

general rules can be laid down for our guidance in any case. Every case, as Dr. Hanks has said, must be treated on its own merits. A sharp distinction should be made between tumors involving the uterus and those involving the ovaries. As has been said, the position of the fibroid tumor makes all the difference in the world. If it be clear that from the position of the tumor it will not interfere with delivery, it may be laid down as a general rule that it should not be touched before gestation is complete. Of course there may be risks of inflammation or malignant disintegration. I would like to enter my protest against tapping a unilocular cyst as a palliative measure. Twice in the last week I have had occasion to witness the very great danger of tapping.

Dr. H. O. Marcy, of Boston, said that he agreed with Dr. Cameron. He supposed tapping under these circumstances was out of the question. He reported a case showing its danger.

Dr. W. W. Potter, of Buffalo, reported a case of successful operation for removal of the tumor during pregnancy.

Dr. H. O. Marcy, of Boston, asked what was the condition of the veins.

Dr. Potter replied that they were highly congested. He believed that it was a case where tapping would have been very bad practice. His experience and that of others led him to believe that tapping should never be employed; if anything was done it should be through an incision.

Dr. J. H. Carstens, of Detroit.—I am inclined to think that because of the peculiar blood changes union takes place better during pregnancy than at any other time. I wish, emphatically to protest against the tapping of tumors during pregnancy. Cases of ovarian tumor, no matter what kind they might be, occurring during pregnancy, ought to be operated upon. In case of fibroid you have to judge of each individual case yourself.

Dr. A. Vander Veer, of Albany, said he did not suppose there was any man in the State of New York who had in his teachings emphasized more this point in reference to tapping in the case of an ovarian tumor than he.—*New York Journal of Obstetrics.*

## Pathology.

### THE PROGNOSTIC SIGNIFICANCE OF THE TUBERCLE BACILLUS.

(Centralb. für Bakter. u. Parasit., taken from *Dtsch. Med. Wochenschr.*, 1891, No. 4.)

Von Brunn, in speaking of the prognosis in cases of pulmonary phthisis, gives it as his opinion that it is preposterous to found an absolutely bad prognosis in any single case upon the finding of the tubercle bacillus. Kurlow has shown by inoculations in guinea pigs that the colonies of tubercle bacilli found in the chalky nodules and cicatrices in the apices of the lungs of dead people, who, during life, were always looked upon as examples of cured

phthisis, can remain isolated and completely lose their virulence. These investigations speak in favor of Buchner's supposition that the body seeks to defend itself against the germs which have penetrated it, in that it builds up a wall of leucocytes against them by means of the inflammatory reaction, and that as a general rule this wall renders it very difficult for bacteria to spread, and that finally they undergo retrograde changes and are destroyed, only the scar tissue or chalky nodules remaining. According to Brunn's idea, this favorable result is brought about only when *few* bacilli make their way into the lungs; on the other hand, if the germs enter the respiratory tract in greater numbers, so much the easier will it be for them to break through the wall of leucocytes and infect wider areas of lung tissue, or even light up a general tuberculosis. The appearance, then, of great numbers of tubercle bacilli in the sputa will render the prognosis somewhat more unfavorable. By way of an appendix, Von Brunn speaks of the connection of rapid aggravation in tubercular processes of the lungs with the operation for rectal fistula. Colonies of latent bacilli are set free by means of this operation, that is, freed from the leucocyte-containing wall; they then make their way into lymph blood vessels and are enabled to infect organs in distant parts of the body. In like manner, he explains such occurrences after operation upon fungous joints or scrofulous glands.

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## Book Reviews.

*Annual of the Universal Medical Sciences.* A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M.D., and seventy associate editors. F. A. Davis, publisher, Philadelphia, New York, Chicago, Atlanta, and London.

This is the first volume of the fourth series of the Annual, which has become very popular with the profession of Canada. The contents are: Diseases of the Lungs and Pleura, Whittaker; Diseases of the Heart and Blood Vessels, Whittier; Diseases of the Mouth, Stomach, Pancreas, and Liver, Griffith; Diseases of the Intestines and Peritoneum, Johnston; Diseases of the Digestive Organs in Children, Holt and Crandill;