

VOMITING IN CHLOROFORM ANÆSTHESIA.

Passet (*Munch. med. Woch.*, June 7th, 1892) says that the chloroform vapor acting on the mucous membrane of the mouth produces a flow of saliva. This saliva is swallowed, and a certain part of the chloroform is thus conveyed into the stomach. The gastric mucous membrane is in this way irritated, and vomiting is set up. This increased flow of saliva at the beginning of the administration may be seen in animals, especially in cats, as well as in the human subject. For some time after the anæsthesia chloroform is exhaled with the breath, and even this may irritate the mucous membrane of the mouth in the same way, and with the same result. The action of chloroform upon the stomach varies in different individuals. The author adds that the only rational way of preventing the vomiting is to avoid the swallowing of chloroform, and that this may be done more easily than might appear by directing the patient to spit out the abundantly secreted saliva.—*Current Medical Literature.*

ACUTE MERCURIAL POISONING.

In the *Berl. klin. Woch.*, June 20th, 1892, Sackur relates the following case: A girl, aged 20, sprained her wrist. A few days later lymphangitis apparently supervened, for which mercurial ointment was applied and rubbed into some cracks on the hand. An hour after the inunction the patient felt ill, fainted and vomited. On admission the same evening, there was much swelling of the hand and of the arm on its dorsal aspect. An incision was at once made into the brawny and grey colored tissues. The next day, January 16th, there was vomiting with tenesmus and slight albuminuria. Cultivation experiments were negative. On January 17th the vomiting was less frequent, but there was anuria. The stools were blood-stained, and the condition very like that of dysentery. There was no fever. On January 18th, severe hæmatemesis occurred. Diarrhœa with stools of almost pure blood and anuria continued. On January 19th, there was gangrenous gingivitis and glossitis, with moderate salivation. The prostration was great but the mind remained clear. The following day there was a feeling of weight, and then paralysis in the extremities, and the patient died. There were small hæmorrhages and superficial sloughs in the mucous membrane of the lower part of the small intestine and the characteristic appearance of severe dysentery in the large. In the kidneys there were well marked necrotic changes in the epithelium, especially of the convoluted tubes. In the absence of a clear history, the diagnosis from sepsis was at first difficult, but there was no pyrexia or splenic enlargement, and the results of cultivation were negative. The amount of

ointment used was small, but, as has often been pointed out, the broken skin must be taken into account. The author then refers to three recorded cases of fatal mercurial poisoning, in two of which the mercurial application was made for pediculi capitis, and in the third inunction for syphilis. A certain idiosyncrasy must be present. Kaufmann says that nephritis, septicæmia and anæmia are contra-indications to the use of mercury. Marked anæmia and commencing septic processes were present in the case recorded here, and the author would attribute the rapidly fatal issue of the poisoning in this instance to these two conditions, and more especially to the former.—*Current Medical Literature.*

VAGINAL INCISION FOR PELVIC SUPPURATION.

Routier (*Rev. de Chir.*, May, 1892) read a paper at the recent meeting of the Congrès Français de Chirurgie, in which he condemned the too free removal of the uterine appendages so much in vogue in cases of pelvic suppuration. Still more did he object to vaginal hysterectomy for the same affection. This operation, done by *morcellement*, maimed the patient at once, and left her life for hours at the mercy of pressure forceps. Routier has long been accustomed to open Douglas's pouch and to drain through the vagina in cases of collections of pus or blood in the pouch. He finds that the appendages can readily be explored through the incision made in the posterior vaginal fornix. He has often practised this method of exploration, and found that in many cases the simple incision suffices; sometimes abdominal section is needed after all; and lastly, vaginal hysterectomy may prove the more advisable operation. In that case, Routier does not perform *morcellement*, but bisects the uterus by a median antero-posterior incision, removing each half separately. By this method there is little danger of serious hæmorrhage. Each half of the uterus is easily depressed, and with it the corresponding appendages are drawn out without difficulty and safely removed. Routier has succeeded in all the sixteen cases where he has operated in this manner. In three there were multiple fistulæ, and other old intractable lesions.—*Current Medical Literature.*

AN EPIGRAM CONFIRMED.

Dr. W. E. Anthony, of Providence, R. I. writes as follows:

"When I was a medical student, in 1865, I remember hearing Dr. Oliver Wendell Holmes, then professor of Anatomy at Harvard College, say to his class: 'When you begin practice, you will have twenty remedies for one disease, but after twenty years you will have twenty diseases for one remedy.' That prediction seems to be fulfilled in the use of antikamnia, which seems to meet so many indications."