

the one-sixth inch lens be used, the student will be discouraged and a good clinical resource will be discredited. I am told that there are laboratories, especially in Germany, where there is a better and quicker technique than what I have described and a wiser and more thorough elaboration of detail. If so, surely the fullest details of that better technique ought to be laid before us; but meanwhile I venture to hope that the method which I practise is worthy of being recorded in full detail for such of my medical brethren as care to read this memorandum. Finally, when I have been beyond the reach of slide-baths, fixed white basins with outflow pipes, electric lamps, paraboloid mirrors, and water taps laid on in the laboratory, I have managed very well with common little glass tumblers, a white wash-hand basin from a bedroom, an eighteen-penny paraffin lamp with its tin reflector, and a Higginson's syringe, wherewith I syphoned from a large bowl placed on a shelf the gentle stream of water which after washing my slides was caught in a whiteware slop-pail standing on the floor. Thus, if only the microscope and the method be available the technique can be carried out in an ordinary workroom, the accessories being improvisable by the ingenuity of the microscopist.

Birmingham.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### THE USE OF TURPENTINE IN RENAL HYDATIDS.

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A MAN, about 60 years of age, came to me in December, 1904, complaining most of extreme flatulent distension, which was worse at night, causing insomnia, mental depression, and a general condition of illness unfitting him for responsible work. Incidentally he mentioned that for 15 years past he had had occasional attacks of colic followed by the passage of hydatids in the urine, usually once or twice in 12 months. The last attack occurred in October and was very severe, so that his condition was critical and he had not yet recovered strength after it, though now almost free from pain. The urine (specific gravity 1034) deposited urates and uric acid. As he had been told by several advisers that no medicines affected hydatids he asked for no treatment in that direction, although a tumour of the size and shape of a large orange could be felt deep in the left kidney region; it was moveable, smooth, not tender, and without definite thrill. The prescriptions which he showed were mainly for flatulent distension and when this was relieved (as it was by regulation of diet, sulphites, cachets of charcoal with thymol, validol, &c.) he commenced (on Dec. 13th) to take 15 minims of ol. terebinthinæ mixed with liquor potassæ, mucilage, and liquorice night and morning. He continued this as the main treatment and was able in February of this year to return to his duties which involved administration of a large institution. All the symptoms were better and the lump was smaller.

On March 2nd he forwarded by post a sample of hydatid vesicles varying from the size of a pea to that of a hazel-nut "passed with but little pain"; the turpentine had been continued, he said, "with the exception of very few days"; the general health was improved. On April 10th more were passed, described as "smaller and darker," and the medical man who had known about the cyst before the patient's visit to Brighton expressed himself as "very surprised and pleased to find it only half its former size." The letter adds: "I am also very much better *re* dyspepsia and flatulence," confirming my opinion that the severe attacks which for a long time occurred about 2 A.M. were connected with mechanical pressure on the colon (now relieved). Early in July, turpentine having been continued, he reported "no sign now of kidney trouble though there is a small lump; the doctor says it is so small and diminishing so continuously I need not go to him again. .... I have been travelling in Ireland lecturing three times a day; all indigestion and flatulence have left me. I really feel a new man." His expressions of grateful thanks I interpret as showing the

very suffering state which he had been in and the remarkable benefit that he had obtained apparently from the remedy which I take the opportunity of again bringing into notice.

Renal hydatids are so far rare that the late Sir W. Roberts (second edition) could only refer to 63 cases, in 20 of which "recovery was assumed." He mentions that turpentine was given in a large number of those recorded but finds "little evidence of its beneficial influence." This remark has no doubt influenced practice, and Whitla (fourth edition) goes so far as to say "the wild statements about efficacy of kamala, turpentine, &c., have been proved devoid of truth." My own opinion of its still being worth trial—especially in renal cases—was derived from conversation with Dr. Warburton Begbie, no mean observer, but I have not been able to find the subject mentioned in his writings. *Valeat quantum.*

Hove, Brighton.

#### A NOTE ON THREE UNUSUAL MIDWIFERY CASES IN ONE WEEK.

By H. H. ROBINSON, M.R.C.S. ENG., L.R.C.P. LOND.

