

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

Friday, March 8th, 1912.

Sir JOHN MOORE, President, in the Chair.

Cerebellar Tumour.

DR. DEMPSEY showed a patient, aged 24, whom he regarded as suffering from cerebellar tumour, and detailed her history. DR. CRAIG said it struck him as peculiar that if the lesion were cerebellar, the fifth, sixth, and seventh nerves should be involved without any involvement of the eighth. DR. MOORHEAD said it was extremely important that physicians should form some opinion as to the value of operation in such cases. His own experience of compression operations was very favourable, so far as the relief of the symptoms was concerned, and he had seen sufficient cases done to convince him that operation was the treatment to adopt in all cases of intracranial tumour. In two cases that came under his notice recently very considerable relief was afforded to distressing symptoms by operation in the parietal region. MR. BLAYNEY said he understood the patient in this particular case had refused operation. The recognized surgical treatment was to perform the decompressive operation, and there was no doubt this gave relief for some time. An argument in favour of the occipital in preference to temporal decompression was that should further operation be afterwards undertaken the necessity for a fresh opening would be obviated. DR. F. C. PURSER drew attention to the danger of diagnosing tumour of the cerebellum unless localized symptoms came on, at latest, very soon after general symptoms. Professor THOMPSON said the chief complications in the diagnosis of the case were the ataxia and the Romberg's sign present; the other symptoms might be explained by an extra-cerebellar tumour on that side. MR. McCONNELL pointed out that the records of success in any particular class of operation altogether depended on the experience possessed in that particular branch; for this reason more attention should be devoted to the surgery of the brain. The difficulty of dealing with brain tumours was the length of time the tumour was allowed to remain. The operation mentioned by Mr. Blayney showed a large proportion of success.

X-Ray Diagnosis of Aneurysm.

DR. MAURICE R. J. HAYES, in a paper on *x*-ray diagnosis of aneurysm of the thoracic aorta, urged the necessity of remaining for from five to ten minutes in total darkness before making a radioscopic examination of the thorax in order to increase the luminous sensibility of the retina; it was also highly important that the investigator should be conversant with the *x*-ray appearances of normal as well as diseased chests. The diagnosis should be made from the screen examination. The shadows on a negative were likely to be misleading, especially to the inexperienced. With the negative static conditions only could be studied; with the screen dynamic conditions could be observed.

ROYAL SOCIETY OF MEDICINE.

SECTION OF MEDICINE.

Tuesday, March 26th, 1912.

DR. FREDERICK TAYLOR, President, in the Chair.

Abdominal Angina.

SIR LAUDER BRUNTON, F.R.S., and DR. W. E. WILLIAMS, in a joint paper, described a case of abdominal angina in a patient who suffered from severe pain on taking exertion. It was like that of angina, but was situated in the umbilical region. At first it was attributed to flatulence, but gradually increased, both in severity and extent, until it spread all over the chest, and caused perspiration to break out over the body. The patient had suffered from glycosuria for twenty-five years. On account of the severity of the pain Dr. Williams sent the patient to consult Sir Lauder Brunton, who remarked the great likeness of the pain to that of angina pectoris, and prescribed trinitrine, with the result that the pains were removed by the medicine, exactly in the same way as if they had been situated

in the chest. The sister of the patient suffered for seven years from similar pain in the same region; walking sufficed to start it. Her pain also was removed by the taking of trinitrine. The term "angina abdominalis" was first used by Baccelli, and cases had also been described by Professor Pal and by Huchard. Most of these suffered from tabes.

DR. PARKES WEBER referred to the extensive Continental literature on the subject, and the variety of names which had been given to it, an example of these being "dyspraxia intermittens angio-sclerotica intestinalis," a variant being the substitution of "gastrica" for "intestinalis" when the stomach was believed to be concerned. One form was that in which patients past middle life had general arterial sclerosis with high abdominal blood pressure. Some persons had severe abdominal pain and a desire to defaecate, but it resulted in merely the extrusion of a little mucus. He related the case of a man past middle life who had abnormally high blood pressure, and some symptoms of general arterial sclerosis. The administration of nitrites in a bad attack was successful. He had known diuretic recommended for the condition.

