

progress about a year, and presented the characters of an epithelioma. Some misgivings, however, were expressed about the precise diagnosis, inasmuch as the ulceration was not of that foul nature such as usually occurs in connection with malignant disease. No improvement having followed the treatment adopted after a trial of a fortnight, it was decided to amputate the tongue. This was successfully performed, and on examination of the organ subsequently, the disease was found to be trichinosis, ulceration of the thickened tissue around the cysts having taken place.—*Medical Press.*

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Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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DRAINAGE IN SALPINGITIS AND PERITONITIS.

No subject, in recent years, has attracted more attention than the treatment of the diseases of the uterine appendages. Our knowledge of the condition of things in periuterine inflammations is much more exact than it was a few years ago. It is now generally admitted that pelvic cellulitis, as formerly understood, is comparatively rare. Some go so far as to deny its existence, except in a very small proportion of cases in which it occurs after parturition. Without discussing any debatable points connected with this subject, we have to recognize the fact that, in a large number of women invalidated through pelvic inflammations, the Fallopian tubes have been converted into abscesses. Lawson Tait, and a number of his co-workers in abdominal surgery, tell us that nothing short of the complete removal of the uterine appendages, under such circumstances,

will effect a cure. We never had any sympathy with the craze which impelled many to remove all sorts and conditions of tubes and ovaries for simple pelvic pains and backaches; but we believe the removal of pus tubes is perfectly justifiable, and, in a large proportion of cases, the only procedure that is likely to effect any permanent good.

This operation, however, involves so sad a mutilation that many are quite unable to grow enthusiastic over it. Among the most conservative of modern gynecologists is Dr. W. M. Polk, of New York, who has uttered many words of wisdom on this subject during the last few years. In an article published in the *New York Journal of Gynecology and Obstetrics*, May, 1892, he refers to his method of treating such cases by means of drainage, with gauze packing. He admits that nothing but the removal of the appendages will relieve the symptoms in many cases. He considers that our knowledge is not as yet sufficient to enable us to decide in any particular case that the radical operation is necessary, and makes it a rule always to try certain less radical methods first.

His routine treatment includes rest, saline purgatives, hot water douches, and glycerinized tampons for a certain time, the length of which will largely depend on the amount of periuterine tenderness. After the completion of this *old-fashioned* line of treatment, he proceeds to pack the uterus with gauze. This he considers an *operation* involving certain risks if not carefully performed with the strictest antiseptic precautions. His directions epitomized are as follows: Cleanse the vulva, the vagina, and the cervical canal as for hysterectomy; dilate the cervix; introduce a cervical speculum having an inside diameter of five-sixteenths of an inch; irrigate interior of uterus; use sharp curette over the whole of the interior of uterus; irrigate again; pass a strip of iodoform gauze, which has been previously soaked in a bichloride solution and then rinsed in hot water, into the uterus with a Sims tampon screw, filling the cavity completely; bring the end of the strip out into the vagina and coil it up against the cervix; place a second piece of gauze loosely in the vagina. An anæsthetic is necessary in the majority of cases (in not less than 75 per cent.). The full details will be found in the February