much difficulty was experienced in reaching the ovary, and separating it from its adhesions behind the cervix. No oozing of the pedicle followed the removal of the organ with the tube, which, in addition to the prolapse, presented a hæmatoma partially organized, apparently involving one-third of its substance, and commencing cystic degeneration. The patient made a fine recovery, chatting and laughing the next day. Only once the temperature reached 100°. On removing the stitches the seventh day not a particle of pus was seen anywhere; everything was perfectly dry, there being primary union along the whole line of incision. She has had no pain whatever since, has menstruated normally, commencing the third day, and although it lasted five days she would not have been conscious of the fact had not the nurse called her attention to the napkins. Her previous sickness was on March 13th. The night following the operation there was some pain in the line of incision, and nausea, but no morphia or medicine of any kind, except for her bowels, has been administered. It is now eighteen days since the operation. She is sitting up without any pain, although for months previously she was confined to bed on this account. Instead of laying awake at night racked with suffering, she sleeps soundly, relishes her food, and, to use her own language, she intends hereafter to enjoy life. I will keep her in the hospital yet, however, for five or six weeks, hoping that all chances of a return of the old lung difficulty will subside.

The results in this case so far are very flattering, and beyond reasonable expectation. It is also interesting from the fact that the displacement was on the right side, about 25 per cent. only into Douglas' cul-de-sac being found in this situation, the large majority of those reported being on the left side, for well known anatomical reasons.

I may add in closing, the satisfaction that any one of the three conditions presented by the specimen, viz., the prolapse, the hæmatoma, and cystic degeneration, fully justified the operation.

ON THE TREATMENT OF LARYNGEAL AND PULMONARY PHTHISIS BY A SPRAY OF HOT VASELINE IN CONJUNCTION WITH MENTHOL AND IODOFORM.

BY HOWARD SMITH, M.D.,
OF CHARLESTOWN, MASS.

For two years the writer has employed a spray of pure hot vaseline, medicated with menthol, iodoform and ol. eucalyptus, singly or in combination, in the treatment of laryngeal and pulmonary phthisis, with results which warrant him in describing the method with some detail and in

asking a trial of it at the hands of other practitioners.

The employment of fluid cosmoline is best avoided, because it is frequently irritating and somewhat gummy, while the translucent, semi-solid product of the Chesebrough Mfg. Co. is pure, unchangeable and perfectly bland.

In order to conveniently warm and spray this vaseline the atomizer figured above was devised, which being charged, is held over a lamp or other source of heat until the contents are thoroughly liquefied and the nozzle has become as warm as can be conveniently borne by the patient, an essential point which is believed to contribute much towards a successful result.

One nostril is then closed by the nozzle of the instrument, and the rubber bulb is worked vigorously during inspiration, by which the spray is drawn deeply into the lungs, as is evidenced by the sensations of the patient and the reappearance of the spray upon the expired breath.

The nasal passages and bronchial tubes being thus coated, the inspired air must, for some time afterwards, be impregnated with any volatile substance with which the vaseline is medicated, and thus the remedy is carried still further along the respiratory tract.

Rosenberg, of Berlin, has obtained excellent results in the diseases mentioned from endotracheal injections of a solution of menthol in olive oil, but the writer considers a warm spray of mentholated vaseline preferable, particularly because the former requires the attendance of the physician twice daily, while the latter can be administered by the patient himself.

He remarks upon the antiseptic properties of menthol, having found it, in a gaseous form, to be destructive to pure cultivations of the tubercle bacillus, and also states that the well known anæsthetic effect of the drug is cumulative; that is, lasting for a longer period after each injection, and enables the patient with laryngeal phthisis to eat at once without pain. (See article by Beehay in *Braithwaite* for July, 1888.) The strength employed by him is 20 per cent., but 1.5 per cent. has been found enough for use in the atomizer by the patient himself.