DR. CROOKSHANK related the case of a stout elderly woman who for a year had had recurrent attacks of pain similar to those described by the readers of the paper. She had an acute illness, with vomiting, and was seen by a doctor, who thought she had intestinal obstruction due to impaction of faeces. She got worse, and died. *Post mortem* the pancreas was found lying loose as a necrotic mass, and the pancreatic artery was practically obliterated by arterio-sclerosis, and there was extensive arterio-sclerosis of the coeliac axis, suggesting that the pains were due to angina abdominalis, and that ultimately intermittent claudication of the pancreatic artery proceeded to gangrene of the pancreas. He preferred the term "intermittent claudication" for the condition.

THE PRESIDENT favoured the rejection of the word "angina" in these cases also, as it meant not only pain, but a suffocating pain.

Functional Hour-glass Stomach.

DR. A. F. HERTZ, in a paper on the functional hour-glass stomach, said he regarded its diagnosis by radiography as one of the greatest triumphs of skiagraphic methods. In even well-marked cases of the condition all the signs which had been supposed to distinguish the peculiarity might be absent. But sometimes what was found by *x* rays to be hour-glass stomach was not found to be so at subsequent operation; this was because the condition might have had a functional origin. He recognized certain distinct forms: Spasmodic hour-glass stomach, which had been shown to be a not very rare condition. It was generally due to an ulcer at the lesser curvature. In some cases the spasm led to a curious narrow depression on the greater curvature. The spasm could sometimes be made to disappear by abdominal massage, by vigorous voluntary contraction of the abdominal muscles, or by the injection of $\frac{1}{100}$ grain of atropin. Orthostatic hour-glass stomach resulted from the coexistence of severe atony with gastroptosis, and was only present when the patient was in the erect position. In gastroptosis the stomach formed a tubular organ, the whole being filled with a mixture of food and gastric juice, except a small part of the fundus containing gas. But in a dropped stomach, whose tone was deficient, the food at once fell to the most dependent part of the organ. The upper limit of gastric contents was abnormally low. The hour-glass condition disappeared on the patient lying down, in which posture all patients should be examined. One form might result from the presence of an ulcer on the lesser curvature adherent to the left lobe of the liver. Pseudo-hour-glass stomach had led to errors in diagnosis, owing to misinterpretation of shadows, and to examination being made with the patient in the wrong posture; in some cases the bismuth was given stirred with milk, instead of a "bismuth meal."

SECTION OF DISEASES OF CHILDREN.

AT a meeting on March 22nd, DR. G. A. SUTHERLAND, President, in the chair, the following were among the exhibits:—DR. J. L. BUNCH: A case of *Leucoderma and premature canities*, in a girl aged 14 years; at this age such cases were nearly always progressive, but the leuco-

dermic areas in this child had become less marked and diminished in size, and the white hair had already acquired a considerable amount of pigment. Dr. PORTER PARKINSON and Mr. DOUGLAS DREW: A case of *Purulent pericarditis* subsequent to pneumonia in a boy aged 4½ years. Mr. Drew excised 2 in. of the fifth rib cartilage and evacuated 10 oz. of pus, which contained pneumococci in pure culture. Recovery was uneventful, and the urine, which previously contained blood, pus, and pneumococci, became normal. There were at the present time no signs of enlargement of the heart or of cardiac embarrassment. The heart moved to and fro when the patient was placed on one or other side. Dr. LEONARD GUTHRIE: A case of *Chronic jaundice and splenomegaly*, in a girl 6 years of age. The jaundice had existed for eighteen months; during the three months she had been under observation in hospital it varied greatly in intensity, but had never disappeared. The motions were always dark, and the urine had never contained any bile pigment. The spleen remained enlarged. The probable diagnosis was "toxic hepatic cirrhosis with splenomegaly." Dr. G. A. SUTHERLAND: (1) *Bilateral deltoid paralysis* in a child aged 1 year. A few months ago the child had an illness of an indefinite character, lasting about a fortnight. Since then there had been little movement about the shoulder-joints, the patient being able to move the forearm and hands freely. The left deltoid appeared to be completely paralysed, the right retaining very little power. (2) *Cerebral palsy* in a child 1 year old. At the age of 7 months the child began to have screaming fits, drawing up the legs and twitching the head and eyes. At the age of 10 months he had a series of general convulsions, lasting for two days, about nine each day. Since then there has been an occasional general convulsion. The child was fat and flabby. Mr. LIONEL E. C. NORBURY: *Subacute arthritis of shoulder-joint* in a baby aged 11 months, admitted to hospital with a history of a swelling, dating from a fall on the shoulder four weeks previously. After the joint had been opened and irrigated it recovered free movement. An organism of *B. enteritidis* type was isolated from the fluid in the joint. Mr. DUNCAN FITZWILLIAMS: *Congenital deformities* in the lower limb in a child 7 years of age. The head of the femur was high on the dorsum ilii, nearly as high as the anterior superior iliac spine; the femur was much shorter than its fellow; the head of the tibia was displaced forwards and slightly outwards, and the ligaments of the knee-joint were very lax; the patella was absent; the foot was in a position of extreme equino-varus. Dr. HERTZ read a paper on *Congenital dyschezia*, a condition in which there was no delay in the arrival of faeces at the pelvic colon, but their final expulsion was inadequately effected.

