

triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous hæmorrhage occurred, and it proved difficult to control throughout the remainder of the operation. The external pudic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the finger. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick oedematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighborhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient, at the end of six weeks, was completely restored to health.—*Brit. Med. Journal*.

PAPILLOMA OF THE BLADDER.—A case is described by Rauschenbusch of a growth occurring in a man æt. 43, which was removed by operation.

The patient had been suffering from bleeding from the urethra and cystitis for about a year, and when in the hospital he often passed bits of a villous tumor with his water, the dendritic character of which could be easily determined by floating them out in water. The tumor could be felt at the base of the bladder, by introducing the hand into the rectum whilst a catheter was in the bladder. Median lithotomy was performed, and the tumor, which was attached by a long stalk, was seized and twisted off, so as to avoid all danger of hemorrhage. Three or four weeks later the patient was free from all symptoms, and the wound healed. A year later there had been no return. The author draws attention to the fact that only seven cases of such operations are recorded, and in only five cases were they attended by success. It appears, too, that the favorite seat of these tumors is on the trigone, and near the orifices of the ureters, very rarely if ever at the top or sides of the bladder.—*Practitioner*, August, 1883.

CORROSIVE SUBLIMATE IN DIPHTHERIA.—Kaulich (*Bull. de la Soc. de Méd. de Gand*) *Med. Times*, has used in a number of cases corrosive sublimate, both locally and internally, in the treatment of diphtheria. He treats the exudation in the nose, the mouth and the throat by the applications of a solution of 1 in 2000. Among cases of infants that have had tracheotomy performed, the trachea is painted with the same solution four times daily, or even every two hours. Inhalations were likewise ordered of .005 in 1000, fifteen minutes at a time, repeated every hour or less frequently, according to the case. Internally he gives to children one or two centigrammes, (gr. $\frac{1}{4}$ — $\frac{1}{2}$) daily in albumenized water containing a little cognac and sugar. Warm applications to the outside of the throat are likewise made.

A NEW FORM OF ASPIRATOR.—An aspirator has recently been devised by M. Creuzan, of Bordeaux, which is worked without piston or stop-cocks. It consists essentially of a large caoutchouc bulb, which, by means of a special arrangement of valves, may serve as an aspirator or an injector. A glass cylinder is attached to the bulb, so that the nature of the fluid may be readily determined. There is no possibility of air entering the cavity from which the fluid is to be removed, and the instrument possesses the further advantage that the operator requires no assistant, but can readily hold the trocar in position with one hand and the aspirator with the other. Any quantity of fluid may be removed by simply compressing the bulb without detaching the instrument from the needle.—*Med. Record*.