

Miscellaneous

ALCOHOL AND THE RUSSIAN DEATH RATE.—An official inquiry into the comparatively larger increase in the Tartar population of the city and government of Kazan has, according to the *Kamsko Voishki kraï*, brought out some remarkable facts as to the effect of alcoholic indulgence on the death rate. The Kazan Tartars, numbering about 640,000, have a rate of mortality of only 21 in 1,000, while the mortality among the Russians is 40 in 1,000. The general conditions among orthodox Russians and Mohammedan Tartars are practically the same, except in so far as personal habits are concerned. The medical investigation leaves no room for doubt that the lesser mortality of the Mohammedan Tartars is directly due to their abstinence from spiritous liquors, in which the Russians indulge freely.—*Med. Record.*

PREDISPOSITION TO HERNIA.—Kocher, of Berne (*Correspond. Bl. f. Schweiz. Aerzte*) says that in practically all cases of the sudden appearance of a hernia one of the following anatomical predisposing causes is present: (1) A congenital hernial sac formed from imperfect closure of the processus vaginalis, which accounts for a third of all cases according to Wood. (2) An adipocele arising from the subserous fatty tissue may stretch the rings and prepare the way for a peritoneal pouch. (3) A conical sac of peritoneum formed in the way described below, and which is of congenital origin only in so far as it may depend on a congenital weakness of the abdominal walls. The intestine at the moment of rupture, therefore, enters an already formed sac in any case. Nevertheless, the existence of any of these predisposing causes does not necessarily produce a hernia

proper. When performing a radical cure for a hernia on one side, if there has been any clinical evidence of a predisposition on the other, Kocher has often taken advantage of the narcosis to operate on it also as a prophylactic measure. He has thus had frequent opportunities of studying pre-hernial conditions. The conical sac of peritoneum mentioned above is formed by the repeated pressure of the intestines, by which the parietal peritoneum is driven forwards over Poupart's ligament as a cone with its base posteriorly. In this process the fascia transversalis yields first, then the internal ring is enlarged, and the ascending fibres of the transversalis fascia (Henle's ligamentum inguinale internum mediale) are stretched and pushed towards the middle line, together with the epigastric vessels (in indirect hernia). Further, the anterior wall of the inguinal canal must be relaxed also, and even at this early stage the pillars of this external ring are abnormally separated whereby the inter-columnar fibres are stretched, and lose their power of resistance. Kocher states that almost all direct inguinal herniæ are produced by a similar mechanism, while as regards indirect herniæ, he believes more arise in this way than through the presence of a patent processus vaginalis. Clinically the presence of such a peritoneal cone is recognized by the fact that on coughing the inguinal region is driven forwards as a circumscribed, mostly oval, swelling which subsides as soon as the cough is finished without it being necessary to reduce any escaped intestine. This bulging is often accompanied by pain or discomfort. When, however, there is an unclosed processus vaginalis there is always a narrow neck, and its presence gives the patient no inconvenience whatever until intestine is suddenly forced into it.—*Brit. Med. Journal.*