MEDICAL SOCIETY OF LONDON.

At a meeting on March 25th, Dr. J. MITCHELL BRUCE, President, in the chair, the following were among the exhibits:—Dr. F. PARKES WEBER: (1) A case of *Diabetes insipidus* in a boy aged 10, who was somewhat undersized. Polyuria and abnormal thirst had been noticed since he was 3 years old. He passed about 4,000 c.cm. of urine in twenty-four hours. It was of low specific gravity (1001 to 1002), pale, and free from albumen and sugar. The thyroid appeared small. Wassermann's reaction was positive. (2) A woman, aged 33, suffering from *Aneurysm of the ascending thoracic aorta*. Wassermann's reaction was positive. Dr. DE HAVILLAND HALL: A man, aged 38, with a smooth rounded swelling in the right hypogastric region. Suggested diagnoses were *Hydatid cyst* or *Dilated gall bladder*. Dr. ESSEX WYNTER: Two sisters, aged 17 and 24 respectively, who had each *Symmetrical nerve degeneration* situated in the lower branches of the brachial plexus. Wasting and contraction of the muscles had occurred on the ulnar sides of the hands, until the ring and little fingers had assumed the "main en griffe" position; the middle finger was less affected. The two inner lumbricals were implicated as well as the long tendons. The affected muscles showed some degeneration if electrically stimulated. The younger girl had experienced pain and numbness over a similar area, sometimes extending to the whole hand. Dr. W. J. FENTON: (1) A case of *Cervical tabes* in a typist, aged 40. The most noticeable feature was marked inco-ordination

of the hands. (2) A girl, aged 18, with *Unilateral swelling of the right arm*. It appeared to be due to obstructed venous return. She was in good health. A skiagram showed that the first rib was abnormal in size and position. Dr. F. S. PALMER: Two characteristic examples of *Pseudo-hypertrophic paralysis*. The patients were two brothers, aged 15 and 9 respectively, and the cases were of interest as showing the disease in an advanced stage in the elder and an early stage in the younger boy. Mr. H. J. CURTIS: Two cases of *Fibrocystic adenoma* of the thyroid successfully treated by operation with little scar formation. The latter was accompanied by a smaller accessory thyroid, resembling a calcified tuberculous gland. He also showed, among other cases, one of successful *Resection of the urethra* for about 1 in. for an impassable traumatic stricture several months after the injury. Mr. W. H. CLAYTON-GREENE and Mr. A. G. H. LOVELL: A boy, aged 9, in whom a *Cyst of the humerus* had been scraped eighteen months previously, and no recurrence had followed. Mr. E. M. CORNER: A man, aged 25, with *Hydrocephalus* and a callous ulcer on the dorsum of the fourth toe, possibly trophic or gummatous. Mr. A. E. BARKER: A man in whom an *Ununited fracture of the tibia* had been joined by grafting the patient's own second metatarsal bone. The exhibitor emphasized the importance of using autogenous vital tissue in such cases. Mr. ARBUTHNOT LANE and Mr. BARRINGTON WARD: A girl, aged 10½, the subject of *Rheumatoid arthritis*. Ileo-colostomy had been followed by great general improvement and freer movement of the joints. This was ascribed to prevention of auto-intoxication from the large bowel.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.

