

the starting point from which these growths originate.

From the author's compiled table he finds that thirty-one cases were operated upon and ten were not. Of the thirty-one cases only twenty-eight can be utilized. Of these, eleven had had no recurrences and seventeen had recurrences. Five lived beyond the three years limit without recurrence. Tuttle, Key and Drenkhohn, each had one case, and Esmarch had two. Tuttle's died in three years and four months of metastasis; Key's died at the end of the third year of recurrence; Drenkhohn's died of ileus at the end of the third year. Only Esmarch's cases had no recurrences; one was alive at the end of the eleventh year, and the other at the end of the third year.

Attention is drawn to the rapid recurrence after operation. Three had recurrence as early as the fourteenth day, two between the second and fifth months, four between the fifth and twelfth months, and two between the first and third year.

The average length of time that the patient lived after an operation, dying of recurrence, was nine months; the shortest was five weeks, and the longest three years.

The duration of the disease was noted in twenty-four cases from the time of the first appearance of the trouble to the day of operation. The longest was four years and the shortest two months; the average fourteen months and twenty-two days.

The length of time that the patients lived without operative interference can be arrived at from the report of four cases. One lived two years and eight days; another one year and five weeks; another one year; and the fourth lived five months—an average of about thirteen months.

The length of time from the first appearance of the trouble, till death, where no operation was performed, in three cases was: one lived one year and five weeks; one lived two years and eight days, and the third lived five months.

A microscopical examination of the tumors revealed that most of them were of the alveolar type.

He concludes his paper with the suggestion that as the course of the disease is so malignant, extirpation is the only rational thing to be done. Not only should the neoplasm be removed thoroughly, but a good deal of healthy tissue should be sacrificed. Should the tumor be located at or near the anus, the sphincters as well as the inguinal glands should be extirpated.

A. B. C.

SOME COLONIC, SIGMOIDAL AND RECTAL CONDITIONS.

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Dr. Edwin A. Hamilton, Columbus, Ohio, states that the ascending and a portion of tranverse colon have to do with absorption of the fluids of the digestive tube. The descending colon and sigmoid are concerned with storing fecal debris. There are changes in the intestinal wall of the descending colon, sigmoid and rectum which are due to the function of these parts. On account of the stagnation, fermentation and putrefaction in the contained mass, toxins and bacteria, under conditions favorable to this process, pass through the mucosa into the wall of the bowel. The result of this permeation of the wall of the intestine is an irritation which brings on a round cell infiltration of its layers. This infiltration diminishes the elasticity of the viscus and by its slow but inevitable contraction diminishes its lumen. This same process of round cell infiltration may attack the mesenteries of these various divisions of the bowel and cause thickening and contraction of them. The main symptom of this condition is prolonged and intractable constipation with all its morbid sequellæ.

After fibrosis has occurred the affected area

may be palpatated, if the abdominal walls are relaxed. It is needless to remark that all accessible viscera must be investigated and every other cause of the constipated state must be eliminated. The treatment is hygienic, in which diet and colonic lavage occupies a very prominent position.

Surgery must be invoked in the advanced cases when the fibrosis is marked. Any part or all of the colon except the part concerned in the absorption of fluids may be removed.

Metchinkoff is a prominent advocate of the idea that the colon is the territory from which most of the poisons which destroy the body originate, and that if man possessed no storehouse in which digestion debris may stagnate and putrefy, he would be a much more physically perfect animal. So that we may not hesitate to remove any portion of the large bowel, no matter how extensive that portion may be, when it has already lost what little functional value it originally possessed.

A. B. C.

DERMATOLOGY

The report of Prof. A. Neisser's expedition to Java for the experimental study of syphilis, given by Dr. Howard Fox in the Medical Review of Reviews, Feb., 1909, taken from *Verhandl der Deutsch Dermatol Gesellsch.* 1908, is so important that it should be published and republished until the profession as a whole have become in possession of the facts.

His experiments of two years confirm his belief that the *spirochæta pallida* is the cause of syphilis.

The monkey remains the most suitable animal for experimental purposes.

The virulence of the disease in the animal did not depend upon the quality of the *spirochæte*, *i. e.*, whether or not it came from a primary, secondary or tertiary lesion, but upon the quantity inoculated, or upon the different individuals or races.

The inoculations succeed best when a visible abrasion is produced.

A generalized infection of the system takes place usually in fourteen days, and before any manifestation of an initial lesion.

Infection by subcutaneous injections, while rare, may be done by preventing phagocytosis.

Excision of the point of inoculation as late as sixteen days may prevent infection in the lower monkeys, but excision has failed to pre-

vent infection when done eight hours after inoculation. Local injection of mercury or atoxyl did not abort the disease.

Disinfection at the point of inoculation was successful in very many cases, and is to be recommended as a preventive in man. The following preparations may be applied to the genitals of both male and female:

- (a). 33 per cent. calomel ointment containing a solution of sodium chloride.
- (b). Solution of bichloride 1 to 400 or 500.
- (c). 10 per cent. quinine, glycerine, water solution.
- (d). 50 per cent. iodoform—glycerine.

No spontaneous cure has been observed during the two years.

True immunity could not be determined. New lesions could not be produced on syphilitic animals by further inoculation, either from their own virus or from another monkey.

The behavior of syphilis in the human can not be accurately judged from syphilis in the lower animals. The human offers less resistance to the development of the *spirochæte*, so that excision of the point of inoculation is not as likely to prevent infection in man as in the monkey.

Mercury or arsenic preparations are able to eradicate syphilis in lower monkeys. Iodine