

1. Due care in preparation, both by rest in the horizontal position for some days and by suitable purgation.
2. Careful cleansing of the skin by such methods as may commend themselves to each surgeon.
3. Attention to the points indicated in the operation. It should be remembered that owing to the low tension of the blood in the veins, very slight pressure is required to control hemorrhage from them, and that, therefore, thick compresses and tight bandages subsequent to operation are to be avoided; they are not required, and only serve to impede capillary circulation and delay repair.
4. Rest in the horizontal position for at least a week after operation, during which time the dressings should not be disturbed, unless pain, rise of temperature, or discharge indicates their removal.

#### SPLENECTOMY FOR ECHINOCOCCUS OF THE SPLEEN.

HAHN describes a case of splenectomy for echinococcus, and adds some remarks on the treatment of this condition.

The patient was a woman, thirty-five years of age, who first noticed a tumor in the left side of the abdomen in November, 1894. It increased in size until it was as large as a child's head. In February, 1895, an operation was performed for the removal of the growth. A long incision was made in the middle line, half above and half below the umbilicus. The tumor was found to involve the spleen to such a degree that its entire removal was decided upon. The pedicle was ligated in several portions with fine silk, and the tumor removed. The peritoneum was closed with catgut and the abdominal wound with silk sutures. The spleen and the tumor together weighed 850 grains. The patient made a good recovery.

In regard to the operative treatment of echinococcus of the spleen, Mosler has collected fifteen cases, most of which were aspirated. Of these six died and six recovered; the result in the other three cases being unknown. According to Trinkler, the mortality of cases operated upon in preantiseptic and antiseptic times is 30 per cent.—preantiseptic mortality 42 per cent., antiseptic mortality 21.7 per cent. Hahn has collected seven cases of extirpation of the spleen for echinococcus, five of which recovered promptly. Two of the cases resulted fatally owing to extensive adhesions to the stomach, bowel, and diaphragm.

Puncture as a method of treating echinococcus cysts of the spleen, with or without aspiration or injection, as well as the method of puncture recommended by Recamier and Simon, is to be condemned on account of the unfavorable results recorded in the cases so far reported.

It has been shown that the removal of the spleen for such conditions as the one under discussion is not attended with any serious consequences as is the case in leukemia, and, as the organ is more or less destroyed and functionless from the encroachment of the disease, its total removal is preferable to enucleation of the tumor and returning the spleen to the abdomen on account of hemorrhage. In a case in which this method was adopted, Snegirjev was obliged later to perform splenectomy on account of hemorrhage.

If, for any reason, the tumor cannot be removed, it should be stitched to the abdominal incision, and opened either at once or at a subsequent operation as seems indicated.

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#### GENITAL HYPERÆSTHESIA ASSOCIATED WITH SHORTNESS OF THE FRENUM GLANDIS.

FÈRE calls attention (*Revue de Chirurgie*, 1895, No. 4) to the effects of an unduly short frenum of the penis, which, he says, not only interferes with coitus, but causes so much deviation of the meatus that fecundation may be impossible. It also causes genital hyperæsthesia which results in premature ejaculation. The author states that the condition may also give rise to sexual perversion. He describes a case in support of his views.

The condition is to be removed by dividing the frenum to the necessary extent.

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#### A STUDY ON LYMPHANGITIS OF ANO-RECTAL ORIGIN.

QUÈN contributes an interesting article on this subject to the *Bull. et Mem. de la Soc. Chir. de Paris*, T. xx. p. 325, in which the following appears:

The lymph vessels of the anus and rectum belong to three groups. The lowest branches originate from a plexus which lies beneath the sphincter and cross the ischio-rectal fossa from behind forward, and empty in the glands of the groin. The second group ends in the lymph glands of the mesorectum. A third group perforates the wall of the rectum above the levator and reaches the pelvic glands, which are situated near the hypogastric vein on a level with the ischiatic notch.

There are accordingly three groups of abscesses in the neighborhood of the rectum: 1. Subcutaneous abscesses along the lymph vessels of the lower group. 2. Deep abscesses around the lymph glands and vessels of the mesorectum. They tend to work their way downward and posteriorly in the median line to the surface. 3. Abscesses of the upper group above the levator ani. They may break through the latter and open to one side and behind the anus. Sometimes they perforate into neighboring cavities, *e. g.*, the vagina; and not infrequently they come through the ischiatic notch and appear in the gluteal region. In deep-lying abscesses one must, in the absence of other cause, look for the point of entrance of the infection in the neighborhood of the anus or rectum. Such abscesses do not always come from perforation of the wall of the rectum, but from lymphangitis and lymphadenitis.

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#### A FATAL CASE OF EXCISION OF THE GASSERIAN GANGLION.

GERSTER (*Med. Record*, June 29, 1895) reports an instructive case in which death occurred after excision of the Gasserian ganglion.

The patient was a robust man upon whom Caracochan's operation had been performed by the author two years previously. This relieved him from attacks of infraorbital neuralgia for about a year, when he was again operated on, the entire cicatrix being removed and relief again obtained. When admitted to the hospital his general condition was good; with the exception