At a meeting on March 15th, Dr. FREELAND FERGUS, President, in the chair, the following were among the proceedings: Dr. T. K. MONRO described a case of *Insular sclerosis* in a married woman aged 48, who died in the infirmary on June 17th, 1911. The symptoms had first appeared four years previously, but there had been marked remissions, and it was only a week before death that she became unable to walk and experienced difficulty in swallowing and during speech. The sections from the brain and spinal cord in this case were demonstrated by Dr. MADGE ROBERTSON. They showed patches of sclerosis in the lower part of the pons and in the cervical and upper dorsal cord. Dr. ELIZABETH T. FRASER demonstrated the *Ascoli-izer* or *meiostagmin* reaction as employed in the diagnosis of malignant tumours. She could give no personal opinion of the practical value of the method, as the observations so far completed by Dr. Campbell and herself were insufficient to warrant any conclusions. Dr. MILNE MCINTYRE showed specimen and microscopic sections from a case of *Primary cancer of the bronchus* associated with chronic tubercle of the lungs, which had occurred in a man 67 years of age. Both lungs were emphysematous, anthracotic, and on section showed numerous opalescent areas of tubercle. The upper lobe of the left lung was consolidated, and contained a cavity bridged by trabeculae and lined by ulcerated lung tissue. The lumen of the bronchus leading to this part of the lung was narrowed by a carcinomatous tumour limited to a small portion of the bronchus and to a small surrounding area of lung, and without any extension to lymphatic glands or other metastases. Its histological features pointed to the sub-mucous glands and lining epithelium of the bronchus as being the likely seat of origin. Dr. J. ARCHIBALD CAMPBELL demonstrated the *Boas-Wassermann reaction*; in this a number of different serum quantities (0.2, 0.1, 0.05, 0.02, 0.01 c.cm.) are employed, with the idea of permitting the measurement of the degree in which a patient is still syphilitic, and so affording a guide to treatment. A negative reaction, the demonstrator said, must be given with all these serum quantities before mercurial or salvarsan treatment could be discontinued. He strongly recommended the method on account of its extreme delicacy and accuracy. Dr. MADGE E. ROBERTSON demonstrated microscopic sections showing *Cysts in the posterior root-ganglia*, which had been found in two cases of leukaemia and in one case of cerebral tumour. No con-

nexion could be traced between any symptoms observed and the condition of the ganglia.

GLASGOW OBSTETRICAL AND GYNAECOLOGICAL SOCIETY.

At the sixth meeting, Dr. A. W. RUSSELL, the President, in opening a discussion on *Puerperal sepsis*, said that the figures of the Registrar-General proved that the country was annually losing thousands of mothers owing to insufficient care and defective methods at the time of childbirth. The following points demanded serious consideration: (1) The widespread and persistent prevalence of what was admittedly a preventable disease. (2) The need for proper definition of the condition that must be notified, and for early fearless diagnosis and notification as an aid to effective treatment. (3) The wider and more practical recognition of the fact that the process of childbirth needed asepsis from beginning to end. (4) Such further practical instruction of the student and young practitioner as would enable him to grasp the true principles involved in attendance on such cases. (5) The proper legal control and education of all nurses and midwives. Dr. A. JOHNSTON, speaking of puerperal fever as seen in the Municipal Hospital, said the disease was wound fever and the infection bacterial. The organisms varied, but streptococci were most numerous. In a total of 290 cases of puerperal sepsis there were 123 deaths, that is, 42.4 per cent. He found antistreptococcus serum was worthless. Autogenous vaccines were useful, but only in the less acute forms, since half the fatal cases died within four days of admission, or in other words, within the minimum time required for the preparation of the vaccine. Professor MURDOCH CAMERON, discussing the subject from a consultant's point of view, said that the possibility of febrile attacks unconnected with the puerperal state must not be overlooked. A diagnosis between septicaemia and sapraemia must be made, the symptoms of the former being, as a rule, of greater severity and much less amenable to treatment. Pyaemia he rarely saw. He condemned the use of the curette, and relied on digital removal of any debris. Afterwards he swabbed the cavity, and applied carbolic and camphor, or 5 to 10 per cent. formalin lotion on a swab. Serum, in his experience, had saved the lives of several patients. Dr. JAMES CRAIG, speaking from a general practitioner's standpoint, said the number of virulent cases seen nowadays was less than twenty years ago. The unsavoury conditions prevailing in the houses of the poor were more surely the causes of puerperal fever than the unwarranted use of forceps or tearing of the genital tract by the general practitioner. Attention to small matters of detail and thorough antiseptic precautions were essential to success in general practice. Dr. A. K. CHALMERS, discussing puerperal fever in relation to the public health, said his statistics showed an increase in puerperal fever during the last quinquennial period; this, he thought, was due to a more rigid interpretation of the Notification of Births Act. The analysis of his tables made it clear that puerperal fever was occurring in the practice of midwives and nurses at twice the rate which obtained in the practice of qualified practitioners when they had charge of patients from the beginning. In his opinion the Obstetrical Society would do a work of immeasurable assistance to parturient women if they furthered the efforts of local authorities and medical officers of health in Scotland in having the Midwives Bill for Scotland placed on the statute book. Dr. ROBERT JARDINE, speaking of preventive measures, said that in maternity hospitals aseptic methods had practically abolished septic infection, but in private work there had been no improvement. This should not be the case. Care should be taken to render the external genitals as aseptic as possible; greasy lubricants should not be used, instruments should be thoroughly immersed in sterilizing them; labour should be conducted with as little interference as possible, and with the minimum internal examinations. Another point of great importance was to empty the uterus thoroughly. There was one surgical principle which was often overlooked—namely, free drainage. This could be obtained by raising the upper end of the bed. In conclusion, he asserted that puerperal fever could and ought to be prevented.

