

treatment makes cancer patients more comfortable than any other treatment. First, it is a very common experience that after incomplete operations or after simple curettement or use of Paquelin cautery with various powders or ichthyol or chlorid of zinc treatment the patients are very comfortable for months, many so much so that they consider themselves cured. It must be remarkably bad luck on the side of the author of the article mentioned, if he has never seen such results after treatment with the curette and cautery. I refer to this treatment specially, because it certainly is one known to the author of the paper mentioned as is shown by his report of the treatment of those two cases which included the curette and cautery. And this is the second reason why I can not accept his paper as conclusive evidence in favor of the carbid of calcium.

The cases described have not been treated with the carbid exclusively, but in addition to it with methods which, in the hands of other surgeons, have given fully as good results as those described in the article mentioned. If we combine treatments in this way, conclusions from the results can not be relied upon in a scientific discussion. A third point is to be mentioned—the age of the patients. One is 69 years old, the other 53. It is by no means uncommon to find a very slow progress of cancer in women of that age. A fourth point and a very important one is that, according to the author's own report, both cases give very palpable evidence of a progress of the disease. Case I reports May, 1898, that she was "having an occasional bloody grumous discharge from the vagina coming with a sort of gush as though the pent up fluid—about a dram in amount—was suddenly released, that it had an odor like old fish, not like cancer, that it had been going on at intervals for a few days, for about a month." It takes only a very limited experience with cancer to understand what is going on here. The cauterized cervix has contracted, the uterine canal has been strictured, carcinoma is spreading, and the discharge from it accumulates above the stricture. No report of a bimanual examination is furnished. The report that the vagina shows no solution of continuity does not prove anything as to the condition higher up. It is a very old experience that cancer of the cervix frequently spreads upward and outward, leaving vagina and external os almost intact. In Case 2, the treatment was begun July 30, 1897. In February, 1898, patient became ill with a chill and pelvic pains. On the eleventh day an abscess suddenly discharged through the small opening in the vault of the vagina. What has happened? Either a pyometra or an extrauterine abscess has formed, as is seen so frequently in the course of carcinomatous disease, and the report that the vagina shows no solution of continuity affords no certainty whatever as to the spreading of the disease, especially as again no bimanual examination is recorded. Are these the superior results which form the pride of the article? In the first case hemorrhage and odor are present; in the second a septic condition somewhere around the uterus. So the carbid of calcium has not prevented either of them.

We have to say a few words concerning the dangers lurking in the carbid. There is first the danger of the slough extending to an undesirable depth, producing perforations which make the patient's condition worse than before. Secondly, it is possible that some of the quicklime gets to points where it is not

wanted and produces unnecessary injuries—a danger which is not very great in the hands of a manipulator of any experience. Thirdly, it must be mentioned that acetylene gas mixed with air in a pretty wide range of proportions is highly explosive and that copper or brass instruments, as sounds, etc., must not be used in this treatment, because copper forms an explosive combination with the acetylene gas.

To conclude, I wish to state why I read this paper here; why I make these demonstrations. It is a constantly recurring complaint of the gynecologists that the cases of cancer come into their hands when it is too late, when no operation, be it ever so extensive, can save them. It is also a constantly recurring complaint that the cases which are sent for operation have been under internal or topical medication for a number of weeks or months before the medical adviser comes to see that his treatment availeth naught, and that not until then he hurries the patient off to the surgeon—who then gets the blame if the recurrence follows his radical endeavors all too rapidly. Now I fear, and from the questions which have been put to me from the ranks of the general practitioners, I have good reason to fear that a report like the one in the July number of the JOURNAL, which I have tried to refute here, is only too apt to create new confusion, to lead to more tinkering on the cancerous cervix, and to jeopardize numbers of lives which could be saved if they were subjected to the only proper treatment we know of at present—the extensive radical operation. It is not the fault of the author of the article in the July number if the opinion has gained ground that the carbid of calcium promises to effect a radical cure. He disclaims that expressly. Nevertheless, I know that this opinion is spreading among practitioners.

As to the use of quicklime in the shape of the carbid of calcium in cases of inoperable cancer, centuries of surgical experience have given a verdict which does not encourage new experimentation. The carbid of calcium will henceforth assume its place among the worthless and dangerous remedies for carcinoma.

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SOME CAUSES OF WRY-NECK.

Presented to the Section on Neurology and Medical Jurisprudence at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898.

BY C. M. HOBBY, M.D.

IOWA CITY, IOWA.

The object of this paper is to report facts, leaving the consideration of their bearing upon the condition commonly known as wry-neck, for the future. The writer does not believe that disturbances of the nervous equilibrium, which in a few isolated cases are relieved by successful treatment of peripheral irritation, are to be considered as the result of that special irritation. As in epilepsy we occasionally have apparent cure, by correction of the refraction, or by some form of treatment of so-called muscular imbalance, as well as by operating for phimosis, and as the same measures have frequently been followed by the cessation of chorea, so in the following instances torticollis has recovered, after the removal of ocular conditions, apparently little more likely to have exerted a causative influence in its production. That there is nothing original in this suggestion, is shown by a remark in Vol. vii, p. 557, of the "International Encyclopedia of Surgery," edited by Ashhurst. "Young, Lovett

and others have shown that there is sometimes a curious relation between ocular defects and torticollis." (Referring to Trans. Amer. Orthopedic Association, 1891, Vol. i, p. 46; Vol. ii, p. 230.) I have not access to these reports.

