series of experiments by Messrs. SHATTOCK and BALLANCE (*Path. Society*, May 17, 1887) give no support to this view. Using various nutrient materials, pieces of sarcoma, epithelioma, etc., were "cultivated," but the results were entirely negative. It was incidentally confirmed by the investigators that the normal tissues of the viscera are wholly free from microörganisms, so long as care is taken, in experimenting, to exclude accidental contamination.

Three elaborate papers on tumors are to be found in the *Deutsche Zeitschrift für Chirurgie*, Band 25, Heft 4 and 5. The first, by DR. FISCHER, records a case of primary melanosis of the penis, and goes fully into the literature of the subject. The second, on the prognosis, etc., of scirrhus of the breast, by DR. HILDEBRAND, is a valuable contribution to the statistics of the operation of excision. The third, by DR. WASSERMANN, treats of the various sarcomata, or "connective-tissue growths" met with about the head, being founded on a large number of cases observed at the Heidelberg clinic. In the *Archiv für klinische Chirurgie*, Band 35, Heft 2, is another careful compilation of cases of melanotic sarcomata occurring in various parts of the body. Although hardly of a nature to allow of abstracting, these monographs can be warmly recommended to those interested in the subject of malignant growths.

OPERATIONS ON THE GALL-BLADDER, ETC.

MR. PAGE (*Lancet*, June 25, 1885) performed cholecystotomy in a case of distended gall-bladder; a calculus was removed from the cystic duct with lithotomy forceps, as well as two smaller ones. The walls of the cyst were stitched to the wound-edges and a drainage tube inserted, the wound entirely closing in five weeks.

DUPUYTREN'S CONTRACTION.

PROF. KOCHER makes an interesting contribution to the study of this disease in the *Centralblatt für Chirurgie* for June 25 and July 2, 1887. Four cases treated by simple incision of the affected part of the palmar fascia, after fully cupping it by Esmarch's bloodless method, are given in detail. The results were very satisfactory, and tended to disprove the view held by some that the skin is concerned in the production of the deformity. Primary union of the wound followed in three of the four cases, no drainage being provided for. A detailed examination of the incised pieces of aponeurosis showed that there was a cellular thickening in the vessel-walls, together with multiplication of the connective-tissue cells—in short, that the process was one of a diffuse chronic inflammatory nature. Whether there was any cell-exudation or not was considered doubtful. The family tendency toward Dupuytren's contraction was well illustrated by one case, the patient's brother, father, and one uncle having all been affected in the same manner.

DISEASES OF THE JAWS.

In a series of lectures published in detail with illustrations in the *British Medical Journal* for June and July, 1887, MR. CHRISTOPHER HEATH deals with a subject of which he has long made a special study. The various tumors affecting the maxillæ and the deformities of the mouth are fully de-

scribed, and the operations for their relief illustrated by a number of cases. To those interested in the subject, Mr. Heath's lectures will be found to contain much valuable material.

Mercurial Injections in Syphilis.

M. Martineau's communication on this subject deserves attention owing to his very large experience, for he has since 1881 treated no less than six thousand patients by this method—*i. e.*, the injection of a peptonate of mercury into the back. Each patient on an average received thirty injections, and subsequently underwent a short course of mercury taken by the mouth. According to the author, the injection plan is by far the most rapid in its results, and is practically free from any risk of causing stomatitis, etc.

"Hammer-toe."

A discussion on the curious deformity of the first interphalangeal joint known as "hammer-toe" took place at the Clinical Society (see *British Med. Journal*, June 4, 1887). Mr. Anderson showed a case in which he had incised the head of the proximal bone with good result. The tendency of the deformity to occur in families was emphasized, and its pathology ascribed to contraction of the plantar fibres of the lateral ligaments and of the glenoid plates. In a debate on the same subject at the Société de Chirurgie (*Bulletin*, April, 1887) MM. Terrier, Verneuil, and Lannelongue advocated incision of the affected joint in preference to amputation. There is no doubt, whatever view he held as to the pathology, that tenotomy of the flexor tendon is quite useless.

Several writers (Messrs. Howard, Marsh, Lucy) have lately called attention in the *British Med. Journal* for May, to a chronic form of arthritis affecting the great toe-joint (metatarso-phalangeal), and occurring almost exclusively in young men. It produces considerable pain and rigidity in the joint, and leads to gradual recovery with some stiffening. Whilst nothing very new was brought out in the discussion as to the pathology or treatment, it was shown that many of the cases are coincident with flat-foot, others, perhaps, being due to inherited tendency to joint-disease.

Cleft Palate.

M. Le Bec (*Gaz. des Hôpitaux*, April 26, 1887) in a case of cleft palate with wide aperture performed an operation advised by M. Lannelongue, detaching a flap from the side of the vomer and bringing it down to the palate. The result was not encouraging, owing to the extreme retraction of the flap, and would not appear to be worth imitation.

