

was that the repeatedappings deprived the blood of some element, or elements, included in the infinite variety of albuminous substances found in ovarian cysts, the deficiency of which predisposed to coagulation of the blood. The author thought that no case of ovarian tumour should be tapped till previous abdominal section had shown that it could not be removed. He believed if this rule was followed the mortality might be reduced to less than 1 per cent. if cases were operated on early. As long as the clamp gave a mortality of 25 per cent. it was right to stave off by all possible means so fatal an operation as ovariectomy.

Mr. LAWSON TAIT also read a paper on Two Cases of Hydatids of the Peritoneum successfully treated by abdominal section. In the first the operation was incomplete, because the hydatids had so matted the intestines together that the larger number could not be removed. All the cysts were broken down, and a drainage-tube inserted into the pelvis from above. The patient's symptoms previous to the operation were very severe, but they rapidly disappeared. The patient completely recovered, and the hydatid masses had entirely gone when she left the hospital twenty-four days after operation. The second case was of a more simple kind, for the parasites were contained in a cyst in the lower abdomen, which was completely emptied, and drained through the wound. The patient made an easy, rapid, and complete recovery.—A discussion followed in which Dr. Bassett, Dr. Carter, Mr. Jordan Lloyd, and Mr. Bennett May took part, and Mr. Tait replied.

Dr. SIMON read a paper on the Treatment of Eczema. In the discussion which followed, Dr. Bassett, Mr. Greene, Mr. Mann, Mr. Lawson Tait, Mr. Bennett May, Mr. Taylor, and Dr. Johnston took part, and Dr. Simon having replied, the meeting terminated.

## Reviews and Notices of Books.

*Scrofula and its Gland Diseases.* By FREDERICK TREVES, F.R.C.S., Assistant-Surgeon and Senior Demonstrator of Anatomy at the London Hospital, late Wilson Professor of Pathology at the Royal College of Surgeons. London: Smith, Elder, and Co. 1882.

MEDICINE has never wanted a "limbo" to which disorders that have been imperfectly studied could be conveniently consigned. During the first half of the eighteenth century scurvy occupied this border region. Physicians of that era, by collecting from each other and by individual additions, made up a very extraordinary number of scorbutic symptoms, so that at last they ascribed to this disease almost every distemper and frailty incident to the human body, and seemingly left no room for further invention. When, however, it became clearly understood that scurvy and scorbutic symptoms promptly yielded to the administration of small quantities of lemon-juice, the disease speedily lost its hold on the imagination of pathologists. Scrofula then assumed the dominant position it held till quite the middle of the present century. Not merely were all manifestations of hereditary syphilis classed as scrofulous, but rickets, favus, diabetes, gravel, gout, and even cancer, were referred to it. The advance of chemical science, and the discovery of uric acid in the blood of patients suffering from gout, opened a new field for speculation and hypothesis, so that at the present time gout may be considered as holding the debatable ground for vague generalisation and for all that is unknown and uncertain in pathology. To the lack of scientific limitation in the pathology of Scrofula, and to a cumbrous heritage of opposed opinions and diverse theories, Mr. Treves attributes the neglect that has of late years befallen the study of this disease; indeed so great has been that neglect that the author may be considered as entering a new country, and describing for the first time its general aspect and territorial limits.

The general Pathology of Scrofula is first discussed. The various views of the relationship of scrofula to tubercle are clearly enunciated, and the whole question elucidated with admirable conciseness. We doubt whether a more complete

summary of the views of the different pathologists who have recently worked on the subject of tubercle can be found elsewhere. The conclusions arrived at by the author with regard to this part of his subject may be thus briefly summarised: 1. That the manifestations of scrofula are commonly associated with the appearance of tubercle. 2. That the form of tubercle met with in scrofula is elementary and immature. 3. That scrofula indicates merely a milder form or stage of tuberculosis, and that the processes are simply separated from one another by degree.

The Nature of Tubercle is then treated of, and Mr. Treves strongly advocates the view that tubercle is merely a product of a peculiar form of inflammation, and not a neoplasm, and he brings forward some weighty evidence in favour of this theory. Presuming tubercle to be a neoplasm no other new growth is so intimately associated with inflammatory change; whilst its spontaneous curability is certainly more in favour of its inflammatory origin. In support of this view he quotes the experiments of Ziegler, in which tubercle was found in the inflammatory changes induced in animals, when two thin discs of glass, so cemented together that fine interstices were left between them, were inserted under the skin; on removal and examination of the discs perfect tubercle was found in the inflammatory exudations in these interstices.

