ounces, barley broth six ounces, milk and lime-water eight ounces, whites of ten eggs, some white meat of chicken and boiled rice.

From this time until July 5th there was nothing of special interest in the history. She has made a steady improvement. The nourishment has been practically the same. There is distress if more than four or five ounces are given at a time, and a solid food, like bread, apparently does not agree with her yet.

On July 5th the patient went home, driving five miles in an open carriage without fatigue. Since arriving at home she has been out of doors all day long, and has improved in general condition. At present she is enjoying life, her food satisfies her hunger, is digested perfectly well, the bowels move normally, and she is free from the distress that she used to have after taking food.

On August 24th the patient was examined by Dr. Richardson. The wound was entirely healed. Her general appearance was good. There was no evidence of recurrence. She looked much improved, and reported herself as feeling very well. There had been a "drawing sensation" in the epigastrium as if something was on the stretch. This feeling had caused a slight stooping, which was, however, rapidly disappearing.

In connection with this and similar cases of malignant disease the question of surgical interference may well receive a few words of discussion. The patient left to palliative treatment, though he avoids the dangers and sufferings of a surgical operation, has before him:

- (1) The suffering incident to the disease. (This may vary between discomfort and unendurable pain.)
- (2) A hopelessness and mental depression to which death is in many instances preferable.
- (3) Certain death.

If subjected to a radical operation the patient has before him:

- (1) The dangers and sufferings of a surgical operation. (But, though the danger is great, the suffering may be no greater—it may even be less—than the suffering incident to the disease.)
- (2) Hope and elevation of spirits instead of mental depression and despair.
- (3) A fair chance of a recovery that may be permanent, though recurrence may be the rule.

A careful consideration of this question in favorable cases leads to but one conclusion, namely, that the greatest good will follow reasonable surgical interference. The chief arguments against radical measures seem to be in the necessarily great dangers of the operation, and the uselessness of deliberately incurring them. Certainly no method of treatment is justifiable which is useless. But the operation in suitable cases is by no means useless, as shown (1) by the lessening of suffering and the prolongation of life, — facts observed by physician and friends, and (2) by the satisfaction expressed by the patient himself. The arguments for and against operation in cancer of the breast apply to operation upon cancer of the stomach or of the intestines. It is certainly not justifiable in cases of breast cancer to deny the patient the twenty-five or more chances in a hundred which the modern operation surely gives. Is it justifiable to deny the patient with cancer of the stomach a chance for recovery, — small though it may be? It seems to me that but one answer is reasonable, namely, that with the facts before the patient, and with his consent, the most

radical surgical measures are demanded if upon exploration the disease is so localized in the stomach that it can be removed by a broad margin.

The argument in favor of surgical interference that without operation the patient must die — an argument responsible for much unnecessary and unjustifiable surgery — should carry no weight unless the disease is clearly within the margins of a possible dissection. Operations undertaken in malignant cases anatomically inoperable bring upon surgery nothing but discredit. Operations, no matter how severe and dangerous, undertaken with a distinct possibility of benefit or of complete cure, cannot but elevate the art of surgery, even if they are but rarely successful. Not to give the willing patient a chance of recovery in cancer of the stomach, of the intestine, of the rectum, of any operable region, is to give up the fight without a blow.

Dr. Whitney's report is as follows:

The stomach is contracted, measuring 16 by 20 cm., and is very much hypertrophied, especially in the region of the pylorus. This increase in thickness is general, and diminishes gradually to the cardiac end. The inner surface is reddened and irregularly elevated, but without any distinct tumor. The mucosa is not movable, and to the eye the thickening appears chiefly in the submucous layer, which is dense and fibrous.

The microscopic examination made from different places along the line (greater curvature) in which it had been opened shows the fibrous submucous tissue increased in density, with large numbers of lymphoid and plasma cells scattered through it. This can be followed between the bands of the muscular fibres, which seem also to be hypertrophied.