Long papers on the anatomy of cleft palate have appeared in the recent numbers of the *Bulletin de la Soc. Anatomique*. The author, M. Broca, has examined a large number of specimens with reference to the doubt lately thrown by M. Albrecht on views first suggested by Grœthe. He confirms M. Albrecht's observations that in a considerable proportion the cleft does not pass between the incisors and canine teeth, although in some it does. Further, there are frequently three incisors developed on one or both sides, and the cleft, if present, will probably pass between the two central and the lateral

incisor. M. Broca's work is very detailed, but unfortunately is poorly illustrated.

Another contribution to the subject of "Cleft Palate and Fissures of the Face" is by DR. MORIAN in the *Archiv für klinische Chirurgie*, Band 35, Heft 2. It is, however, of purely pathological interest.

SYNOVIAL CYSTS IN THE NEIGHBORHOOD OF THE KNEE.

A case of multiple cysts on all sides of the knee-joint in a man of fifty-three of rheumatic tendencies, is reported by MR. MAYO ROBSON in the *Lancet* of July 16, 1887. M. POINIER has been investigating the subject and has from a large number of specimens arrived at the conclusion, that in practically every case the cysts owe their origin to distention of diverticula from the joint. Sometimes they become shut off from the articulation, but careful dissection will even then reveal traces of the previous communication. M. Poinier's papers are to be found in the recent numbers of *Bull. de la Soc. Anatomique*. MR. MORRANT BAKER has arrived at much the same conclusions, and both writers attribute to rheumatic arthritis a large share in the production of the diverticula.

SURGICAL DRESSINGS.

VON MOSETIG MOORHOF strongly recommends an occlusive dressing of iodoform gauze and wool in the case of burns and scalds, gutta-percha tissue being applied astride the iodoform dressing. Under favorable circumstances the dressing may be left for a week or more before changing it; whilst in other cases it is best to apply fresh iodoform-vaseline daily. He has not seen any toxic effects—but the possibility of their occurrence should be borne in mind.—*Wiener med. Presse*, 1887, Nos. 2 and 3.

DE RUYTER (German Surgical Congress, 1887), SENGER and others have to a certain extent vindicated the antiseptic properties of iodoform from the recent attacks of Danish investigators (Heyn and Rovsing in the *Fortschritte der Medicin*). Whilst confirming the fact that iodoform has practically no action on germ-life, etc., outside the body, De Ruyter showed that in the presence of ptomaines the drug is decomposed and has a powerful antiseptic effect. PROF. P. BRUNS (*Ibid*) has treated over fifty cases of cold abscess with iodoform injections (ten per cent. of iodoform mixed with equal parts of alcohol and glycerine) and speaks as favorably of the method as does M. Verneuil, of Paris. He claims for the drug a direct effect upon the tubercle-bacilli.

A NEW OPERATING TABLE.

DR. HAGEDORN, of Magdeburg, to whom the profession is already indebted for introducing several improvements in surgical instruments, has lately devised an operating table especially adapted for antiseptic irrigation during the course of the operation. It is figured and described in the *Centralblatt für Chirurgie*, July 9, 1887, and its chief feature is a median gutter or trench, toward which on either side the surface of the table is made to slope. The table is covered with India-rubber, and the fluid running into the trench is

conveyed by a pipe into a vessel placed beneath. The ease with which the whole can be disinfected is an obvious recommendation.

Injuries of Nerves.

Mr. A. Bowlby (*Lancet*, May and June, 1887), in an interesting course of lectures at the Royal College of Surgeons, described the pathology and treatment of injuries to nerves, and the modes of reunion. They should be consulted as giving a full account of the present state of our knowledge on the subject. Mr. Bowlby supported the "trophic influence" view, gave examples of rapid restoration of function after primary reunion of nerves (an interesting case of which, reported by M. Polaillon, was discussed at the Société de Chirurgie on May 25, and June 10, 1887), and went fully into the subject of "supplementary sensation" after division of a nerve due to communication of its branches with those of adjoining nerves.

Mycosis Fungoides.

According to some writers on this rare disease some cases are capable of complete absorption or resolution of the new-growth, thus sharply distinguishing the latter from the class of sarcomata. H. Hübner (*Deutsche medicinische Wochenschrift*, 1886, Nos. 39 and 40) describes one case in which the multiple tumors disappeared under arsenical treatment, he also gives another in which the usual fatal result followed from pneumonia and nephritis. Very careful research for a microörganism in the new-growths or the viscera was attended with only negative results. According to Hochsinger and Schiff (*Vierteljahrschrift für Dermat. und Syphilis*, 1886, p. 361), who report a third case, streptococci were found in the vessels, but their significance appear doubtful.

