

### THE USE OF NORMAL SALT SOLUTION INJECTIONS IN HEART FAILURE DURING CHLOROFORM NARCOSES.

REIN (*Cent. für Chir.*, 1895, No. 17) calls attention to the fact that this method of treating heart failure during chloroform anesthesia has long been in vogue in Russia, especially in Moscow. It was first suggested by Professor Bohroff in 1887; it was afterward studied experimentally where it was found to act, increasing the blood-pressure immediately on injection, and even when the heart had stopped beating and respiration began to fail the injection would sometimes bring the animal back to life.

These results led to its use by Bohroff in cases of syncope during chloroform narcosis, and with good results, so that he referred to it as a powerful means, and outside of it, he used only auto-transfusion and artificial respiration according to Sylvester's method. The method has become widespread in Russia, and has rendered good service.

### THE GASTRIC JUICE IN HANOT'S DISEASE.

KIRIKOW has recently examined the gastric juice in six cases of hypertrophic cirrhosis with icterus. He finds that the total acidity of the stomach contents is generally diminished. The strength of the filtrate in total hydrochloric acid is also diminished, and is a little less than the total acidity. The free hydrochloric acid is much diminished, often absent.

The digestive power of the stomach contents is much enfeebled, and sometimes entirely abolished. The activity of the curdling ferment is diminished. Small quantities of organic acids are present in the stomach juice.

In spite of conditions favoring sugar formation, one finds among the products of starch digestion erythrodextrine. Iodide of potassium given by the stomach is eliminated by the saliva more slowly than is normally the case. The motor functions of the organ remain satisfactory. Biliary pigment was noted several times in the stomach contents.—*Archives Générales de Médecine*, September, 1895.

### GONORRHOEAL PLEURISY.

In a recent article FAITOUT reviews all the reported cases of this nature. As a result of this review he finds that, though a good many cases are reported, very few present sufficient evidence to be classed as gonorrhoeal pleurisy. One case, however, reported by Bordoni-Uffreduzzi, seems to definitely prove that gonorrhoeal pleurisy can occur. The case was one of a young girl, aged eleven years, who was assailed by an individual with gonorrhoea. Some days afterward she was attacked with severe polyarthritis and later a double pleurisy developed. She also showed symptoms of endo- and pericarditis. Dr. Mazza, on examination of cover-slips from the pleural exudate, found numerous organisms morphologically resembling gonococci within the leucocytes. Furthermore, he was able by Wertheim's method to cultivate the organism and show that he was dealing with a pure culture of Neisser's coccus. The author comments on the need of further bacteriological investigation on this subject.—*Gazette Médicale de Paris*, October 5, 1895.

## SURGERY.

---

 UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA; SURGEON TO THE  
UNIVERSITY AND GERMAN HOSPITALS;

ASSISTED BY

ALFRED C. WOOD, M.D.,

AND

C. L. LEONARD, M.D.,

INSTRUCTOR IN CLINICAL SURGERY, UNIVERSITY  
OF PENNSYLVANIA; ASSISTANT SURGEON,  
UNIVERSITY HOSPITAL.ASSISTANT INSTRUCTOR IN CLINICAL SUR-  
GERY IN THE UNIVERSITY OF  
PENNSYLVANIA.

---

 HYDROTHERAPY IN APPENDICITIS.

CLARK reports in the *Buffalo Medical and Surgical Journal*, vol. xxxiv., No. 5, seven consecutive cases of appendicitis, treated exclusively by hydrotherapy, all of which recovered. The treatment was as follows: Cloths about four inches square, wet in cold water, were applied to the right iliac region, and changed, if necessary, every three to five minutes, until the pain was completely relieved. Cold, *not warm*, water enemata were given every one to three hours night and day according to the severity of the case, and continued until the cure was complete. In some cases an initial dose of an antipyretic was administered if the temperature was high, but beyond this no medicine whatever was given. The patients were all put upon a liquid diet until convalescent.

In conclusion, the author believes that *cold* water, used *early* and *freely* and *often*, in the manner indicated, should first be tried; and, if the symptoms do not improve within twenty-four hours, surgical measures should be considered.

---

 THE QUESTION OF CATGUT INFECTION.

LAUENSTEIN concludes an article on this subject in the *Archiv für klinische Chirurgie*, Band 1. Heft 2, as follows:

1. Clinical observation shows that cases of wound infection occur from the catgut used in the wound.
2. The proof whether in a given case the catgut has been the source of infection is difficult of demonstration.
3. It can be shown, however, that the so-called sterile catgut of commerce contains germs that are ready to develop.
4. As long as the so-called sterile catgut contains germs in a condition to develop, so long will there be the suspicion that the wound infection comes from this source.

---

 SEPTIC INFECTION WITHIN THE CRANIUM.

PARK, in a very interesting article on this subject (*The Chicago Medical Recorder*, 1895, vol. viii., No. 2), enumerates the various bacteria which are