considered by the husband and wife to lead to atrophy of the testis with consequent unsexing of the individual.

After experimenting I carried out the following method of uniting the vas deferens.

An oblique incision was made along the course of the inguinal canal similar to that used in the operation for the radical cure of an inguinal hernia, the spermatic cord was exposed, and the testis dislodged through the wound, carrying with it the small swelling described above as being the size of a large pea. This turned out to be a collection of semen confined in a fascial sheath between the ends of the divided vas deferens. The vas was found to be completely divided and its ends were separated for about half an inch.

The following diagram will assist in elucidating the method adopted for the anastomosis. Very small curved needles had to be used for applying fine silk sutures in the operation performed.

Fig. 1.—Method of preparation of the urethral end of the vas deferens. The tails, A, A, are wrapped round the testicular end of the vas and fixed by sutures after the obliquely cut end of the testicular portion is fixed to the grooved wall beyond the tails (see 3, Fig. 2).

Fig. 2.—J. Union of urethral and testicular portions of the vas deferens. A. The tail wrapped round testicular end of vas. ← shows direction of semen travelling along vas.

The testicular end of the vas deferens was cut obliquely by means of a cataract knife. The distal or urethral portion of the vas was split up longitudinally for about 1 in.; this free end was further divided up for about half an inch from its extremity so as to provide two tails of equal size; in other words, each tail consisted of one half of the longitudinally split vas deferens. The utility of these tails will, I think, be appreciated from the diagram representing the completed anastomosis. The obliquely cut free end of the testicular portion of the vas was placed with its lumen in contact with that of the testicular portion, and was fixed by means of fine silk sutures as closely applied as the whipcord-like tube would admit. The two tails of the distal end were then enveloped round the testicular portion of the vas in order to counteract the disruptive force of the weight of the testis. Afterwards layers of fascia were wrapped round the anastomosed vas deferens and fixed by sutures.

I found it necessary to form the tails in order to secure a firm and permanent approximation of the divided end. It seemed to me that end-to-end anastomosis was not practicable, owing to the smallness of the tissues for suturing. Invagination of the ends was impossible on account of the rigidity and size of the walls of the vas deferens.

One can demonstrate the practicability of the above method of anastomosis of the vas deferens on the cadaver by injecting fluid along its lumen by means of a syringe.

As far as I know this case is unique, and I venture to record the method I devised on account of its being, I believe, a suitable operation in the conservative surgery of an injured vas deferens.

I saw my patient about nine months after the operation, and on careful examination I could find nothing abnormal in the testis as regards its sensitiveness and size. Thickening of the spermatic cord at the seat of the operation was inevitable from its nature, and I thought it was about the same size as it was at the time of its performance.

The patient informed me that his wife was four months pregnant, and that he considered the operation had been a perfect success.

GERMAN CONGRESS OF INTERNAL MEDICINE.—The twenty-first annual session of the German Congress of Internal Medicine will be held at Leipzig, April 18th to 21st, 1904. Communications should be addressed to the Perpetual Secretary of the Congress, Dr. Emil Pfeiffer, Parstrasse, 13, Wiesbaden.

PILEWORT OINTMENT AND SUPPOSITORY.

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MORE than two years ago I published a formula for pilewort ointment, *unguentum ranunculi ficariae*.¹ Many cases of haemorrhoids are surgical in nature, management, and cure, and rightly are not usually included in a physician's practice. But there are many diseased conditions, haemorrhoidal or haemorrhoidaloid, affecting the mucous covering of the lower part of the rectum and the anal margins which come into a physician's daily work, as incidents in the course of greater or more general maladies, and he must even often relieve by medicinal methods haemorrhoids which are distinct tumours within or without the anus, which, for sufficient reasons in particular cases, are not submitted to the usual surgical methods of cure. In such cases various ointments are used locally, and I have used pilewort ointment for several years with much therapeutic success. Of course, local medication in such cases can only be supplementary to the relief or cure of the well-known visceral obstructions and constitutional conditions which occasion the local disease.

To prepare this ointment I direct that the whole fresh plant be used, gathered in the spring. The plants, cut into small fragments, are kept immersed in melted hog's lard, at a temperature of about 100° F. for twenty-four hours, in the proportion of one part by weight of the plant to three parts of lard. Then the portions of infused herb in the fused lard are pressed to cause the further yielding of their juices to the

fatty infusion, which infusion is afterwards strained to form, when cold, the ointment. The heat of the mixture must not be too high lest the bright green of the ointment be spoiled.

In some cases in practice in which the use of this ointment may be indicated, the prescriber may wish to exhibit the remedy as a suppository. To harden the ointment up to an adequate consistency for a suppository, I am accustomed to direct that one part by weight of spermaceti be mixed with four parts of the ointment, by fusion by heat. Of such a mixture 1½ drachm, is a serviceable quantity for a rectal suppository. In a mixture of spermaceti and *unguentum ranunculi ficariae*, in the proportion of 1 to 4, the melting point of the solidified mixture would be kept well below the normal temperature of the rectum, taking the melting point of spermaceti at 120° F., and that of the ointment at 83° F., the mixture of them here recommended would melt at a temperature of about 90.4° F., and it will be found in practice that a suppository so made will be sufficiently firm for easy introduction within the rectal cavity. The only reason why a rectal suppository should be sufficiently hard is, that it should be stiff enough to be easily placeable in the site of its employment; once in that position, its qualities of softness and lowness of melting point favour the application of the remedy it carries under conditions propitious for remedial action. For such a suppository the prescriber's formula may be as follows:—℞ Ung. ranunc. ficar., gr. lxxij, cœtacei, gr. xvijj. Misce leni calore, et fiat suppositorium.

Pilewort has an ancient vogue amongst our country people as a local remedy for "piles."

REFERENCE.

¹ *Birmingham Medical Review*, May, 1901.

A FEMALE HOSPITAL PHYSICIAN IN HUNGARY.—It is announced that Dr. Ida Szentesz has been appointed Assistant Physician to the Buda-Pesth Hospital. She is said to be the first medical woman to be elected to the staff of a public hospital in Hungary.

THE SPITTING NUISANCE IN MONTREAL.—Dr. Laberge, Medical Officer of Health of Montreal, reports that for some time past his department has been conducting an active campaign for the suppression of the practice of spitting in churches, theatres, halls, and other public places. Ministers and priests of congregations have promised to make public appeals to their congregations to do all in their power to abate the unpleasant custom. Many petitions have been sent in to the Health Department asking that every effort should be made to suppress the filthy practice.