The Treatment of Prolapsus Ani of Children by Injections of Paraffin.

—Karakowsk (Centralblatt für Chir., 1902, No. 28) states that the best results are to be obtained by injections of hard paraffin with a melting point of from 68° to 68°. The technique is as follows: For two days before the operation the bowels are to be well moved by artificial means, and on the afternoon previous to the operation 2 gr. of bismuth are given to induce constipation. The region of the anus is rendered as aseptic as possible and then the prolapse is reduced. A ring of the paraffin is then placed in the rectum above the anus between the skin and the mucous membrane. By means of diet and additional doses of bismuth the bowels are prevented from moving for the next twenty-four hours. Eight children (varying in age from two to eight years) were treated by this method and with success in every case but one, which came to the table not properly prepared. In no case was there infection, and the results are thoroughly satisfactory.

Twenty-one Cases of Gastro-enterostomy for Intrinsic Stenosis of the Pylorus.—Cairn (abstract in Medical Press and Circular, May 28, 1902), in a paper read before the Edinburgh Medical-Chirurgical Society, says:

In dealing with the indications for gastro-enterostomy it was pointed out that they were in the main similar to those for gastrostomy, namely, difficulty in the onward passage of food, vomiting, progressive emaciation, and subnormal temperature. When these were present operation could not be delayed without serious risk. He held that it was erroneous to say that gastro-enterostomy was in itself an operation of great danger and of doubtful value in so far as prolonging life was concerned. Even if life were not prolonged by it, the patient at least did not die of starvation, his discomfort was lessened, and pain might be completely removed. Even in undoubtedly malignant cases there was sometimes so great a gain in weight after the operation as to call the diagnosis in question, for a time at least. Moreover, in some cases the tumor entirely disappeared after gastro-enterostomy. Of his twenty-one cases only one was said to be simple—a stricture due to gastric ulcer, and at the operation the diagnosis was confirmed. In only one case was there tumor to be felt. The principal symptoms were vomiting, emaciation, and absence or diminution of free hydrochloric acid after a test-meal. On the whole, the speaker preferred a posterior gastro-jejunostomy as close
to the duodenum as convenient, or in the complicated cases an anterior operation. The choice of a method was largely determined by what was found on opening the abdomen and to what extent the stomach remained mobile.

I do not think that it made much difference whether the food current was isoperistaltic or antiperistaltic. No special preparation of the patient was required; unless the patient was accustomed to it, lavage was not practised. If the general condition was poor, teaspoonsfuls of warm milk and water were given on the evening of the operation, and a small dose of morphine if there were pain or restlessness. On the morning succeeding operation, if there were emetions, vomiting, or quickened pulse, the stomach was washed out, a procedure from which Mr. Caird had seen nothing but good, although one must be prepared for, and guard against, syncope. If the pulse still remained rapid after lavage, then thirty ounces of saline solution should be transfused; this often gave markedly good results. Of his twenty-one cases four proved fatal; one patient died of bronchopneumonia and congestion of the kidneys, the abdominal wound remaining healthy; a second patient died from exhaustion, and a third from leakage through the wound in the stomach; in a fourth case fatal peritonitis ensued, probably from aural infection.

Of the seventeen patients who survived the operation three had been lost sight of, and were probably dead, six were certainly dead, three from extension of the disease, two from cardiac failure, and one from pyrexia; while eight patients were alive at periods extending up to six years after operation. A second laparotomy had been performed on two—in one for ventral hernia, and at the operation no trace of the old tumor could be found; in a second for nodules in the cicatrix, and here again the abdomen appeared free from disease. It might be asked whether cases which survived for six months were really malignant, but while the difficulty of differentiating simple hyperplasia from carcinoma might be extreme, it was hardly possible that experienced physicians could be so frequently in error about cases which showed all the clinical features of cancer. It was impossible to ascribe the great improvement in the patients to laparotomy alone, though Striedel and others had reported improvement in abdominal cancer after simply opening the abdomen.

Lumbar Puncture as a Method of Treatment for the Sequelae to Fractures of the Skull.—Bouchard (La Presse Méd., April 30, 1902), states that the constant presence of blood in the cerebro-spinal fluid shows that a fracture of the skull is present, but it is to be remembered that blood is also found just after a severe cerebral concussion. The diagnostic value of lumbar puncture is slight in comparison to its value as a therapeutic agent. It has been found to be particularly valuable in those cases of cerebral concussion where the resulting hemorrhage has not only caused mechanical pressure, but where, in addition, it has acted as a foreign body and caused a leucocytosis which markedly increased the tension of the cerebro-spinal fluid. Its value has also been well shown in those cases of chronic meningitis in which, in addition to the trouble with the mentality, there is marked headache which is so severe as to render life almost intolerable. This headache is not relieved by any other method of treatment, but quickly disappears after the withdrawal of a varying quantity of the fluid.