

likeness between the extensive scleroderma and Addison's disease. In scleroderma, however, the pigmentation of the conjunctiva and mucous membrane of the mouth is absent, while in Addison's disease the doughy swelling and thickening of the skin, with associated pigmentation in various places and absolute loss of pigment elsewhere, are never present. Moreover, the loss of strength in true Addison's disease and the more rapid course are characteristic of most, if not all, the cases.

Neumann is inclined to believe that the condition represents a chronic intoxication, probably of a non-bacterial nature.

The prognosis he considers extremely grave. Although improvements and recoveries are occasionally spoken of, the possibility of the latter he considers very slight, most cases in which recovery is supposed to have occurred having been imperfectly reported.

With regard to treatment, Neumann has obtained little result from internal medication. On the other hand, in his three last cases marked improvement has followed the persistent use of hot-air treatment.

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**On Occult Hemorrhages into the Stomach.**—BOAS (*Deutsch. med. Wochenschrift*, 1901, xxvii., 315) mentions the fact that if gastric hemorrhages are of very slight extent they may be entirely overlooked, especially in an acid medium, and he has been struck by the fact that, with careful methods, blood may not infrequently be demonstrated in specimens of gastric juice in which, macroscopically, it might never have been suspected. He prefers Weher's modification of the guaiac test, and states that special care should be taken that the tincture should always be freshly prepared. This he believes to be the most delicate method, especially if the ethereal solution, after the addition of tincture of guaiac and oil of turpentine, is shaken out in water and chloroform, and the mixture allowed to stand for a considerable time. The gastric juice to be examined should be taken by means of the stomach-tube and with great care. The vomitus often contains blood from other regions. The observations of Boas have been limited to eighty-three cases, including a variety of different conditions. He divides his results into three classes: 1. Those in which hemorrhages were constantly absent. 2. Those in which they occasionally occurred. 3. Those in which they were always found. The first group included all the cases of neuroses as well as those of gastritis anacida, with one exception, and, further, a case of subacidity, and all cases of superacidity, supersecretion, and benign dilatation. To the second class belong the cases of ulcer of the stomach or secondary pyloric stenosis following ulcer. Blood was occasionally found also in a case of duodenal stenosis, and also in a case of syphilis of the stomach, as well as in an instance of carcinomatous stenosis of the large intestine. In the third group fell one case of hypertrophic stenosis, and all the cases of carcinoma of the stomach. In every one of these latter blood was invariably found, although in the majority it was not to be made out on gross examination.

The clinical importance of this seems to be that blood is especially likely to be present under three conditions—in typical ulcer, in tumors with a tendency to ulceration, and, finally, in conditions of well-marked chronic passive congestion. In combinations of these conditions the tendency is, of course,

correspondingly greater. It is, of course, evident that the determination of small quantities of blood in the stomach does not give us a diagnostic sign, but Boas believes it is an important addition to our methods of diagnosis. It may help us to distinguish doubtful cases of ulcer from gastric neuroses, and if it be a question of carcinoma the great frequency of the presence of blood in this condition is in sharp contrast to the fact that in chronic anacid gastritis, as well as in gastric neuroses, no blood has been found. Inasmuch, however, as ulceration which occurs in the majority of all cases of carcinoma is not a very early symptom, the presence of blood in most instances will hardly help us to an early diagnosis. Boas further raises the question as to whether the constant loss of small quantities of blood may not play an important part in the development of the so-called carcinoma cachexia.

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## SURGERY.

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UNDER THE CHARGE OF

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**The Advantages and Disadvantages of Drainage after Abdominal Operations.**—ROBB (*Journal of the American Medical Association*, July 6, 1901) reports two series of cases, in the first of which there were 114 and in the second 108 consecutive unselected abdominal sections without a death. In a paper published in 1890 the author summarizes the indications for drainage as follows: 1. To provide a means of escape for the serons oozing which follows the separation of broad adherent surfaces. 2. To guard against septic peritonitis from retained pus from the tube, ovary, or other viscus. 3. To remove fluid in cases of persistent capillary hemorrhage. 4. To provide against hemorrhage in cases of hysterectomy when the pedicle is dropped. 5. To drain the peritoneal cavity and starve out the disease in cases of chronic or tubercular peritonitis. The following objections to the insertion of drainage-tubes have been formulated by Welch: "1. They tend to remove bacteria which may have gotten into a wound from the bactericidal influence of the tissues and animal juices. 2. Bacteria may travel by continuous growth or in other ways down the sides of the drainage-tubes, and so penetrate into a wound which they otherwise would not enter. We have repeatedly been able to demonstrate this mode of entrance into a wound of the white staphylococcus found so commonly in the epidermis. The danger of leaving any part of the drainage-tube exposed to the air is too evi-