

of treatment. When the sarcoma has become generalized, as shown by the presence of distinct metastases the prognosis is naturally much more grave, and formerly he advised against the use of the toxins. There have been certain reported cases and some in his own experience, which have shown wonderful improvement, so that now he holds that no case is so desperate as not be worthy of a trial of the treatment. He has, however, had no permanent success in cases of extensive generalization or in melanotic sarcoma.

JOHN H. GIBBON, M.D.—The treatment of Diffuse and General Peritonitis, with Special Reference to the Murphy Method. *New York Medical Journal*, April 7, 1906.

The treatment of general peritonitis is probably one of the most discussed subjects in surgery at the present time. On one extreme we have Ochsner who does nothing in the way of operative interference, on the other we have Price, who thoroughly irrigates the entire peritoneum. Occupying a position between these two extremes we have what is now known as Murphy's treatment which consists essentially of opening the abdomen at once, looking for and removing the cause of the inflammation, and thoroughly draining the abdominal cavity with the least possible disturbance of the viscera. And along with this we have the best operative treatment which consists in elevating the patient's thorax to at least thirty-five degrees (Powler's posture) and the administration of a quart of salt solution every two hours per rectum to aid drainage, overcome shock and aid elimination. The writer reports eight cases of general peritonitis so treated. Six cases were caused by the appendix, one by typhoid perforation, and one by perforated gastric ulcer. The typhoid died, the parents refusing operation until thirty hours had elapsed. The gastric case was operated upon four hours after perforation and recovered. There were six cases due to appendix, with two deaths. Of these one had septic thrombosis of the meso appendix and gave every prospect of recovering up to the fifth day when he developed symptoms of pulmonary embolism. No post-mortem was allowed. The other was profoundly septic and died twelve hours after operation.

The writer prefers gauze to rubber tube for drainage, but gives no reasons for his preference.

EDMUND OWEN, F.R.C.S.—"Reducible Inguinal Hernia in Boyhood." *The Practitioner*, March 1906.

We have presented to us in a most charming manner a general consideration of this subject. The contrast between the South Sea Island