

drainage should be provided from the flank or back by a retroperitoneal tampon. The main point is to decide upon operation in every case, even in those in which the presence of pancreatitis is only suspected. In the great majority of cases an exact diagnosis cannot be made until the best time for operating has passed. It is in such cases that exploratory laparotomy has its best justification. A troublesome fistula frequently follows operation. Wohlgenuth has shown that a diet with the carbohydrates decreased or absent and with the avoidance of acids, will cause a considerable decrease of the pancreatic secretion which makes the fistula troublesome.

**Deaths from Anesthesia and Lessons to be Drawn from Them.**—CORRON (*Annals of Surgery*, 1913, lviii, 934) says that the fact that he or any surgeon can report 10 deaths and 3 close approaches to death from anesthesia personally observed in the course of two or three years, is of itself evidence that the old delusion of the safety of anesthesia can no longer be maintained. It has been maintained in the past, charging off to shock, heart failure, intercurrent pneumonia, alcoholism, etc., the great majority of cases that we ought not honestly regard as due to anything but anesthesia. Perhaps the propriety of classifying some of his list of cases as anesthetic deaths may be brought into question, but if they had not been anesthetized the trouble would not have occurred. We should have none but really skilled anesthesiologists. This is not yet possible, but we must keep hammering at the kind of anesthesiologists we have. One of his deaths was probably from acid intoxication, and in another failure to recognize and treat acidosis would, he believes, have lost the case. Often, no doubt, it is not important, if present, but it is well to bear in mind, and in case of doubt, sodic bicarbonate and early feeding by mouth or rectum is harmless and may change the issue entirely. Cotton bars absolutely any chloroform mixture as a preliminary. At best it calls for very expert handling, and he sees in practice few cases requiring its use. Intratracheal anesthesia is for the man who knows how. Cotton's preference is for the gas-oxygen-ether combination.

## THERAPEUTICS

UNDER THE CHARGE OF

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**The Treatment of Leukemia with Benzol.**—BARKER and GIBBES (*Johns Hopkins Hosp. Bull.*, 1913, xxiv, 363) describe briefly the results of benzol therapy in cases of leukemia and allied blood diseases which have been reported by various observers. They note a total of 18 cases from the literature, of which number 13 were cases of

splenomyelogenous leukemia and 2 were lymphatic leukemia. Barker and Gibbes add a case of splenomyelogenous leukemia that responded very favorably to benzol therapy. The course of benzol administration extended over approximately eleven weeks, during which period the total number of white blood cells returned to normal, the red blood cells increased from 3,600,000 to 5,000,000, with a corresponding increase in the hemoglobin content from 65 per cent. to 82 per cent. While their patient progressed in a satisfactory manner with benzol alone, they feel that the possible value of other accessory measures, such as x-rays, arsenic, thorium-X, and radium, in the therapy of leukemia should be kept in mind. Pappenheim's criticism of the benzol treatment, based upon a theoretical consideration of Selling's work and an attempt to apply some experimental studies has been replied to by von Korany. The latter author believes that the toxic manifestations in rabbits produced by relatively immense doses of benzol do not imply that similar effects follow upon the use of the drug as it is now therapeutically employed in leukemia. The ultimate place of benzol in the treatment of leukemia, polycythemia, and Hodgkin's disease can be determined only through further studies which include careful clinical observations. Barker and Gibbes emphasize the facts, first, that benzol does possess dangerous toxic properties; second, that its clinical effects are not yet clearly understood, and, third, that the greatest care should be exercised in its administration. A studious regard for the dosage as thus far determined, a watchfulness for the manifestations of poisoning that are well defined and easily detected, and a willingness to employ other measures in conjunction with this drug are means that will serve to give the new treatment a fair trial and prevent its falling into an undeserved disrepute. No patient should be treated by benzol unless he can be kept under continuous close observation; for the present, therefore, it may be well to restrict its use to the treatment of patients in hospitals.

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**The Action of Nitrites and Drugs of the Digitalis Group on the Isolated Coronary Artery.**—VOEGLIN and MACHT (*Jour. of Pharm. and Exp. Therap.*, 1913, v, 77) relate their observations as to the effect of certain drugs upon the isolated coronary artery with particular reference to constrictor or dilator action of the drugs studied. They found that digitonin and digalin produce relaxation, while digitoxin, digitatin, and bufagin cause a constriction of the coronary arteries. Digitonin is probably responsible for the dilatation produced by digalen and the infusion of digitalis. All the nitrites were found to produce prompt relaxation. It was also found that the nitrites and digitalis-like bodies, can antagonize each other in their action. Voegtlin and Macht believe that the action of these drugs is similar on the intact mammalian heart and, therefore, whenever coronary spasm is to be avoided or guarded against, it would be advisable to employ the digitonin-containing preparations, or to simultaneously administer the nitrites. Furthermore, if angina pectoris is due to spasm of the coronary vessels, they believe their results explain the favorable action of the nitrites in coronary angina.