The mucous membrane is in places of normal thickness and in others diminished. In one section in a small area the glands are atypical, solid, and appear to be extending into the submucosa. Close to this is a lymphatic, which is filled with relatively large round cells, suggesting a new growth.

As far as this examination goes, the diagnosis would be cancer with a diffuse submucous hypertrophy, — a condition which is commonly recognized as scirrhus cancer of the stomach.

NOTE. — October 16, 1898: examination by Dr. Brewster. About two weeks after the last examination the sinus re-opened and discharged a bile-colored fluid. About two weeks ago the sinus closed again. During this time several sutures came away with some pus. The sinus has now been healed for two weeks and the patient has begun to regain the strength that she lost some four weeks ago. The most troublesome symptom is distress after eating. At times she finds it hard to swallow food. Her diet consists of broth, eggs, milk, bread and butter, black bean soup, small pieces of meat, string beans and shelled beans. She has five meals a day. She has gained a great deal in strength, and though she has not gained in weight, she looks well. The bowels move without laxatives and the movements are formed.

THE RESTORATION OF A LOWER EYELID BY A NEW METHOD.

BY GEORGE H. MONKS, M.D., BOSTON.

I RECENTLY had a case at the Boston City Hospital where as a result of operation for malignant disease it was necessary to supply a new lower eyelid. I employed a method quite new, so far as I know, in many of its details, although the main principle upon which it rests was originally suggested to me by an article by Dr. Theodore Dunham, of New York, recommending the use of flaps from the scalp for covering certain

facial defects.¹ Dunham had a patient with a large defect in the side of the nose and cheek, which defect he covered with a long flap taken from the scalp. He took care that the flap should include the anterior branch of the temporal artery and the veins with it.

Fig. 1.

Some days later when the flap had firmly united to the edges of the defect he dissected out the vessels in the pedicle and buried them beneath the underlying skin of the cheek, after which he returned the skin and other tissues of the pedicle back to the place they came from in the forehead. The flap itself continued to be nourished by the vessels of the pedicle buried beneath the skin of the cheek. This ingenious operation, suggested and first employed by Dunham, is of course only applicable to persons who are bald over that part of the scalp where the artery runs.

The patient to whom I referred at the beginning of this article was sent to me by Dr. E. E. Jack. The

When it came to the operation I found that the disease had extended backwards well into the soft tissues below the eyeball, and I therefore found it necessary to remove not only the entire lower eyelid but also a good deal of the tissue in the immediate vicinity, leav-

Fig. 3.

ing a large defect under the eyeball. I had determined beforehand, as the man was bald, to make a new lower eyelid out of a small bit of the scalp, and to utilize the anterior branch of the temporal artery to nourish it, as Dunham had suggested, but in a somewhat different way.

Having ascertained by pulsation the exact course of the artery in its whole extent, I then marked out with the knife near the end of the artery a crescentic piece like a lower eyelid, but a little larger. I further marked out—also with the knife—a straight line indicating the general course of the artery from the temple to the new eyelid (see Fig. 1).

Fig. 2.

man had an epithelioma on both lower eyelids. He was especially desirous that the one on the right side be entirely removed, as it was the larger of the two, and was growing quite rapidly.

¹ See *Annals of Surgery*, 1892.

Fig. 4.

The subcutaneous tissues containing the artery, veins, etc., were now dissected out up to the new eyelid (see Fig. 2), so that they were completely freed from the underlying tissues. The eyelid comprising the entire thickness of the scalp was then cut out,

great care being used lest the vessels of the pedicle be injured at a point where they joined the eyelid. I now had hanging from the region of the temple a long pedicle of subcutaneous tissue containing the artery, and attached to the end of it a crescentic bit of tissue of the full thickness of the scalp and covered with skin (see Fig. 3, *a*). All through the long pedicle and in the new eyelid at the end of it the beating of the artery could be distinctly felt.

