

## TRANSLATIONS FROM FOREIGN JOURNALS.

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**OPERATION PER RECTUM FOR RECTO-VAGINAL FISTULA.**—A description of this mode of operating in certain cases of recto-vaginal fistula is given in a late number of the *Archiv. fur. Klin. Chirurgie*. Dilatation of the rectum is accomplished by the introduction of a well-oiled single-bladed speculum applied to the posterior part of the bowel, the sides and anterior parts being put upon the stretch by hooks and a tenaculum or two, or an additional flat speculum. When necessary the sphincter may be divided in the median raphe posteriorly; this facilitates access to the cavity. The edges of the fistula are now pared transversely, and silk sutures introduced by Simon's needle holder, or Langenbeck's needles used for staphylorrhaphy. In the after treatment, Simon administers strong cathartics every second day, instead of the common practice of giving opium to produce constipation, as he finds the latter dangerous to successful union. He removes the sutures through the vagina,—the slight ulceration around the threads having enlarged the canals sufficiently to admit of the knots being withdrawn. Cases of recto-vaginal fistula which had been unsuccessfully operated upon through the vagina, were cured by the above mentioned operation. Five cases are reported, in all of which this mode of procedure was successful. Some of them were complicated with vesico-vaginal fistula.

**CUTTING FOR STONE THREE CENTURIES AGO.**

—In the *Deutsche Med. Wochenschrift* the following account of cutting for stone (probably hepatic), is given, copied from the diary of Ludwig XI. :—  
 "In the month of January, 1474, a number of physicians and surgeons appeared before the king, representing that several persons of importance to the state were suffering from stone colic, and agonizing pain in the side, and that in order that they should be properly treated, it would be necessary to discover the origin of this complaint. They asked permission to open the body (during the life) of an archer, who had been convicted of theft and sentenced to the gallows, he having recently suffered from several such attacks. Ludwig granted their request, and the operation was publicly per-

formed in the churchyard of St. Severin. After they had opened the abdomen, and examined sufficiently, the intestines—so says the diary—were returned, the abdominal walls were carefully united, and in 14 days the man had perfectly recovered. He was then pardoned and sent away with a sum of money."

**THERAPEUTIC USES OF AMYL NITRITE.**—In the *Med. Wochenschrift*, St. Petersburg, No. 12, 1877, Dr. Maximowitsch gives the results of some experiments in the use of nitrite of amyl. Out of sixteen cases of migraine in which it was administered, it afforded relief in twelve. It was given by inhalation in doses of from 5 to 20 drops, placed on cotton wadding. In some cases the patients felt better after the first inhalation. In one case it was repeated eight times in an hour; in another case it produced unpleasant effects and had to be discontinued, and in two cases no effects whatever were produced. In two cases of facial neuralgia, not malarial, rapid improvement followed its administration. In an anemic patient complaining of giddiness of the head, it afforded instant and complete relief in a short time; iron was also administered. He also found it of service in vertigo arising from dyspepsia, and also in fainting spells from whatever cause. Attacks of hysteria and hystero-epilepsy were cut short by its use, where chloroform had failed to do good. Paroxysms of hysteria of an hour's duration were almost immediately relieved by five drops of amyl. It will cut short an attack of epilepsy, and where the aura is present, it will prevent the attack if used in time. In connection with bromide of potassium and atropine, it has prevented attacks for months at a time. He also used it with satisfactory results in five cases of poisoning by carbonic oxide. The patients were speedily restored to consciousness by its use.

**TREATMENT OF RANULA.**—Prof. Michel of Nancy (*Gazette Hebdomadaire*), in a late contribution gives a short clinical history of six cases of ranula, and the surgical treatment, by excision of the cyst. He discusses the nature and situation of the growth, and states that the cyst in its development in the majority of cases has no connection with any of the salivary ducts. He does not deny that in some cases ranula may be due to dilatation of the duct; but from observations made