Four stages are described in the course of this peculiar disease: 1, erythematous or eczematous patches on the skin; 2, small lichenoid elevations; 3, large moist tuberous elevations; and 4, general cachexia.

Diseases of the Rectum.

The usual treatment of stricture of the rectum by dilatation is, as a rule, so painful and often so unsatisfactory that were electrolysis an efficient substitute it would be gladly welcomed. The case recorded by Mr. Whitehead (*British Medical Journal*, July 2, 1887) is not very encouraging, as after a thorough trial of electrolysis the stricture was found to be as tight as before. It may be mentioned that Mr. Whitehead discredits the theory of the origin of fibrous stricture of the rectum from pelvic cellulitis or injury in childbirth, and believes that it is nearly always due to a venereal cause.

Œsophagotomy.

Dr. G. Fischer records the successful removal of an eyeglass which had become impacted just below the cricoid cartilage, the patient, a young man of sixteen. The use of forceps was unavailing, so the œsophagus was opened on the left side in the usual manner. The wound in it was closed with catgut,

an India-rubber tube employed for giving fluid food, and the progress was one of uninterrupted recovery. An analysis of eighty recorded cases (sixty successful) of œsophagotomy for foreign bodies is appended. Another is added by MR. BENNETT MAY, in the *British Medical Journal* for May 21, 1887, and presents several points of interest. A child, aged four years, had swallowed a half penny which remained impacted just below the top of the sternum for three years, during which time he had become so emaciated from dysphagia as to be unfit for any operation. By means of a catheter, which was introduced past the obstruction with much difficulty, fluid nutriment was conveyed into the stomach, and as soon as his general condition had sufficiently improved œsophagotomy was performed in the usual manner. Considerable force was required to remove the coin, and a rush of air showed that a communication existed with the trachea or a bronchus. Nutrient enemata were tried for four days, but the patient's condition then compelled a resort to feeding by the œsophagus. The regurgitation of fluids through the wound delayed healing, which, however, speedily occurred after an India-rubber tube had been passed through the mouth. With the exception of an attack of intestinal obstruction, due to impacted feces, the subsequent recovery was almost uncomplicated.

HYDATID CYSTS.

A singular complication of an hydatid cyst in the neck occurred in a girl under the care of DR. GARDNER, of Adelaide (*Brit. Med. Journ.*, July 16, 1887). In the belief that the tumor was composed of caseating glands it was cut down upon, and after evacuating the cyst the latter was found to extend downward into the thorax. Severe hemorrhage occurred on two occasions subsequently, proving fatal. The subclavian artery was found to be eroded in its first part, so that the vertebral and inferior thyroid arteries were detached from the main trunk.

Several cases of severe collapse attending the aspiration of hydatid cysts have been lately recorded, one by DR. THOMAS, of Adelaide (*Brit. Med. Journ.*, May 21, 1887). In this case the cyst was large, and was diagnosticated as of splenic origin. Only three ounces were withdrawn, but syncope rapidly came on, and lasted several hours. The patient eventually rallied under the hypodermatic administration of ether. It seems probable that in such cases the absorption of a poison contained in the cyst-fluid accounts for the symptoms, although it is well known that similar phenomena occasionally follow the aspiration of simple pleuritic effusions.

HYDROPHOBIA.

In June, of this year, the report of the English Commission on M. Pasteur's method of inoculation was presented to the House of Commons, and, speaking generally, it may be said to confirm in all important points the claims made by the great French savant. Experiments made on animals by Mr. Victor Horsley showed that M. Pasteur's preventive inoculations provided a complete protection, while careful analysis of the cases treated in Paris, which was made by Professor Sanderson and Dr. Brunton, pointed strongly to a similar protection being afforded in the human subject. At the same time

the "intensive method" appeared to have, in more than one instance, directly led to a fatal issue, and M. Pasteur has since modified this form of inoculation. On the other hand, Prof. von Fritsch (*Die Behandlung der Wuthkrankheit*, etc., Vienna, 1887) has, after a careful series of experiments in Paris and Vienna, failed to verify M. Pasteur's conclusions in several important respects. Thus, in rabbits and dogs, submitted to subdural infection after undergoing a series of preventive inoculations, a large proportion, if not all, succumbed to rabies. Even the "intensive method" was of no avail in the majority of instances. So that, at present, the statements of Dr. Fritsch and Mr. Horsley are in direct contradiction with each other.

The following papers are especially worthy of notice amongst those which have been published during the last three months:

Aëro-Urethroscopy, by DR. G. VON ANTAL (*Centralblatt für Chir.*, May 14, 1887). By means of India-rubber bags connected with the endoscope the urethra is distended with air so as to facilitate the examination of its wall.

