

5. Infection of the respiratory tract.

Gas-oxygen is of great value in war surgery since the greater number of delayed primary and secondary suture of wounds can be made with the use of this anesthetic alone.

The special advantages of gas-oxygen in war surgery are:

1. Ease and rapidity of inducing anesthesia, thus preventing a struggle, enabling the immediate beginning of the preparation of the field of operation and the carrying on of several parallel operations without the one disturbing or distressing the other.

2. Rapid recovery and rapid exchange of patients between operating room and ward.

3. The relief from the care of recovering patients on the wards and the consequent liberation of the personnel for other duties.

All these points are important when the large number of secondary wound closures are considered—as many as sixty in a single day.

The comfort of the patient is a decided point.

There was no death nor injury from the anesthetic.

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AUTHORS' ABSTRACTS

Surgery

Congenital Pyloric Stenosis: A Comparison of the Operative Procedures for its Relief, and a Contribution to the Technique. W. Lowndes Peple, Richmond, Va. *Virginia Medical Monthly*, Vol. 46, No. 2, May, 1919, p. 25.

This condition, once regarded as a pathological curiosity, is now recognized as a definite clinical entity. The symptomatology has been worked out until diagnosis is easy.

The pathology consists of a marked thickening of the circular muscle of the pylorus.

The problem is more than a mere mechanical one, for the patient is an infant six to ten weeks old and more or less starved.

The methods of relief are by posterior gastro-entrostomy and the Rammsstedt operation.

The former presents many difficulties of technique and requires much more time than the latter. The Rammsstedt operation consists in a division of the circular muscle of the pylorus down to the mucosa. It is easily and quickly performed and bids fair to supercede the other procedure entirely.

The author reports four cases in detail, two done by each method with four recoveries.

He has devised a little table for these and

other similar cases, which greatly facilitates the work. It is made of wood, is 28 inches long, 10 wide and 8 high. It has a head piece that drops back at any angle, a wire to screen the anesthetist and a drawer to be filled with hot water bags to maintain the body heat.

Basal-Cell Epithelioma. A. C. Broders, Rochester, Minn. *Journal American Medical Association*, Vol. 72, No. 12, March 22, 1919, p. 850.

The writer reports the findings in a series of 268 cases of basal-cell epithelioma from a series of 2,000 cases of general epithelioma examined at the Mayo Clinic. According to these statistics basal-cell epithelioma occurs in persons whose age averages 56.7 years, more often in males than in females, and more often in farmers than in any other class of people. Previous mole, wart, pimple, ulcer, etc., was associated with the neoplasm in 37.1 per cent. of the cases. A family history of malignancy and a personal history of injury play a negligible part. The duration of the lesions varied from three months to forty-five years; it averaged seven years and one month. Ninety-six and twenty-eight hundredths per cent. of the lesions occurred above the clavicle. Treatment in approximately 75 per cent. of all cases consisted in excision with the knife alone or one excision with the knife followed by cautery. Patients who had been treated with acids, carbon dioxide, etc., before coming to the Clinic were not so readily cured. Practically all the neoplasms in this series originated in the germinal layer of the epidermis of the skin. Basal-cell epithelioma can change into a squamous cell epithelioma or at least into an epithelioma in which the squamous cells predominate. Basal-cell epithelioma is of low-grade malignancy; not a single case of this series metastasized; 75.45 per cent. of the patients reported living have been free from the disease on an average of six years and six-tenths months. Fewer than one-third of the 35 patients known to be dead died of the disease. The theory that excessive exposure to sunlight is a cause of basal-cell epithelioma does not seem borne out by this series of cases as the hand, which is exposed to the sunlight at least as much as any part of the body above the clavicle, showed no lesions.

Sugar Tolerance in Cancer. G. L. Rohdenburg, Adolph Bernhard and Otto Krehbiel, New York, N. Y. *The Journal of the American Medical Association*, Vol. 72, No. 21, May 24, 1919, p. 1528.

Sugar determinations were made of the blood just before, and again 45 and 120 minutes after, the ingestion of 100 grams of glucose. While the normal individual, after ingesting the stated amount of glucose, shows in the blood stream a marked increase of sugar which reaches its maximum in about 45 minutes and then recedes to the normal figure, the individual with cancer shows a steadily rising figure which is higher at the end of 120 minutes than at 45 minutes. The report is but a preliminary one and suggests the possibility of using the method as a diagnostic aid.

Immediate Perineal Repair. Virginius Harrison, Richmond, Va. *Virginia Medical Monthly*, Vol. 46, No. 2, May, 1919, p. 33.

