Correspondence.

Medical Study in Helsingfors, Finland.

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To the Editor—The University at Helsingfors is very well equipped, having over 2000 students, and a teaching staff of about 100 professors and docents; a fair proportion of the students belong to the medical faculty, which is justly celebrated throughout Europe.

In the medical clinic I saw some excellent work carried on by Professor Rüneberg, son of the national poet of Finland, and his assistant, T. W. Tallquist. As is well known, these investigators have made admirable studies of the different anemias, especially of that form of secondary anemia which is due to the presence of the bothriocephalus latus. I saw many of the latter class of cases in the University Hospital, as well as several cases of pernicious anemia, a malady very similar in its clinical history. It is a matter of routine in that clinic to examine microscopically the feces of every patient suffering from any form of anemia, in the hope of finding the eggs of the above parasite. The detection of these eggs is marvelously easy; a very large number of these cases yearly is at the disposal of this clinic. The Helsingfors observers have quite definitely proved by experiments on dogs the manner of action of this parasite. Formerly it was supposed that the worm produced anemia either by its effect on the nervous system, or by the actual absorption of fluid; the real mode, however, is by the generation of some poison which enters the general circulation, and produces destruction of the red corpuscles. Clinically, these patients, besides suffering from a profound anemia, are distinguished by a deep icterus of the conjunctivæ and a dark color of the urine. A curious fact in connection with patients carrying this worm, is that only a very small percentage, hardly 1 per cent., develop a condition of anemia.

An examination of the blood shows regularly a diminution of the leucocytes; the ratio of multinuclear white corpuscles to the uninuclear varies greatly; in this regard this form of anemia varies from the pernicious variety, which shows only an abnormal increase of the uninuclears. Often the number of the red corpuscles in a cubic millimeter sinks down to 500,000; in spite of this great oligocythemia most of these cases recover after the expulsion of the worm. In most of the cases are found nuclear red corpuscles, some of which are normoblasts, but a few are megaloblasts.

Tallquist has constructed a handy method of determining the percentage of hemoglobin; it is by means of comparing a drop of blood sucked up by white filtering paper and comparing it with a colored scale; the filtering paper and the colored scale are bound together in a book, making a clinical determination of hemoglobin a very easy matter.

The surgical clinic at Helsingfors, whose head was formerly the lamented Esflander, during the year 1898, had 1358 in-patients and 9804 out-patients. Their methods were the ordinary ones in use in well-appointed hospitals, and need not be given in extenso.

Among the hard-working peasants of Finland hernias are very common and a very large number of them have been radically treated at this clinic; a careful investigation as to the final result of the different operations for rupture is now being conducted by the surgical staff. This is not yet completed, but through the kindness of Dr. E. Sandelin, I was able to get some preliminary figures. For inguinal hernia the years 1889 till 1898 inclusive there were performed 1039 radical operations, mostly by Bassini's method. Of these cases 5 died; of crural hernia in these years there were 51 operations with one death. For umbilical hernia there were 19 operations with no death, and for hernia in the linea alba there were 31 operations with no death. Relapses after operations for external inguinal hernia took place in about 7 per cent., for internal inguinal hernia in about 12 per cent., in all cases.

It was my privilege to spend two days at the gynecological clinic of Professor Otto Engström, and to witness that skilled operator perform several difficult operations. Professor Eng-

ström's new clinic has only 26 beds; in connection with these is a polyclinic where 1600 to 1700 patients are yearly treated; from Jan. 1, 1900, till Sept. 8, 1900, there were 1472. Moreover, to these should be added the patients belonging to his very large private practice, many of whom go to his clinic for operation. For example during 1899 he performed 56 ovariectomies, 37 ovariectomies with removal of the tubes, 6 ventrofixations for ordinary prolapse, 90 ventrofixations for retroflexion, 23 cauterizations of the ovaries, and so forth. Engström as an operator is very conservative; that is to say, wherever it is possible he endeavors to save an important organ. Uterine myomata he always strives to enucleate. At the congress of gynecologists in Amsterdam, September, 1899, he reported 180 cases of enucleation of intramural myomata of the uterus by the abdominal route with a mortality of hardly 3 per cent. Of these women 9 have since become pregnant. This is certainly not a small result, for more than half of those operated on were unmarried, and among those who were married, were many over 40 years of age, and others suffering from the effects of old inflammations in the pelvis. Since September, 1899, he has had many more cases of enucleation, and many more of his patients have become pregnant. Even in cases of total prolapse of the uterus, he never does an extirpation unless the patient is in, or has passed, the climacteric, or there is reason to suspect cancer. In bad cases of prolapse, as plastic operations on the vagina, and of uteri rarely suffice, Engström makes regularly a ventrofixation of the body of the uterus by a sort of peritoneal suture, to wit: the serosa of the fundus is scraped off, the peritoneum is shoved somewhat to one side, the fundus is then united with strong catgut sutures to the freshened recti muscles just over the symphysis. In this way he gains a very firm union.

So far as the ovaries are concerned, Engström is very careful. In cases of supravaginal amputation on account of myomata as well as extirpation of the uterus for cancer, or prolapse, or in cases of removal of the tubes, he makes the attempt to save them. If the whole ovary can not be saved, he yet tries to preserve a bit of the normal ovarian tissue.

It is surprising how little importance Engström attaches to certain conditions that other gynecologists make much of. According to his experience a retroflected uterus per se is very rarely the cause of the symptoms of disease. The latter are almost invariably occasioned by inflammatory processes, communicated to the uterus or tubes. This view Engström advanced at the Amsterdam Congress, as well as on other occasions. It is needless to say that he rarely uses pessaries. In those retroflexions that are bound down with adhesions he always proceeds in the following manner: After thoroughly breaking up the adhesions the anterior part of the fundus is united by its serous surface to the serous surface of the abdominal wound; a strong silk suture is then passed through all the layers of the abdomen and through the uterus; this suture remains two weeks.

The peasantry and neighboring classes of Finland frequently are found to have floating kidneys; in the year 1899 in Engström's clinic 600 cases were diagnosed; of these only 2 were treated by nephrorrhaphy. Engström usually examines these patients in the upright position, and is heretic enough to believe that this condition per se does not give rise, as a rule, to serious symptoms.

In all the above-mentioned operations the strictest anti-septic precautions are invariably observed, even to the bathing of the patient, operator, and assistants just before the operation. In all plastic operations about the vulva, as a preliminary procedure, the anus is sewn up by a puckering string suture, which naturally is removed directly after the operation. The scientific results of Engström's work are of a very high order, and are published at intervals in the German language, although his teaching is naturally given in the Swedish tongue. Many of the studies are from his own pen, but a large proportion is the work of his pupils. The scientific activity of his school is shown by the fact that a volume appears every three months. The last number, xxxi, is entitled: "Ueber Schwanghaft in unvollkommen entwickeltem Horne eines Uterus bicornis unicollis." ALLEN STAPLES, M.D.