From a point of the temple, near the proximal end of the pedicle, I now tunnelled under the skin with the scissors until I reached the defect under the eyeball, left by the removal of the lower lid. This subcutaneous tunnel is shown in Fig. 3 (*b*). The new eyelid was then drawn by forceps through the tunnel (see Fig. 4), brought into the gap beneath the eyeball, and stitched in position (see Fig. 5.)

The new eyelid was now in proper position and covered the defect entirely. I had little fear that it

would slough, for, even when it was in place, the strong pulsation across it from end to end was sufficiently reassuring. The wound in the scalp was sewed up, with the exception of a small area at the upper end of it, which was left to granulate.

The eyelid did not slough, but healed kindly in its new bed. Subsequent contraction caused some bulging of the flap and also a slight displacement outwards, the latter being due to extreme contraction of the pedicle; but as a whole I think the operation was successful, for the flap completely and permanently filled up the gap, while the scarring of the face was insignificant. I do not know whether there has been any recurrence of the epithelioma, for the man left the hospital about six weeks after the operation, and I have not seen him since.

THE CHICAGO SOCIETY OF INTERNAL MEDICINE.

— At the regular meeting of the Chicago Society of Internal Medicine in conjunction with the Chicago Medical Society, Wednesday evening, October 19, 1898, the following subjects were discussed: Dr. Adolph Gehrmann, "The Results of Widal's Test in the Diagnosis of Typhoid Fever from Dried Blood Specimens"; Dr. J. M. G. Carter (Thesis) "The Treatment of Typhoid Fever, Based upon a Study of Seventy Cases."

Clinical Department.

MASSACHUSETTS GENERAL HOSPITAL. CLINICAL MEETING OF THE MEDICAL BOARD.

REGULAR Meeting, Friday, February 11, 1898, Dr. C. B. PORTER in the chair.

DR. JAMES C. WHITE gave the following cases:

ALEPPO BOIL.

This little boy is an Armenian. He is the only child who escaped with his mother out of a town where a massacre took place. He has come into the outpatient department on account of an acute inflammatory process of the scalp; but he presents also upon his face appearances which are of great interest, inasmuch as they are the permanent remnants, the cicatrix, of an affection very common in Armenia, as it is in other parts of the central and southern parts of Asia and along the Mediterranean coast, namely, aleppo boil, Delhi boil, Biskra, or furunculus orientalis, as it is variously called. As you know, there are now a good many Armenians here, and we have already seen quite a number of instances of this affection in this stage. It is an infectious disease, occurring at all ages, especially in children, and affecting chiefly the parts exposed—hands and face—in the form first of a single small papule, becoming slowly pustular, and then denuded of its cover and forming a crust; the crust remaining adherent a long time, whilst beneath it a destructive process goes on, and the lesion spreads laterally, until, by the growth of a single one or the confluence of many in the same area, it affects large portions of the skin, sometimes forming a cicatrix more than an inch in diameter. It is inoculable and often affects several members of the same family, but the infective element has not yet been positively determined. Several cocci have been discovered in it, but the cultures of them are not inoculable, as the materials which are found in the discharge from the sore are.

This condition is especially interesting because the scars, which last through life, are very deep and large and disfiguring in character, and are very likely to be interpreted as the results of a syphilitic process. It will be well to remember, therefore, that we are getting here a considerable number of these scars on different parts of the body in representatives of this nation. This patient shows very well indeed the character of the lesion, but it is not so deep as several we have seen are.

HYDROA ESTIVALE OR VACCINIFORME.

I show you also two extraordinary examples of a rare affection. These children were brought to me a year ago. As you will observe, their faces and extremities are thickly occupied by more or less circular cicatrices varying in diameter from an eighth of an inch to an inch. You will notice also some of the primary forms of lesions which always terminate in these scars, namely, large vesicles and bullæ.

The disease began in the girl, now ten years old, according to the mother, at the age of eight months, in the month of December, with crops of water-blisters upon the face, lower legs and lower arms mostly, which succeeded each other continuously until the following April, when they entirely ceased to appear. This occurrence has been repeated yearly since then,