THE note on these three cases has been written chiefly on account of their extreme rarity, as none of them presented any extraordinary difficulty in treatment. They occurred in a general practice within seven days.

On Jan. 14th I was called by a midwife to a case which she was attending and on arrival I found that the child had been born some little time and that the mother was apparently dying. There was a huge mass outside the vulva, lying on the bed, which proved to be the uterus completely inverted and extruded as far as the vaginal vault. To the surface was attached the placenta, very firmly adherent, as were also the membranes. The patient was suffering from profound shock, so I first administered strychnine, digitalin, and "ergot aseptic" hypodermically. She rallied a little, so I proceeded to strip off the placenta and membranes and then after considerable difficulty replaced the uterus. The first portion of the re-position was easy but the swollen state of the fundus caused much trouble. Shortly after this my colleague, Dr. James Pinkerton, arrived and for two hours we did all in our power to relieve the extreme shock but with no success, the patient, who was a bipara not much over 20 years of age, dying at the expiration of that time. It was strongly denied that traction on the cord in the attempt to remove the adherent placenta was the cause of the accident.

The next case was one of triplets, all girls, all footling presentations, and the unusual feature of the case was that only one placenta was present with three amniotic sacs. I examined the placenta carefully but found no evidence of the coalescence of two.

The third case occurred six days later and on arriving I found that the child had been born about two hours. There was a large bluish tumour protruding from the vulva, larger than a foetal head at term, which consisted of the cervix uteri enormously swollen. The woman had a very tight perineum and evidently in straining had forced the uterus down and the vessels had become constricted. Efforts to reduce the cervix without anæsthesia were unsuccessful; chloroform was then administered, after which the reduction was effected and later in the day the cervix appeared quite normal.

Birkenhead.

#### A CASE OF CÆSAREAN SECTION.

By ALFRED E. ASH, M.D. VICT., M.R.C.S. ENG.

BEING recently requested to attend an inmate of the South Molton Workhouse I found that the patient, a primipara, aged 18 years, had been in labour for several hours. On examination a hand was felt to be presenting low in the vagina and I therefore at once sent for Mr. H. J. Smyth (the official deputy of the gentleman for whom I was acting) to anæsthetise the patient as a preliminary to version. Chloroform was administered and I then found that the case was one of extreme pelvic contraction in the antero-posterior diameter, and although after considerable difficulty a foot was brought down, yet it was impossible

to effect the delivery of the breech. The general condition of the patient was becoming serious and it was decided that immediate Cæsarean section was indicated. After some little delay in obtaining the necessary instruments I administered the anæsthetic and Mr. Smyth opened the abdomen, incised the uterus, and rapidly removed the foetus and placenta. The uterus contracted well and the incision in its wall was united by means of three silk sutures. The abdominal wound was kept open for some time and swabbed out until the hæmorrhage from the uterine wall had practically ceased, the abdominal wound being then closed with one set of silk sutures. I followed the usual lines of after-treatment. The wound was dressed for the first time on the eighth day and was found to be entirely free from suppuration. With the exception of some temporary atony of the bladder the mother recovered without a bad symptom. The child was healthy and well nourished but presented a large spoon-shaped depression of the frontal bone corresponding to the point of pressure of the head on the sacral promontory.

South Molton, North Devon.

## Reviews and Notices of Books.

*Scientific Reports on the Investigations of the Cancer Research Fund.* In two parts. London: Taylor and Francis. 1905. Price 2s. 6d.

AT the annual meeting of the general committee of the Imperial Cancer Research Fund held recently at Marlborough House a highly important report was presented,<sup>1</sup> setting forth in detail the investigations carried out under the direction of the executive committee during the two and a half years that have elapsed since the inauguration of the fund. The report, which is signed officially by the general superintendent of research, Dr. E. F. Bashford, is published in two parts, the first of which deals with the statistical investigation of cancer and the second with the growth of cancer under natural and experimental conditions.