BRISTOL MEDICO-CHIRURGICAL SOCIETY.

At a meeting on March 13th, Mr. C. A. MORTON, President, in the chair, Dr. MICHELL CLARKE, in opening a discussion on the *Intracranial complications of suppurative ear disease*, reviewed the symptoms of the cerebral and meningeal complications of ear disease, and pointed out the difficulties of diagnosis when otorrhoea complicated such diseases as polioencephalitis, cerebral tumour, basic meningitis, and tuberculous meningitis. He was followed by Mr. LACY FIRTH and Dr. CAREY COOMBS, the former discussing the diagnosis and treatment of lateral sinus thrombosis and the technique of the operations for the meningeal and cerebral complications of aural disease; while Dr. Carey Coombs showed what was the relative frequency of the various complications as gauged by the records of the Bristol General Hospital. Dr. J. O. SYMES said the intracranial complications were comparatively rare in the acute otitis of children, whether this occurred in connexion with acute specific fevers or independently. Dr. WATSON-WILLIAMS deprecated palpation of a thrombosed jugular vein, and related a case illustrating the possible latency of cerebral abscess. Dr. J. A. NIXON expressed the opinion that the surgeon should attach little or no importance to the absence of optic neuritis. Mr. A. J. WRIGHT said that in 7 per cent. of cases of uncomplicated aural suppuration optic neuritis was present. The President stated that out of 5 cases of cerebral and cerebellar abscess he had operated upon, 3 had recovered.

NORTH OF ENGLAND OBSTETRICAL AND GYNAECOLOGICAL SOCIETY.

At a meeting in Sheffield on March 15th, Mr. RICHARD FAVELL, Vice-President, in the chair, Mr. CUFF reported a case of extreme *Vesical incontinence*, associated with prolapsus uteri, which he had successfully treated by laying bare the urethra, putting in some puckering stitches, and then doing a very thorough anterior and posterior colporrhaphy and Gilliam's operation. Dr. FITZGERALD showed: (1) A *Mucoid polypus of the cervix*, the size of a tennis ball, removed from a woman aged 31. The patient, who had been married for twelve months, complained of dyspareunia, pain in the back, occasional menorrhagia, and a persistent offensive leucorrhoeal discharge. (2) A *Dermoid of the right ovary*, and a pedunculated fibroid tumour which was attached to the posterior wall of the uterus, removed from a patient aged 70. Two years before the patient had suffered from an acute illness which was attributed to a pelvic tumour. Her condition at that time had been so grave that it was feared she would not survive. She, however, got well. The dermoid shows at its upper end a blood clot the size of a ping-pong ball, which no doubt was the result of torsion of the pedicle having occurred at the time of the previous illness. She complained of constant pain in the right iliac fossa and low down in the back. Mr. MILES H. PHILLIPS (Sheffield) reported a case of severe *Concealed accidental haemorrhage* which had been successfully treated by Caesarean section followed by hysterectomy. The patient was 33 years old. During the previous thirteen and a half years she had had nine full-time labours and one miscarriage. Until one morning a fortnight short of full time she had been in good health. She was then awakened by severe abdominal pain. She fainted two or three times. There was no external bleeding. Dr. Walker, of Tinsley, recognized the condition, and at once sent her into the Jessop Hospital, where the operation was performed. For thirty-six hours recovery was very doubtful, but thereafter she made steady progress, which was delayed in the third week by a slight paracervical cellulitis. Dr. OLDFIELD, in a paper on *Diverticulitis* as a cause of pelvic inflammation, reported 3 cases. The condition, he said, was fairly common and well-known to surgeons, but had apparently escaped the notice of gynaecologists. The two chief clinical varieties he described were left-sided "appendicitis" and chronic obstruction. The former might assume various forms, just as appendicitis did, and not uncommonly caused pelvic abscess or even general peritonitis. The latter variety resembled obstruction from malignant disease of the pelvic colon, and on exploration, and even after resection of the portion of bowel involved, the disease was usually taken for carcinoma. In nature

