor should be to prevent and not encourage the formation of pus. To do this the cavity of the abscess should be syringed out with a 1 to 1000 solution of mercuric bichloride, and the walls brought together by compresses and bandage, and union allowed to take place by granulation. If the abscess be of large size a drainage tube should be left in for a couple of days until the serous oozing has been reduced to a minimum. The tube should then be taken out and the walls brought close together. If the healing process be delayed by the development of flabby oedematous granulations they can be stimulated to healthy action by the injection of a three per cent. solution of carbolic acid or the application of chloride of zinc gr. iij., aqua ℥j.—*Med. Bulletin*.

**TREATMENT OF SPERMATORRHOEA.**—Dr. Nowatschek reports in *Schmid's Fahrucker*, January, 1881, a case of spermatorrhoea consequent on typhoid fever, the diagnosis resting on the presence of spermatozoa in the fluid which was constantly oozing from the urethra. Iron, quinia, and cold applications to the genitals were tried in succession with some success, but a cure was not accomplished. Lupulin, camphor, and bromide of potassium were

without effect. Atropia was then employed, and the patient was completely cured in five days. The author cites a second case where he was equally successful with the hypodermic injection in the perineum of a one per-cent. solution of atropia.—*Four. de Med. de Paris*.

**ANTIPYRIN.**—This new antipyretic, is now advanced to the position occupied by quinine, salicylic acid, etc. Dr. A. C. Girard, assistant-surgeon in the U. S. Army, in the *Medical News*, speaks very positively in regard to its usefulness as an antipyretic. He says it reduces the temperature without evil concomitant; the fall of temperature begins one or two hours after ingestion of the remedy, and its effects last from seven to twelve hours. It does not seem to shorten the disease for which it is given, but surely lowers the temperature, and thus prevents the rapid waste consequent upon the high temperature. The dose advised is from fifteen to thirty grains, or even more.

**A METHOD OF TREATING PRURITIS ANI.**—A correspondent of the "*British Medical Journal*" suggests the following plan of treating this distressing affection: Wash the external parts well with warm water, and inject a small amount of water into the rectum. Then introduce a ball of cotton saturated with a lotion consisting of:

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| Carbolic acid.....           | 20 grains; |
| Laudanum.....                | 4 drachms; |
| Dilute hydrocyanic acid..... | 2 "        |
| Glycerin.....                | 4 "        |
| Water, enough to make.....   | 4 ounces.  |

The pledget should be removed before defecation, and a fresh one introduced after the act.—*N. Y. Med. Journal*.

**RAPID BLISTER.**—It is sometimes desirable to produce a small blister quickly. For this purpose nothing is better than concentrated water of ammonia (*aqua ammonie fortior*). Put a few drops of it in a watch crystal, or any receptacle of the sort, cover it with a pledget of absorbent cotton, invert on the spot to be blistered, and press closely. In half a minute or so a red circle will appear on the skin around the edges of the confining vessel. It is an evidence that vesication has taken place, and the blistering material can be removed. The blister should be treated in the same manner as one obtained from cantharides.—*Southern Clinic*.

**COD-LIVER OIL AND LIME-WATER IN SCALDS OF THE THROAT.**—Palmer ("*Practitioner*"), referring to the frequency with which young children are scalded by drinking from the spout of a teakettle, speaks highly of the therapeutical value of teaspoonful doses of lime-water and cod-liver oil (equal parts). In a severe case treated by him the patient received a teaspoonful of this novel "car-