Iodoform was several years ago much employed in the treatment of pulmonary phthisis, dissolved in ol. terebinth and sprayed by means of the steam atomizer. The results were encouraging, but the combination was extremely disagreeable to patients and attendants. Cod-liver oil is an excel-

lent solvent for iodoform, and when sprayed floats in the atmosphere of a room in a remarkable way; but, upon the whole, pure vaseline is a better menstruum and, with the addition of a few drops of ol. eucalyptus, the odor is quite bearable and the results sometimes more satisfactory than those obtained from menthol. The formula used is as follows:

R. Iodoformi pulv.	grs. x.
Ol. eucalypti.	gtt v.
"Vaseline".	3ss.
M.	

Both menthol and iodoform are antiseptic and anæsthetic, thus fulfilling the two very important indications of allaying cough and modifying expectoration, but in addition have points of difference which will influence the selection of one or the other. Menthol is stimulant to the vascular tissues and promotes absorption, while iodoform possesses valuable alterative properties, hence it is better to select one and keep the other in reserve, as the antiseptic and anæsthetic properties of either are usually sufficient. The addition of cocaine may be necessary in cases of laryngeal phthisis, but one of the other two remedies will usually be found capable of affording, in cases of pulmonary phthisis, great relief from cough, and of diminishing expectoration and improving its character.

Space can hardly be claimed for more elaboration in description of the method of treatment advocated here, and all references to cases may be omitted, as the remedies spoken of have had their respective values determined, the only point which this communication is intended to emphasize being the employment of a spray of hot vaseline as a menstruum.

MEDICAL PROGRESS.

SURGICAL TREATMENT OF SUPPURATING VENEREAL BUBO.—KARL SZADEK thus describes the treatment carried out at the Military Hospital at Kiew:

In beginning bubo, so long as there is no fluctuation, or redness of the skin, simply rest and prevention of irritation or injury to the inguinal region, at the same time appropriate treatment is employed for the soft sore.

If the skin is reddened but fluctuation not well established over the abscess, hot compresses, made with a carbolic solution, are to be applied until there is established complete suppuration of the swelling. Painting with the tincture of iodine does not meet with favor. As soon as fluctuation is made out in the whole abscess and it is ripe, a surgical opening is necessary. A mild degree of chloroform narcosis is recommended, as the necessary steps are very painful. After most careful

cleansing of the skin in the inguinal and genital regions and the thigh, as well with soap, brush and warm water and shaving off the hair of the pubes, the operation field is to be disinfected with a five per cent. carbolic, or a one per cent. sublimate solution. A free opening is then made, in most cases parallel with Poupart's ligament, by means of a small bistoury. The incision must correspond with the length of the bubo. After evacuating the contents any recesses or sinuses are to be separated by means of a pair of scissors and all glands, both those which have suppurated and others which are enlarged, must be removed with the finger, and remnants of glands and firm granulation tissue scraped out with Volkmann's spoon. If an affected gland does not yield, its capsule must be opened with the knife and its contents removed. If the cutaneous covering is destroyed in a large area it is best to cut it away with scissors. It was only necessary in a single case to apply a ligature on account of hæmorrhage. After the bleeding has been stopped with cotton-tampons, the cavity is to be washed out with a corrosive sublimate solution and the whole cavity sprinkled with iodoform alone or mixed with alum, packed with iodoform gauze, and an occlusive dressing applied. The latter consists of a few layers of sublimate gauze and salicylic or sublimate cotton, upon which a mass of jute or tow is placed. The whole is then covered with mackintosh or glazed paper and fixed with turns of a moist, wide dressing bandage.

The first permanent dressing, when well applied and the patient keeps quiet, can remain for from two to five days. If it becomes soaked with the secretions it may have to be changed earlier. In the second dressing the edges of the wound are washed with a five per cent. carbolic or a one per cent. sublimate solution, the wound covered again with iodoform without washing out the cavity or applying tampons, and a fresh dressing applied. This and following dressings can, with few exceptions, be left from five to ten days and changed only if oozing is noticed from the edges. Besides the 274 chancroidal buboes there were treated during five years twenty-six syphilitic buboes, and twelve times the inguinal glands were removed by operation on account of tubercular adenitis. The duration of treatment of chancroidal buboes averaged thirty days. Complications with phlegmon diphtheria. Chancroidal destruction of the walls and edges, etc., were never encountered in the acute or subacute chancroidal buboes. In five cases erysipelas occurred, but it seemed to have little influence on the course of the result as healing always took place. In twelve cases eczema of the neighboring parts came on, delaying healing from ten to twenty days, as the dressing had to be frequently changed. The course of the opened suppurating syphilitic buboes, which were usually not scraped out but had