Necrosis of the Aural Labyrinth and Paralysis of the Facial Nerve, by F. BIZOLD (*Zeitschrift für Ohrenheilkunde*, Band xvi.). Details of 41 cases are given, 28 complicated by facial paralysis. The importance of removal of the sequestrum, as soon as practicable, is dwelt upon, and the various symptoms dealt with in detail. Disturbances of equilibrium are rarely observed.

Case of Perforating Ulcer of the Duodenum, by A. DUTIL (*Bull. de la Soc. Anat.*, July 1, 1887). This case was interesting surgically, inasmuch as the symptoms closely resembled those of internal strangulation.

Study of the Fractures of the Upper End of the Humerus, by DR. HENNEQUIN (*Revue de Chirurgie*, June, 1887).

Tertiary Syphilitic Affections of the External Genitals, by CH. MAURIAC (*Annales de dermat. et syph.*, 1887, Nos. 1 and 2). The author gives details of 26 cases, well illustrating the difficulty which frequently attends their diagnosis from primary chancres, etc.

The Treatment of Syphilis by Tannate of Mercury, by C. SCHADECK (*St. Petersburger med. Wochenschrift*, 1887, No. 6). The writer does not claim for this drug any great superiority over the other preparations of mercury, but states that, as a rule, it is less liable to produce salivation.

Spina Bifida Occulta, by J. B. SUTTON (*Lancet*, July 2, 1887). A short lecture on the curious overgrowth of hair occurring over the site of defective spinal arches. Six examples are referred to, it is interesting that in two there was a "perforating ulcer of the foot," and clubfoot has also been noticed, although there is, in some cases, no sign of the abnormality in later life except hypertrichosis (usually in the lumbo-sacral region).

Case of Cerebral Abscess following Empyema. Unsuccessful Trephining, by DR. DRUMMOND (*Lancet*, July 2, 1887). In this case the abscess was situated in the upper part of the ascending frontal lobe, the trephine being applied over the lower. The case is well recorded, and merits careful perusal.

Strangulated Hernia complicated by Suppurative Peritonitis. Operation. Recovery. DR. J. BRAMWELL (*Brit. Med. Journ.*, July 16, 1887).

Incision of the Larynx. DR. GARDNER, of Adelaide (*Lancet*, May 7, 1887). In this case, one of epithelioma, in a man of sixty years, the operation was recovered from, but the growth returned within four months.

The Radical Cure of Hernia by Injection, by C. B. HUTLEY (*Brit. Med. Journ.*, May 21, 1887). One case of double hernia, operated on by the writer, has proved a perfect success, having stood the test of time; the two reported in detail only showed that, although severe inflammatory reaction might be produced by the injection (decoction of oak-bark, glycerite of tannic acid, etc.), no curative effect was produced on the hernia.

IN AMERICA.

EXCISION OF THE LARYNX AND PHARYNX.

DR. D. HAYES AGNEW reports in *The Medical News* of April 9, 1887, an operation of this kind on a man, fifty-eight years old, for the removal of a sarcomatous growth as it was considered before operation, but which proved to be a tubular epithelioma. Recognized laryngoscopically by Drs. J. Solis Cohen and C. Seiler to extend down to, but not below the vocal cords, excision of the larynx was advised and performed February 2, 1887, at the University Hospital. After the larynx had been removed the pharynx was seen to be so much involved as to demand its extirpation, "saving a very narrow strip of its posterior wall." The secretions of the mouth and fauces threatening infiltration of the mediastinum by working through the loose tracheal fascia, an aseptic sponge plug, frequently changed, was placed in the fauces. The trachea was plugged with a perforated rubber cork, "through which was passed a siphon tube," its outer orifice being kept covered with antiseptic gauze. The operation was antiseptic throughout. Death occurred on the fourth day, but owing to the absence of a post-mortem examination it is doubtful whether this result was due to heart failure, sepsis, or pneumonia. Should he perform a similar operation Dr. Agnew says that he will certainly make a preliminary tracheotomy some time before excising the larynx.

MIDDLE MENINGEAL HEMORRHAGE—TREATMENT BY TREPHINING.

DR. CHARLES A. POWERS, in the *Medical Record* of June 24, 1887, reports the case of a man twenty-eight years of age, who, brought into hospital thirty-six hours previously in a comatose condition, had regained consciousness and apparently normal motility, but presented at the time of operation the following symptoms:

The pulse was 80, respiration 18, temperature 99°; the patient was perfectly rational. There was complete paralysis and anæsthesia of the left upper extremity, also a slight degree of "fluttering" on the left side of the face. The patient said he did not feel a pin-prick as acutely on the left side of the face as he did on the right. The tongue did not deviate; the right pupil was a little larger than the left; both responded to light. There was no aphasia. The scalp in the occipital and the back part of the right parietal region had a rather "pulpy feel." Serous discharge from the right ear continued, having been preceded by a moderate hemorrhage, and there was now an area of ecchymosis over the right mastoid region about the size of a silver quarter.