

per cent. are unaccounted for in 1891, the latest year reported.

**Malaria.**—In reply to Dr. Daniels, the editor of the *British Medical Journal*,<sup>7</sup> acknowledges that the parasite is not always to be found at all times in every cycle of a malarial fever, and occasionally not at all during the first twenty-four hours, at least, in the peripheral circulation. But in the cases met with in this country which have remained latent for a long while since their removal from the tropics, Daniels<sup>8</sup> himself states that the amoeba can be invariably detected.

**Cholera.**—Haffkine has now returned to England for his health, and we have at the same time reports from various quarters of his labours. The Medical Officer of Health for Calcutta<sup>9</sup> announces that 4,397 persons have been inoculated there, and that in 36 houses where inoculations took place, cholera made its appearance. Out of 521 persons in them the deaths of the uninoculated were 11·64 per cent., and only 2·2 per cent. of the inoculated. None of the latter, moreover, were completely inoculated by receiving the second injection five days after the other. In the Assam tea-gardens Haffkine carried out an enormous work, and even with a single inoculation there were only five cases and three deaths, while among the uninoculated there were 38 cases and 19 deaths. In consequence of these important results the Medical Officer asked the Corporation of Calcutta for 10,000 rupees for carrying on the work. The Government<sup>10</sup> are passing a Bill for the

better regulations of the Mecca pilgrim traffic, but have met with opposition in the Mussulman community on account of the stringent character of the regulations imposed. An even greater difficulty will be to ensure due precautions being taken in Turkish territory, especially during the present political difficulties. Cholera has, however, broken out at Damietta,<sup>11</sup> on one of the mouths of the Nile, but a good water supply has been made available. It was announced on November 4th that 266 cases and 148 deaths had occurred in Damietta, Mansoura, and Menzala.<sup>12</sup> However, the disease had not spread beyond its original seat, and energetic measures to combat it were being carried out. In Japan a frightful epidemic broke out on the return of the troops from the war, and in Seoul, the capital of Korea, some 6,000 persons died. T. H. Wells<sup>13</sup> reported valuable results there from the use of salol, with entero- and hypodermic injections of saline fluid. Two thousand persons have been attacked in Russia,<sup>14</sup> but at home we have fortunately escaped without any certain instance, for the proofs were wanting, that the cases at Grimsby and on the Humber were more than choleraic diarrhoea. Accounts of epidemics in places so far apart as Algiers<sup>15</sup> and Honolulu show, however, that the wave of infection is not exhausted.

<sup>1</sup> Lancet, Oct. 20. <sup>2</sup> Lancet, Aug. 10. <sup>3</sup> B. M. J., Oct. 26. <sup>4</sup> B. M. J., Nov. 9. <sup>5</sup> B. M. J., Sept. 28. <sup>6</sup> B. M. J., Sept. 14. <sup>7</sup> B. M. J., Sept. 21. <sup>8</sup> B. M. J., Oct. 26. <sup>9</sup> B. M. J., Sept. 21. <sup>10</sup> B. M. J., Oct. 5. <sup>11</sup> Lancet, Oct. 26. <sup>12</sup> Lancet, Nov. 9. <sup>13</sup> Med. Rec., Oct. 5. <sup>14</sup> Lancet, Sept. 14. <sup>15</sup> Lancet, Sept. 21.

## PROGRESS IN SURGERY.

### MORBID GROWTHS.

**Tumours of the Breast.**—Mr. Mitchell Banks<sup>1</sup> discusses the value of certain signs and symptoms in cancer of the breast. He thinks that usually a period of one to two years elapses between the commencement of the disease and the onset of any pain in the part; and that an early occurrence of pain would militate against the idea of the disease being cancerous. Retraction of the nipple, he points out, must not be expected when the cancer is peripheral, but will certainly be present if the growth is situated in the centre of the breast. Mr. Banks has always been a strong advocate for thorough clearance of the axilla, whether enlarged glands can be felt or not, and he states that when a cancer of the breast has existed for twelve or eighteen months it may be taken as a certainty that the glands are affected. He records two cases to show after what a lengthy period the disease may recur in the axillary glands. In one the breast was removed in America ten years before she came under his care. There was no trace of recurrence in the region of the scar, but the disease began to recur in the axillary glands. In the other the disease recurred in the glands of the axilla nine years after removal of the breast and most of the axillary glands.