That a vast amount of patient, novel, and useful research has been accomplished by the superintendent and his colleagues, Dr. J. A. Murray and Dr. W. Cramer, is attested by every page of the report, although certain of the opinions therein advanced on recondite biological and pathological points will not be universally accepted by experts. This, of course, is well known to our readers, our columns having been open to the opposite views of several other authorities. It is in the present state of our knowledge (or ignorance) inevitable that in all which relates to what may be termed the life-history of malignant disease there should exist among scientific men much divergency of opinion, and until certain of the fundamental or principal points challenged have been adequately discussed and some general agreement has been attained we cannot expect to escape considerable eager controversy. But we may be excused for hoping that that controversy will always be conducted with urbanity, the temperate and courteous language which befits scientific discussion being employed. We are constrained to make this remark in the interest of scientific progress, for we regret to note a tendency in more than one quarter to treat contemptuously the opinions of antagonists whose honesty and whose ability to conduct scientific research are entirely above suspicion. Our acquaintance with the pathology of cancer is so small in certain directions though so appallingly large in others, and the work of one school of investigators is so directly opposed in its originating creeds to that of other observers who have had equally good opportunities, that no one is called upon at this phase of the controversy to take a side. The open mind is not a confession of pusillanimity but a condition of the circumstances. Dr. Bashford must have expected that the volume of these scientific reports dealing with

the zoological distribution, the limitations in the transmissibility, and the comparative histological and cytological characters of malignant new growths, would provoke some contradiction, but his views being founded upon elaborate and carefully checked labour he rightly expresses them without too many reservations. Having carefully perused this volume we may say at once that it has evidently been prepared with befitting care and ability and forms a valuable contribution to the debates that in the future will be frequent.

We must now turn to the consideration of the statistical side of cancer research, premising that we are not disposed to quarrel with Dr. Bashford because, in his natural and commendable zeal for purely experimental work, he seems to have formed a lower estimate than we ourselves have done of the value of statistical evidence in the elucidation of cancer problems. As far as we are aware no responsible authority has hitherto claimed for the national statistics anything more than this—that they furnish the best, and indeed the only, available indication of the terrible loss of human life which is caused by this disease; that indication being based, not in all cases on facts revealed in the laboratory or in the post-mortem room, but more commonly on the opinion of medical practitioners formed on clinical experience alone. The personal equation must count for much here just as it does in the results of pathologists, who, moreover, have to do their work in varying circumstances imposing chances of error from which the statistician is spared. Even if equal skill on the part of scientific observers could be assured, the conditions under which histological and pathological observations are made vary so widely that the results derived from different sources must be of very unequal value. In the present report the term cancer is held to include all forms of malignant new growth—a course which would appear to be justified in view of the difficulty that obtains, at any rate in private practice, in distinguishing one form of malignant growth from another. When the death-rates at different ages are compared it is found that carcinoma and sarcoma increase with advancing age in precisely the same manner, and this fact is held by Dr. Bashford to suggest that sarcoma and carcinoma are manifestations in different tissues of an essentially similar process.

Is cancer increasing at the present time or is it not? This is one of the foremost medical questions of the day and the almost universal belief that this terrible malady is rapidly gaining ground amongst us was undoubtedly the motive which induced the establishment and endowment of the Imperial Research Fund with the King as Patron and the Prince of Wales as President. Upon this important question there still remains a conflict of opinion and this, too, among experts whose judgment is in all respects worthy of confidence. On the one hand the national records of the last half century show a decided and progressive increase in the mortality attributed to malignant disease. And although it is unquestionable that some of this increase is apparent only and is due to improvement in medical diagnosis, it may nevertheless be seriously doubted whether the whole of it can be thus accounted for. Moreover, it is held by many surgeons of experience that cancer is now much more frequently encountered in hospital practice than was the case 20 years ago. On the other hand, it is contended by those who take the opposite view that inasmuch as the increase in cancer fatality is much greater in cases where inaccessible organs are invaded than in those where the part affected is readily accessible to examination, the evidence hitherto available is insufficient to prove an actual increase in the prevalence of this disease. At the present stage we do not know for certain whether cancer is actually increasing or not and it will be probably some years as yet before we are able to decide this question satisfactorily. Meanwhile,

<sup>1</sup> THE LANCET, July 8th, 1905, p. 105.