

Chrysarobin, gr. xij.
 Iodoform, gr. ivss.
 Extract belladonna, gr. ix.
 Vaseline (albolene), 3 ss.

Bromide of Strontium in Epilepsy.—M. Deny stated at the third Congress of Mental Medicine, Aug. 5, that he had treated seven epileptic patients from Dec. 1, 1891, to July 1, 1892, with the bromide of strontium. During this period these seven patients had 246 attacks; during the corresponding period of the year 1890-91, when they were taking the bromide of potassium, they had 331, a difference of 85 paroxysms less for the bromide of strontium. The doses were the same for both periods. Bromism was never noted. [In ordering strontium salts from the druggist, care must be taken to see that the commercial article, which contains barium, is not furnished; McKesson & Robbins, New York, prepare a chemically pure solution of both the bromide and lactate of strontium].

Preservation of Catheters, Etc.—Dr. Lanelongue makes use of metallic mercury for preserving in an aseptic condition catheters and other instruments of hard and soft rubber. These articles are placed in suitable glass vessels, sterilized, and provided with tightly fitting stoppers; at the bottom of these vessels, rolls of flannel impregnated with quick-silver are placed. The vaporization of the mercury preserves the instruments in a perfectly aseptic condition. This has been demonstrated by bacteriological examinations. As a lubricant M. Lanelongue uses sterilized olive oil kept in tightly closed bottles, at the bottom of which is placed a quantity of metallic mercury. The depth of the oil should not be over two and a half inches. Since employing this method the author has never noted any infection after the use of the instruments so protected, nor the least irritation following catheterization.

PHANTOM TUMORS OF THE ABDOMEN.

By DR. THIRIAR, BRUSSELS.

In a very interesting article the author discusses the error, frequently committed even by surgeons of great merit, which consists in finding in the abdomen a tumor which does not exist. Cases, in fact, in which the abdomen has absolutely the form which it presents when occupied by a cyst or a fœtus of six to nine months.

We get the sensation of a round not dented convex tumor preventing the depression of the abdominal wall; the patient presents besides some nervous symptoms. Now, when chloroform is given to complete insensibility all this disappears, the cyst has ceased to exist. But

on awakening all is reproduced, and the condition becomes exactly what it was before.

Sometimes even without the use of chloroform phantom tumors may be made to disappear. Dr. Thiriar reports that, getting ready to test the sensibility in a woman having all the appearances of an ovarian cyst by means of a bistoury, the patient, believing he was about to operate without other preparation, bounded up from the bed terrified, and when again examined the tumor had completely disappeared, and has not been reproduced since.

It is difficult to explain the production of these false tumors; there are two causes present: an accentuated tympanism sufficient to give a certain volume to the abdomen on one hand, a localized contraction of the abdominal muscles on the other hand. It is when these two phenomena are associated together that the resemblance to an ovarian cyst becomes completed. But that contracture may sometimes be voluntary, sometimes involuntary, and in the last case it is frequently of a reflex and secondary nature.

The author believes that a fear of an abdominal tumor or of a pregnancy may cause little by little the contraction of certain groups of abdominal muscles, until the enlargement of the woman's stomach confirms in appearance her apprehensions. It is a sort of auto-suggestion. But these phenomena may be also of a reflex or secondary order; and search should be made for the original cause, in a state of irritation of the sexual organs, in various pathological conditions of the uterus or of the annexes, in an alteration of the peritoneum or in an affection of the intestinal tube, resulting in tympanism and irritation of the intestine.

In some cases it is exceedingly difficult to diagnose between generalized ascites and ovarian cyst. Dr. Thiriar had two cases in which the diagnosis could not be made except under chloroform, cases the more interesting in that laparotomy was performed, and the peritoneum, filled with tuberculous nodosities, washed out with carbolic acid. After this operation the two patients were completely cured.

The conclusion from these facts is that, even when we have established all the signs, of an ovarian cyst in a woman, there is always place for the question as to the real existence of an abdominal tumor. If there be the least doubt, chloroform should be used. But it may be said also that, in certain cases, very exceptional it is true, in very nervous patients, subject to very strong contractures which exaggerate the symptoms of the tumor, the chloroform may cause the disappearance of all signs of a really existing tumor. The author has seen a case of this kind, in which, after chloroformization, nothing was found except a slight puffiness, without any positive signs of a cyst. An operation two months later resulted in a quite large tumor.