In the original and ingenious chapter on the Antagonism between Scrofulous Diseases many obsolete and incorrect notions are swept away. Mr. Treves shows by statistics that the commonly received view that the majority of scrofulous subjects die of consumption is incorrect; and that, on the contrary, phthisis is by no means a common complication of scrofula. He proves, from the records of the Margate Infirmary, that the particular scrofulous malady any given patient possesses appears to protect him from any other outcome of the disease; and, finally, originates the view that there is a decided antagonism between scrofulous affections.

In treating of the various symptoms presented by the scrofulous individual, the author draws attention to the statement of Dr. Paul concerning the changes in the ears after they have been pierced by ear-rings. The puncture in these cases very slowly ulcerates, and Dr. Paul concludes every woman in whose ears the scar left by piercing is in the form of a slit-like orifice, or a linear cicatrix, is the subject of scrofula. Mr. Treves, from a consideration of an extensive series of cases, is unable to corroborate the statement. Moreover, as he pertinently asks, if the condition be due to general tissue defects, how comes it that in one-third of the cases only *one* ear is affected? The pathology of the so-called "cold abscess" is included in this chapter, and is set forth in a manner that cannot fail to interest the histologist.

Part II. relates especially to the Scrofulous Gland. The anatomy and etiology are clearly given. The questions of the nature of the peripheral lesion that induces gland disease, and why of all other external glands those in the cervical region are so often the seat of strumous disease, receive an explanatory light from the observations of the author. He believes that the peripheral lesions most active in exciting gland disease in scrofula are those that are located in the adenoid tissue of a mucous membrane. This varies greatly in amount in different parts, but is particularly abundant in the mouth and pharynx, in the bronchial mucous membrane, and in the intestines. Now, the glands most commonly affected with scrofulosis are the cervical, bronchial, and mesenteric.

The chapter dealing with the Pathological Histology of the Scrofulous Gland is perhaps the best in the book. We congratulate Mr. Treves on the results of the vast amount of labour he has so evidently expended on the subject. The

author draws attention to the traditional error that the changes in the glands are first observed at their extreme periphery, the exact converse holding good. He also refers to the changes that take place in the lymphatic vessels proper to the gland tissue. The nature of the giant cell is urged to be that of a coagulum formed in the irregular meshes of the fibrous tissue of the gland. With regard to this theory of their origin, we do not see why the *large* cell elements should occupy an intermediary position. The large cell elements, according to this theory, would arise from the endothelia lining the reticulum. They ought, therefore, rather to lie on the periphery of the giant cell. Still, the fact that in a decaying giant cell a network can be seen stretching across the mass, exactly similar to that in the vicinity, and that this reticulum is continuous with the so-called processes of the giant cell, and through them with the neighbouring adenoid tissue, is strongly corroborative of the truth of this suggestion of their mode of origin.

Mr. Treves next points out the various symptoms of the affection, and finally discusses the treatment, especially as regards operative measures. The indications for excision, scooping, and cautery puncture, are clearly pointed out, much stress being laid on the excellent results obtained from the latter method.

Mr. Treves has produced a work of which he may feel justly proud. The clinical portion of it fully sustains the reputation English surgeons have acquired in this department of scientific observation, whilst the chapters devoted to the consideration of the pathology of the disease lead us to hope Mr. Treves will soon have more followers in this field of original research. In conclusion, we may add that we have only one fault to find with the author—namely, that he has limited himself to the gland diseases arising from scrofula, and has not dealt with its other surgical manifestations, especially those affecting the bones and joints. This is an omission which we hope the author may soon have the opportunity of rectifying.

*The South of France, &c.* Edinburgh: A. & C. Black.

THIS is a handbook which will prove of good service to those who by necessity or inclination make their home for the winter in the South of Europe. It comprises all those places which a sojourner in the South is likely to visit—the South-east of France, with Avignon, Nismes, Arles, and Marseilles, the French and Italian Riviera, and parts of Italy as far south as Florence. There is also a guide to the Island of Corsica, an island which is too little visited. To the pedestrian who does not mind a very moderate amount of roughness, Corsica affords a most interesting touring ground, and its picturesqueness, even in the depth of winter, is quite exceptional. This work, for convenience and accuracy, seems to be quite on a par with the rest of Messrs. Black's well-known guides. The only fault we have to find with it is that it is not dated, which forces upon us the reflection that possibly some of the information is obsolete.