it was inflammatory, and arose in connexion with small multiple diverticula from the colon, particularly the sigmoid. In operating for pelvic inflammation it was necessary to be mindful of the existence of diverticulitis, because, while it simulated left-tube ovarian disease, its operative treatment was both more difficult and more dangerous. Indeed, the death-rate from operations in chronic cases was very high, and was mainly due to the fact that the true nature of the condition had not been determined until after death.

THE OPSONIC INDEX.

IN reporting a modification of the technique employed in determining the opsonic index described by Dr. C. Russ at a meeting of the Pathological Section of the Royal Society of Medicine on March 19th (BRITISH MEDICAL JOURNAL, March 30th, p. 728) we indicated as the essential point in his paper a claim that the modification effected some degree of diminution in the sources of error. In deference to the wishes of Dr. Russ, we now state that the essential point was that "the observed errors by the improved process were one-quarter the magnitude of those by the old process, the conditions of experiment being almost completely comparable."

Rebman.

THE IDEA "CONDITIONED" IN MEDICINE.

THE monograph which VON HANSEMANN has devoted to the "conditional" idea in medicine¹ is of much interest, though the interest may be somewhat different from that which he anticipated. His main thesis may be shortly stated thus: "To look upon a disease as the result of a cause is misleading, and it is more useful to consider it as dependent on a set of conditions; of these conditions some are necessary and some are changeable." The idea here expressed is by no means new, but it has recently been urged by several writers with a variety of terminology from which the writer has selected that of "condition," as used by Verworn, and, having applied it widely to the problems of pathology, has found it stimulating. In the monograph he applies it over the whole range of medicine with a wealth of illustration from his wide experience that gives its real value to the essay.

The series of sketches by which he illustrates the complexity of the relation of a disease to its antecedents forms a useful reminder to those who may be apt to overlook this fact, even should it fail to carry conviction on the point of philosophy. It is one thing to show that concentration on, say, the tubercle bacillus, led for a time to leaving in the background the other factors in the problems in which it is concerned, but it is quite another to prove that such a concentration—which, after all, must prove temporary—is not a real economy in the progress of knowledge. Few who have to think about the etiology of a disease ever forget its complexity, and though often the patient asks what is the cause of his illness, the conscientious physician, knowing the multiplicity of factors, as often hesitates for his answer.

To make clear the author's way of thinking, it is necessary to quote some of his illustrations. Beginning with traumatic conditions, where the idea of the trauma as cause might be supposed to find its readiest justification, he points out the various factors contributing to produce phenomena observed in a case in which the patient has been run over in the street; in that event the trauma is but one member of the complex leading to the accident and determining its issue. Going on to the traumatic neuroses and allied conditions, he states what he considers the practical gain as follows: "One can say with certainty that the conditions named are never created by a trauma, that is, that an individual absolutely healthy beforehand never develops a hysteria or diabetes or exophthalmic goitre, etc., from a trauma. It would, therefore, be unjustifiable to compel an insurance society to pay accident or death claims on such an occasion." This proposition hardly compels acceptance by those who wish to insure against the trauma as the "exciting impulse (*das auslösende Moment*)." Applying the same mode of reasoning to poisoning, the importance of the individual reaction to the poison concerned is emphasized. A long and interesting chapter is devoted to tuberculosis; the various