A complete success must be attained, or the operation is a bad one, or the operator did not know how to do his work. The most plausible explanation is that the obstetrician will attempt any operation without sufficient help, light and favorable surroundings, while the surgeon will demand all necessary conditions, and get them. All lacerations except the third degree can have the sutures placed while waiting for the placenta to be detached and expelled. At no time is the vagina freer from blood. The laceration can be seen, the sutures inserted with the use of very little additional anesthetic, and tied without pain after the completion of the third stage of labor.

A woman has a right to decline to take the anesthetic later if the immediate operation will give good clinical results. Sufficient number of operators report success for us to expect in most cases but little morbidity.

If one tries to make a good looking perineum by putting in too many sutures one often does not have a very strong result. One sometimes scrubs the sutures with strong antiseptics instead of pouring aseptic solutions over them and thereby irritates instead of cleaning and soothing. Sterile water is sometimes better than anything else in women with fat buttocks, as lysol or bichlorid solutions often irritate these people and may be a starting point of infection.

A doctor often does the best he can under the conditions, but knows that under other surroundings he could make a complete cure. Doctors must educate the people that obstetrics requires good help and must demand it if they wish to obtain good results.

The Corpus Luteum in its Relation to Amenorrhœa, Sterility, Abortion and Pseudo Extra-Uterine Pregnancy. Edward H. Ochsner, Chicago, Ill. *Illinois Medical Journal*, Vol. 35, No. 5, May, 1919, p. 225.

In recent years some very interesting facts have been observed by veterinarians on the influence of the corpus luteum on sterility and abortion in the cow, and it has occurred to the writer that this data might be of great value in solving some of the similar problems in the human female.

It has been observed, for instance, that if a false corpus luteum remains unabsorbed in either ovary of a cow she does not come in heat, a condition which corresponds to amenorrhœa in woman; and so long as the cow does not come in heat she, of course, remains sterile. On the other hand, as soon as this false corpus luteum is absorbed normally or expressed manually by the operating hand of the veterinarian, the phenomenon known as heat develops within twenty-hours. The writer has had a number of patients with premature menopause who gave the history of having suddenly stopped menstruating because of a severe chilling during a menstrual period and who have never menstruated since, and another considerable number of patients who, following a severe chilling or illness during a

menstrual period, menstruated only at intervals varying from several months to several years, who have had the distressing symptoms of artificial menopause, who today should be laparotomized, an examination of the ovaries carefully made, and if an unabsorbed corpus luteum is found, it should be excised with the hope of relieving their symptoms, re-establishing menstruation and curing their sterility.

Veterinary surgeons have also made another very important discovery. Sometimes in expressing what they considered a false corpus luteum they have actually expressed or ruptured a true corpus luteum, in which instance one of two things has invariably happened: either the cow has bled to death in a very short time or she has aborted within from twenty-four to thirty-six hours.

The Cystoscopic Study of Urologic Conditions in Children. Frank Himman, San Francisco, Cal. *American Journal of Diseases of Children*, Vol. 17, No. 5, May, 1919.

It is a simple procedure to cystoscope the bladder and catheterize the ureters in girls of any age and boys over four or five years. For boys under five years external urethrotomy must be done.

The indications for the above must be definite and carefully considered. The finding of residual urine in boys is strongly indicative of posterior valve formation, an early diagnosis of which may save the child's life. For bladder catheterization in infants, a No. 5 or 6 F. Albarban flute-end ureteral catheter is used.

Before cystoscopy, the evidence of the roentgen ray and of the kidney function should precede the decision, the former being much more reliable in children than in adults, because of the better definition and greater accuracy.

Functional tests should be done and the most practical is with phenolsulphonephthalein. Repeated tests should be made, because the possibilities of error are greater in children.

When a probable vesical or renal lesion is suspected by the preliminary investigations, then a cystoscopy or ureteral catheterization should be done, regardless of age. The author's youngest case was eleven months in a girl and three years in a boy.

In a series of cases of pyuria in girls, simple cystitis, bilateral pyelitis and unilateral pyelitis were differentiated. The quick and remarkable benefit following pelvic lavage with silver nitrate in infected cases is worthy of attention and the procedure requires five to ten minutes.

Two cases of bilateral involvement in cases of miliary tuberculosis have been diagnosed. Calculus formation has been recognized four times in boys from three to five years. Acute hemorrhagic nephritis has been studied in two girls, ages six and ten years. Investigations and diagnosis were made in a retroperitoneal sarcoma, a hypernephroma, and an insufficient horseshoe kidney, all later confirmed. Valve-like obstructions in the posterior urethra have been detected in two instances and were operated upon.