The first instance in which I was able eventually to predicate ocular influence in the cause, occurred in 1893, in a boy of 15, whose deformity had existed for several years, and in whom the muscular contraction was apparently structural. There was no spasmodic element; the abnormal position was constant, the head drawn well toward the right shoulder. Finding that any forcible correction was attended with diplopia, I was led to the discovery that paresis of the left inferior rectus existed, and a subsequent tenotomy of the superior rectus led to a gradual but eventually complete recovery from torticollis.

The second case, P. N., male, age 12, was seen in June, 1896, and gave a history of impaired vision, and asthenopic symptoms existing for more than a year preceding. Three weeks before examination, he had severe headaches, followed by nausea and vomiting, coincidentally with diplopia. As he got better the head became twisted and drawn toward the right shoulder. Examination showed 8 degrees of esophoria, each eye, also a low grade of hypermetropic astigmatism with squint apparent at times. In this case correction of the refraction and "ocular gymnastics" brought about recovery in two months.

DISCUSSION.

Dr. D. R. BROWER of Chicago—I would like to ask Dr. Hobby one or two questions about his wry-neck cases in regard to this matter of a possible reflex origin in connection with these several conditions that have been mentioned here. I would like to know something about the neurotic condition of these cases that Dr. Hobby has described, and in which his treatment seems to have been so remarkably successful. It is my impression that in the care of these and of similar cases, the condition of every peripheral end organ should, if possible, be ascertained, and the errors, if any be found, corrected; but I wish to emphasize what Dr. Norbury has said, and what my friend, Dr. Gradle, has also emphasized in his paper; that after all it is the constitutional condition that demands our most careful attention. End-organs that are out of order must be put in order. I care not whether it is a defect in the eye or in the nose, wherever there is a peripheral end-organ out of order, the derangement of which can be corrected, it should be corrected. But I think there are very few cases of wry-neck, of headache, or any other condition of the nervous system similar in kind, that are altogether and entirely due to some such disturbance of the peripheral nervous system as has been so ably described in those two interesting and valuable papers. I desire to emphasize the necessity of finding out the constitutional state; and herein lies the difficulty in the treatment of these cases of headache.

Dr. C. C. HERSMAN of Pittsburg—With reference to Dr. Hobby's paper, the author has had better success in treating wry-necks than I have. Sometimes these wry-necks will continue for months, however greatly improved. Occasionally we may make a mistake in the diagnosis of wry-neck. A patient of mine, a child of three years, I diagnosed as suffering from meningitis. Another physician however, a week later diagnosed the condition as wry-neck. I was not much relieved by the other doctor's opinion. The trouble continued until about the thirteenth day, when the child was very much better, but I still told her mother not to be hopeful. On the fourteenth day the child took suddenly worse, and a very severe meningitis developed, followed by death.

Dr. HOBBY—I especially disclaim the belief that peripheral irritation was the fundamental cause in the great majority of those cases which were relieved by the removal of the peripheral irritation, such as the occasional relief of epilepsy by treatment of ocular conditions and matters of that kind, the operation of phimosis, etc. We used to be taught concerning the immediate cause and the remote cause; and we used to think that sometimes the peripheral irritation, added to the constitutional condition, would produce the given difficulty. It was as exceptional instances that I reported these two cases

of wry-neck in which the ocular cause seems to have been extreme. I do not believe that many others of these cases will be relieved in the same manner. I simply wished to bring the attention of the Section to the fact that wry-neck was due to ocular diseases in some cases.

DO WE DRAIN TOO FREQUENTLY IN PELVIC SURGERY?

Presented to the Section on Obstetrics and Diseases of Women at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898.

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Since the publication of a few cases in the February, 1898, number of the *Medical Council*, I have had a series of pus cases, some of which were of such a serious nature, and of such a virulent infection, that a most thorough test of non-drainage of these cases has been made, and the results in all have been satisfactory and beyond my expectation.

I am fully alive to the fact that there must be a certain (small) percentage of our cases in which death can not be averted whatever the technique may be, but on the other hand I am assured from the careful study of my own, and the cases of other surgeons, during the past five years, that the mortality in pelvic surgery has been kept too high, *partly* by the indiscriminate use of some form of drainage. Lawson Tait says, "That there is an inevitable mortality in abdominal section I think is certain." He bases this "inevitable mortality" rate between 3.5 and 5.5 per cent. upon a series of 1350 consecutive operations.

For years I had relied upon the glass drain as one of the most necessary adjuncts to my technique in pelvic surgery. In all cases where there have been extensive adhesions separated, and large areas of oozing peritoneal surfaces left, I have been most careful to thoroughly wash the peritoneal cavity free from all debris, and held it especially important to use a glass drainage-tube for twenty-four or forty-eight hours. However, my records show that during the past four years only one case outside of my own private hospital was drained in this manner.

It was not that the cases were of a less serious nature, but they were not drained because I feared a subsequent infection of the peritoneum through unskillful handling and dressing of the tube. In such cases, then, it was a choosing of the lesser evil when I closed the belly without supplying an artificial drain. I have reached this confidence in the closing of the abdomen without drainage through a long series of cases.

A widow, aged 23 years, had one child, and had had one miscarriage. Tubercular tendencies inherited from both father and mother. Contracted gonorrhea one year previous to her admittance in City Hospital. Operation December 21, 1894. Double pyosalpinx with general pelvic adhesions. Uterus held in retroversion by inflammatory products. Pelvic organs and intestines were covered by miliary bodies, closely resembling, in macroscopic appearance, tubercular areas (pathologist failed to report his examination). Considerable oozing. The peritoneal cavity was carefully cleaned and dried and the belly was closed without drainage. This is only one example of a number of early cases in which I felt compelled, on account of unfavorable surroundings and conditions, to close