elements in the individual disposition are described, and the factors that determine whether the individual will develop tuberculosis at all in the presence of the bacillus, and if he does, what form it will take. After a chapter on other infective diseases the author passes to the non-infective conditions—rachitis, gout, cirrhosis, and malformations—and then goes on to tumours, where he says that the looking for a cause has prevented the formation of general etiological theory. He finds that three factors are necessary for the production of tumours: (1) Irritation of some kind; (2) its prolonged action; (3) individual disposition. In this he sees the reason for the failure of the experiments on the production of tumour in animals.

In a chapter on conditions given by the prognosis he writes, "one sees in these parasyphilitic conditions to what errors the idea of cause can give rise. When we say that the cause of syphilis is the *Spirochaeta pallida*, and further that the cause of the parasyphilitic conditions is syphilis, the *Spirochaeta pallida* enters into the first line as the cause of these conditions, and it would be quite logical to attempt to cure them by destroying the *Spirochaeta pallida*. . . . But we are not in a position to remove the cicatrizations which the gummosities leave behind them, and which lead to the parasyphilitic diseases."

The concluding chapter applies the same mode to illustrate the origin of epidemics, and the whole argument is summarized in a series of fourteen propositions.

The author seems not to realize that the colloquialism of everyday speech has its analogue in everyday thinking, and that here the idea of cause is a convenience which would be out of place in the more formal reasoning of science, in the terminology of which "essential condition" and its correlatives are already enshrined.

THE TREATMENT OF SYPHILIS.

ALTHOUGH there are now many papers in English on the subject of syphilis and salvarsan, it is well that we should have translations of original monographs. The profession, therefore, is indebted to Dr. ABR. L. WOLBARST for translating Wechselsmann's book on *The Treatment of Syphilis with Salvarsan*.² Wechselsmann was one of the first to be taken into Ehrlich and Hata's inner counsel, as he had at command a large clinical field in which the new remedy might be tried in a precise definite scientific fashion. This work is an account of those earlier investigations and observations. One of Wechselsmann's most important primary observations was that salvarsan had a powerful effect for good in cases of syphilis which had proved resistant to many years' mercurial treatment. It is to him also that we owe the knowledge that a second injection may be given, not merely with impunity, but with advantage. Wechselsmann was not difficult to convince, as Ehrlich had been convinced, that the intravenous method of administration is the best. By this method the drug most certainly reaches the uttermost corners, so to speak, of the organism, and is carried with most sureness into the connective tissues in which the spirochaetes are most prone to lodge. The intravenous method provides the energetic *ictus therapeuticus* necessary to accomplish the ideal *therapia sterilisans magna*. One "blow" may not be sufficient, and Wechselsmann shows that two or three may be required if local recurrence take place, or if the Wassermann reaction continues. These local recurrences are explained by the author as due to persistence of spirochaetes in foci which on account of an imperfect blood supply have not been reached by the drug. This is most apt to occur if the drug has been administered in the early secondary stage when the whole organism is saturated with spirochaetes. The author is careful to point out the importance of observing the effect of salvarsan on the Wassermann reaction, and shows that the treatment of a case is not complete unless and until the Wassermann reaction becomes and remains negative. The literature of the subject, necessarily all German primarily, is reviewed by the author, and the translator has rightly added notes of the literature in English. At the end of the book are a number of coloured illustrations

¹ *Ueber das konditionale Denken in der Medizin und seine Bedeutung für die Praxis*. Von Dr. v. Hansemann. Berlin: August Hirschwald, 1912. (Imp. 8vo, pp. vii, 184; figs. 30. Price M. 5.)

² *The Treatment of Syphilis with Salvarsan*. By Sanitätsrat Dr. Wilhelm Wechselsmann, Berlin. With an introduction by Professor, Dr. Paul Ehrlich. Only authorized translation by Abr. L. Wolbarst, M.D. New York, Consulting Genito-Urinary Surgeon, Central Islip State Hospital, etc. With 15 textual figures and 15 coloured illustrations. London: Rebman, Limited, 1911. (Med. 4to., pp. 169. 21s.)