*The Irish Medical Directory for 1882.* London: Baillière, Tindall, & Cox.

IN glancing through the pages of this Directory we were struck by the large proportion of the names of our Irish *confrères* to which an asterisk is attached, signifying, as we are told, that their owners had omitted to reply to the repeated requests for information urged by the publishers. Thus, opening at random, on page 20, of sixteen names eleven are distinguished by the above-mentioned prefix. We note the fact without venturing on a surmise as to its cause. A mass of useful information is compassed by the volume, which will maintain its place as a reference book in medical matters in the Sister Isle.

## THE DANGERS OF CHLOROFORM AND THE SAFETY OF ETHER AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—I regret to find that, notwithstanding all that has been said and written concerning the safe and dangerous anæsthetics, we still, week after week, meet with the following distressing heading:—"Another death from chloroform." Last week I see three cases of death reported from this cause; one as occurring at Malvern, another at Dundee, and a third at a London Hospital. To these cases I wish in no way further to refer. I feel sure that all due precaution was attended to, and that the finding of the jury was correct, viz., "Died from natural causes, accelerated by chloroform judiciously and properly administered." But what I particularly wish to draw attention to is, why should the use of chloroform be continued as an anæsthetic, when so many deaths have been either occasioned or accelerated by its use?

The cool and apparently indifferent manner in which these sad cases are recorded from time to time impressed me with an idea that familiarity with "chloroform deaths" seems to have dulled the feelings of operating surgeons, and that fatal cases of anæsthesia from chloroform have come to be regarded as an unavoidable tribute to convenience rather than as an evidence of carelessness and misguided judgment.

Hospital surgeons as a body must run their chance of having deaths by misadventure, no matter from what cause, but they should certainly be liable to blame in the eyes of the public, if they merely used chloroform because it was rapid in action and pleasant to take, to the exclusion of other anæsthetics *eight times safer*, but not perhaps so quick in action or so easy of administration. The question is now becoming a very important one, and it is high time something should be done so as to arrive at some guiding rule regarding the choice or selection of the means that ought to be employed in rendering patients insensible to pain during the performance of surgical operations.

It is very probable that a day will come when operators will not be allowed to explain a death from chloroform as an "unfortunate thing" and a piece of bad luck, or that it was a sort of penalty the surgeon pays for using a rapid but dangerous anæsthetic. I do think, from all the warnings we have received, that the use of chloroform should be given up.

I am happy to say that in the various hospitals in Dublin very few surgeons use it. Throughout America it is seldom used, and why it should be given in England, and in some instances *single-handed*, is entirely beyond comprehension. A recent writer, when talking of its use, has said, "It is criminal and it is unscientific, and so much so as to justify the stern interference of the law, and the summary punishment of those guilty of culpable negligence."

Deaths have no doubt occurred when other anæsthetics than chloroform have been used. However, it is better for the surgeon and all concerned to think of safety to the patient rather than rapidity of action and convenience.

When we learn that only one death from ether occurred in 23,204 administrations, it is quite reason enough for those interested in the subject to urge and recommend its employment.

To place a patient in an insensible sleep never to wake again is a very serious matter. Few can realise it except those who have experienced the dreadful moments of doubt and mortification that take place. Restoratives are quickly employed in the hope of reviving the patient, but all to no purpose; the person lies dead before you who but a few minutes before was in full possession of life and strength. The sad news has to be told to anxious friends who are ready waiting to hear of the operation being over. I never found the administration of ether difficult with the "Pocket Inhaler," made for me by Coxeter, London. I have administered it to all ages, ranging from infancy to persons over eighty years of age, with the happiest results. Complete anæsthesia was rapidly produced with a small quantity of ether, and when consciousness returned no bad effects were as a rule complained of.

I am, Sir, yours, &c.,

LAMBERT H. ORMSBY, M.D., F.R.C.S.,  
Surgeon to Meath Hospital, Dublin.

Merrion-square, Dublin, February 8th, 1882.