

retained for forty-eight hours or so. On the fourth or fifth day a whip hongi is passed, and the patient is instructed in the use of a suitable instrument.

The third division, the impassable strictures, in the true sense of the word, are seldom encountered, for most of these, so-called, are but relatively impassable. In these cases the author uses Wheelhouse's operation with a staff, doing an external perineal urethrotomy.

The Pathology and Treatment of Rectal Strictures.—In discussing the questions whether there are such lesions as syphilitic stricture of the rectum, and whether it can be recognized by microscopical examination, RIEDER (*Arch. für klin. Chir.*, Band iv., S. 730) comes to the following conclusions:

Syphilitic stricture of the rectum does exist.

It arises from the bloodvessels (perhaps, also, from the lymphatics).

This origin is the cause of its relative frequency among women.

Concerning the venous involvement early in the disease, the author says it is of practical interest. If we see the veins of the skin filled with cellular infiltration, which probably is the harbor of syphilitic virus, if we see how newly formed and inflamed tissues press into the lumen of veins, then we can recognize not only that local, but that general dissemination of the disease may take place through this route, as was established years ago by Auspitz and Unna. We readily understand how the hard sore practically always occasions general infection, and how excision of the primary sore no more saves the patient than does the disinfection or excision of an infected sore preserve a patient from pyæmia once the necessary poison has gained access to the venous circulation. The reason why syphilitic stricture of the rectum is much more common in women than in men is found in the anatomy of the parts. In women the lower group of rectal veins anastomose directly with the external pudendal, which arise from the posterior vulvar commissure. This commissure is not rarely the site of a primary sore and of secondary, but more especially of tertiary, lesions. In the male the syphilitic poison, when taken up by the veins, has to take a roundabout course through the vesical plexus before it can go from the foreskin or glans to the rectal vessels. In women the syphilitic virus taken up by the vulvar plexus is at once carried into the hæmorrhoidal veins.

Tetanus Facialis Treated with Behring's Antitoxin.—ERDHEIM (*Wien. klin. Woch.*, May 12, 1898) reports two cases, one of which recovered, while the other died from tetanus facialis under treatment with antitoxic serum.

After reviewing the cases reported in literature, he says: We see that deaths and recoveries are equal in number, eleven of each. The number of cases is yet too small to draw from them any definite conclusions regarding the therapeutic value of this method of treatment, and it is desirable that all cases, whether successful or not, should be reported in order that sufficient statistics may be gathered from which to draw final conclusions.

This much, however, can be said: that any method of treatment that will reduce the percentage of mortality in these cases even a little is worth careful consideration.

Two Cases of Tetanus Successfully Treated with Antitoxin.—PATRICKSON (*The Dublin Journal of Medical Science*, February, 1898) reports two cases of tetanus in which the symptoms became very alarming and where the use of antitoxin seemed to have been the cause of the ultimate recovery. The author says that he is aware that the cases are open to the obvious criticism that they belong to the type of tetanus which would recover if left to the *vis medicatrix naturæ* alone. But he answers that he has seen cases with no more pronounced symptoms rapidly run to a fatal termination, and one is not justified in standing idly by while a remedy full of promise lies ready at hand.

Whether the future will justify the hopes based on serum therapeutics can only be determined by a careful record of cases, and all should be reported, and in this direction lies not present our hope of combating some of the most terrible infective ills that humanity can ever suffer from.

Observations Upon the Etiology of Tumors.—With the continued investigations in the study of our so-called tumors, HARTLEY (*Annals of Surgery*, April, 1898) believes that surgery is destined to be relieved of the nomenclature and classification which we now employ, and that a classification in which the primary cause will be the criterion will place our tumors:

- (1) As the results of traumatism.
- (2) As the results of inflammatory processes, especially those followed by cicatrization and ulceration—i. e., a local disturbance in the nutrition of a part.
- (3) As the result of congenital anomalies.
- (4) As the result of disturbances in nutrition, due to toxics, chemical or possibly parasitic, developed most frequently upon a soil prepared by traumatism, inflammation, or a sequestrated anomaly.

Abdominal Section as a Medical Measure.—In a paper read before the Medical Society of London, TREVES (*British Medical Journal*, March 5, 1898) reviewed those cases in which surgical measures in abdominal disease appear to act upon the patient through other than accepted surgical lines. There are cases in which the mere opening of the abdominal cavity appears to effect, in spite of all surgical prejudices, either cure of a disease, or at least its temporary amelioration. Prominent among these conditions stands tuberculous peritonitis. The results of the treatment of this disease by simple incision have been little short of miraculous, and show a percentage of 69.8 of cures, of which number 33.4 per cent. may be regarded as complete. Another series of cases are those in which a mere incision into the peritoneal cavity has led to the rapid shrinking of certain malignant growths and to temporary improvement of the patient. Another group of instances in which relief unexpectedly followed abdominal section, with or without some further operative procedure, is illustrated by the large class of cases somewhat hopelessly styled nervous. These may be divided into two categories: those in which the symptoms of well-recognized diseases are imitated and those in which the clinical phenomena are simply bizarre and fantastic. Where the symptoms of some well-recognized disease are simulated operation for the disease and the removal of, for instance, a normal