

14 others showed, in addition, a slight prolongation of expiration. In about 18 of these men there had been a previous pleurisy, and in many there was a family history, of tuberculosis. Their general condition and fitness for work were carefully considered before admitting them for duty, while they were afterward carefully watched and, as soon as untoward signs were manifest, were immediately dismissed for treatment elsewhere. In most instances the men picked up quickly under the carefully regulated life and soon threw off their respiratory changes.

In the second group there were 9 men with some changes on inspiration under the left clavicle, where the inspiration was rough and low-pitched, and at times associated with some prolongation of expiration. Most of these men also improved while in the army. Aside from those men with chronic pleurisy, one showed a "respiratory insufficiency" of the whole lung. He gained steadily in weight and left the service in splendid health.

Thus, of the 99 men showing some pulmonary changes, only 19 had to be definitely dismissed, and all of the others did very well. Lemoine, in his many examinations, has noted that inspiration is stronger on the right in right-handed persons and vice versa for left-handed persons, and that the more the right arm is used the more marked this difference. He asserts that especial attention should be paid to the family history only in those cases with some slight anomalies of respiration, as in 79 men with a family history of tuberculosis, although showing no respiratory changes, only one developed tuberculosis, whereas in the 99 here examined, about 19 had to be dismissed.

Examinations should be made three times at a month's interval, and special stress should be laid on the good general healthy condition while in service. On the first appearance of any slight weakness in work or fatigue on exertion, but without any change in the lungs themselves, the men should be immediately dismissed for more careful treatment and supervision elsewhere; but the army life is apparently more hygienic and healthful to most of this class of cases than their crowded life at home, or at work.

Interauricular Insufficiency.—H. ROGER (*La presse médicale*, 1907, xi, 85) asserts that there is a certain number of cases in which all the symptoms, such as cyanosis, dyspnoea, etc., point to valvular heart disease, while a most careful examination reveals nothing definite in the heart or lungs, and reports 2 such cases which he classes as "interauricular insufficiency." The first of these was in a man, aged forty-four years, strong and apparently in good condition. His previous history up to the age of thirty years was negative. At that time he suffered from some acute pulmonary trouble which caused much dyspnoea on slight exertion. Every winter since he had recurring attacks of bronchitis, inducing rapid asphyxia and cyanosis. On admission the patient showed intense dyspnoea and cyanosis and was somewhat asphyxiated. Venesection and other measures were of temporary benefit, but the patient finally succumbed three days after admission. Examination showed severe bronchitis and emphysema of the lungs, and the heart was apparently negative, but on account of the intense cyanosis and the lack of evidence of valvular disease, the diagnosis of a communication between the auricles was made, which was confirmed at autopsy.

In the other case a man, aged fifty-four, was under treatment for a bronchitis associated with an old emphysema. The intensity of the cyanosis and dyspnoea, with an apparent absence of valvular disease, led to the same diagnosis as in the first case—"interauricular insufficiency." The cyanosis quickly reappeared on any violent exertion, especially when coughing. The patient left the hospital in a much better condition, so that there was no anatomical proof of the correctness of the diagnosis.

As regards the cause of these symptoms, Roger found that in his first case the heart, though normal in appearance, allowed water to flow from the right auricle to the left auricle through the valve, but not in the reverse way. And this same fact has been noted constantly when carefully searched for at autopsy, even though there be no apparent connection between the auricles. Thus, the intense cyanosis and dyspnoea could be accounted for by the large mixture of venous and arterial blood, due to the increased pressure in the right auricle as compared to the left, this pressure being caused by the various pulmonary conditions or severe coughing spells. Roger noted no auscultatory abnormalities in the heart in these 2 cases, but says that at times a late diastolic or systolic double murmur may be heard to the left of the sternum. Treatment is usually of only transient benefit and after each attack the recovery is slower and less complete. Roger regards this condition as an insufficiency of the interauricular valve or more simply "interauricular insufficiency."

SURGERY.

UNDER THE CHARGE OF

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Primary Carcinoma of the Appendix.—ZAAIJER (*Brit. z. klin. Chir.*, 1907, liv, 239) says that in 2232 cases operated on for appendicitis 18 of the appendices were found to be carcinomatous. He thinks that this number is much too low, since of the 2232 cases only a small part were systematically examined, and by such an examination undoubtedly others like his own two, macroscopically unsuspected, would have been found. He agrees fully with Baldauf that carcinomas of the appendix represent about 1 per cent. of all cases of appendicitis. It is probable that chronic inflammation of the appendix plays an important part in the development of cancer in this organ. Zaaier says that 33 cases of appendix carcinoma have been found by operation and