Mr. Arbuthnot Lane<sup>2</sup> describes a new method of treating very extensive malignant disease of the breast. In cases where the skin is extensively involved and a large area has to be removed, he thinks there is a risk of septic infection, and that even if the surgeon succeeds in grafting such a large area the resulting scar will be a most unsatisfactory one. He therefore proposes to amputate the upper limb at the shoulder

joint (as it will become useless from interference with its veins if the disease is not removed) after making from it a large flap, which is applied to cover the area from which the infected skin and breast have been removed. The flap would consist of the skin and subcutaneous tissues, with a part of the deltoid muscle at its base. The middle of the clavicle is first removed, and the subclavian artery tied. Then the glands in the subclavian triangle are removed, together with the axillary glands, and if necessary the pectoral muscles also. Mr. Lane has successfully performed the operation in one case.

**Erysipelas Toxins and Serum in Malignant Growths.**—Kopfstein<sup>3</sup> inoculated sheep with erysipelas streptococci and injected the serum from the animals in thirteen cases of carcinoma, one of sarcoma, and one of malignant lymphoma. The injections were followed by severe headache and pain in the back, with rigors and cyanosis, and the temperature rose several degrees. Violent burning pain in the tumour followed, and there was prolonged swelling and tenderness after the injection, and an abscess formed in one case. In another the tumour broke down and discharged carcinomatous masses without pus. In ulcerated growths the base took on a healthy action. Kopfstein thinks the action purely local, the only change taking place at the spot where the injection was made. He does not consider the method of any value.

Salvati and Gaetano<sup>4</sup> inoculated (or tried to inoculate) a horse with an infusion of triturated sarcoma by injecting it into the trachea; and then injected serum from the animal into persons suffering from cancer, but without benefit.

Czerny<sup>5</sup> has been trying Coley's method of injecting into the malignant growths the mixed toxines of erysipelas streptococci and bacillus prodigiosus. In one case—a sarcoma of the parotid gland—the tumour got much smaller during treatment. This was the only case of sarcoma treated long enough to test the method. It was tried in a few cases of carcinoma without any benefit resulting.

**Cystic Accessory Thyroid.**—Mr. Edmunds<sup>6</sup> exhibited at the Pathological Society a specimen of this form of growth. It lay some distance from the proper thyroid, which was not seen at the operation, and was apparently normal. The growth consisted of a cyst, into which projected a mass of tissue of the microscopic structure of thyroid gland. Mr. Berry and Mr. Butlin considered that these growths lying at a short distance from the thyroid were often really derived from the gland itself, though the connection could not be traced at the time of the operation.

**Round Celled Sarcoma of Tongue.**—A case is reported of a growth of this nature<sup>7</sup> by Dr. Dunham of New York. The tumour seemed to start from the irritation of a bite of the tongue, which caused a "blister" to form, and this became irritated by contact with decayed teeth, and after three months began to grow hard. The history of origin was like that of epithelioma, but the histological characters were distinct. The mucous membrane could be traced in the sections over the surface, and did not dip into the growth, which was composed chiefly of large round cells, but there were a few spindle shaped. The mass was traversed by delicate processes of fibrous tissue, barely sufficient in most places to furnish support to capillary vessels.

<sup>1</sup> Clinical Journal, Oct. 16, p. 380. <sup>2</sup> Lancet, Oct. 12, p. 904. <sup>3</sup> Wiener Klin. Rundschau, 1895, Nos. 33 and 34, and Epitome B. Med. J., Sept. 21, 1895. <sup>4</sup> Rif. Med., Aug. 19 and 20, 1895, and Epitome B. Med. J., Oct. 12, 1895. <sup>5</sup> Münich Med. Woch., Sept. 3, 1895, and Epitome B. Med. J., Oct. 12, 1895. <sup>6</sup> Brit. Med. J., Nov. 23, p. 1,295. <sup>7</sup> American Journ. Med. Sciences, Sept., 1895, p. 259.

## NEW APPLIANCES AND THINGS MEDICAL.

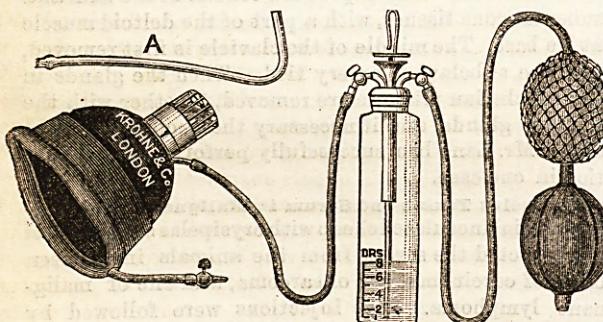
We shall be glad to receive, at our Office, 428, Strand, London, W.C., from the manufacturers, specimens of all new preparations and appliances, which may be brought out from time to time.

### IMPROVED CHLOROFORM INHALER.

(KROHNE AND SESEMANN, 8, DUKE STREET, MANCHESTER SQUARE, W.)

This new apparatus, as may be seen from the diagram, is on the principle of Junkers' inhaler, with, however, several most important modifications. It differs from all its predecessors in that it allows of an accurate administration of the anaesthetic. The apparatus has been empirically graduated, and from carefully repeated experiments it has been found that each full compression of the bellows evaporates at a temperature of 62 deg. Fahr. one minim of chloroform, and the amount of chloroform evaporated corresponds exactly to the degree of pressure exercised on the

time onwards anaesthesia may be maintained by very small doses of vapour, sufficient in fact to replace what is lost by exhalation from the lungs. The opening of the delivery tube in the mouthpiece is directed so that the stream of chloroform vapour plays on the oral and nasal orifices, and consequently none is lost in the surrounding air. There is a free and unimpeded entry of atmospheric air, and the feather indicator offers practically no resistance to the exit of air from the lungs. In every way this new apparatus commends itself to us, and we believe that by its use the administration of chloroform will be reduced to simple formula with mathematical accuracy and that the dangers of this anaesthetic will be reduced to a minimum.



ball—for instance, if it is only half emptied each compression represents half a minim evaporated, and so on. By means of a feather indicator it is easy to time each compression so that it corresponds to the inspiratory phase of the patient's breathing, and in this way no chloroform is wasted and the patient takes the entire quantity into his lungs. Experience has taught that if this rule is carefully followed the following amount of chloroform is sufficient to induce anaesthesia. During the first minute of the administration at each inspiration only one-eighth of the contents of the bellows should be emptied by a corresponding pressure in the ball; during the second minute one-quarter of the contents should be emptied, during the next minute one-half, and the next minute three-quarters. By this time anaesthesia is usually induced. Some patients may require a further supply, and in such cases the bellows must be completely compressed during each inspiration until narcosis ensues. From this

### AIR-TIGHT RECEPTACLES FOR DRESSINGS.

(SEVERIN IMMENKAMP, CHEMNITZ. AGENT: M. SELLA, 15, CITY ROAD, E.C.)

It is easy enough to manufacture air-tight cases suitable for antiseptic or aseptic dressings, but the chief obstacle to their general acceptance by surgeons hitherto has been the expense, which in some cases has been considerable. Messrs. Severin Immenkamp have, however, gone far to solve this difficulty by their new method of manufacturing these air-tight receptacles. The cases are, for the most part, cylindrical in shape and made of parchment paper or similar material which is air and water tight, with sheet metal ends securely fastened by air-tight joints. The paper or parchment can easily be cut through with a knife or a pair of scissors, and hence obviates the necessity of using any form of tin-opener, an instrument which is required for the old-fashioned sheet metal receptacle. A second variety of case, also patented by this firm, consists of two halves, which can be soldered together with a special band of sheet metal, which can be removed when desired by tearing off with a special instrument. The ends are swaged on to the sides or shell of the box, and may be lined with discs of some antiseptic material, and the entire case may be lined in the same manner with some suitable packing material. It is claimed for this new patent that antiseptic or aseptic dressings can be packed in these cases without fear of accidental contamination from the air, as is very liable with the methods in general use. Its great merit, however, consists in its cheapness.