

## SURGERY

IN CHARGE OF EDmund E. KING, HERBERT A. BRUCE AND L. M. SWEETNAM.

### Primary Sarcoma of the Stomach.

W. Soltan Fenwick in the *Lancet*, gives the following points as diagnostic of primary sarcoma of the stomach: The spindle-cell variety and myosarcomata are chiefly characterized by their comparatively slow growth, the smooth, firm and movable tumor; the frequent absence of pain, vomiting, and anorexia; and the tendency to repeated hemorrhage. 1. The disease usually occurs before thirty five years of age: so that the younger the patient the greater the probability that the malignant affection is sarcomatous in character. 2. In many cases there is a slight, but continuous pyrexia accompanied by rapid and profound anemia, while in carcinoma fever is always absent during the early stages of the complaint and the cachexia much more gradual in its development. 3. Simple enlargement of the spleen is by no means infrequent, but is never met with in cancer unless the organ is involved in the growth. 4. According to Kundrat the tonsils are apt to enlarge and the follicles upon the side of the tongue may become swollen or ulcerated. 5. Secondary deposits in the skin occur in a notable proportion of the cases and permit of excision and microscopical examination. It should be remembered, however, that sarcomatosis has been met with in true cancer of the stomach (Leube). 6. A large nodular tumor due to infiltration of the omentum, or a greatly enlarged liver with secondary growths in its substance, are rarely met with. 7. Persistent albuminuria is often observed in sarcoma, but is exceptional in cancer. 8. The discovery of pieces of morbid growth in the vomit renders the diagnosis certain.

### Tuberculous Glands of the Neck.

G. Bretton Massey advocates, in the treatment of tuberculous glands of the neck, a modification of the cataphoric method as used successfully for the destruction of cancer. The object of the method is the destruction of the bacilli by the cataphoric diffusion among them, of nascent oxychloride of mercury, developed in their midst by the electrolysis of metallic mercury held in contact with a small gold electrode. A small opening is made through the skin, and into the gland by a narrow bistoury, under a chloride-of-ethyl spray, and into the opening is thrust a sliver of amalgamated zinc to act as an anode, not insulated, of a weak galvanic current, 1 to 3 milliamperes, which is turned on gradually and maintained for a few minutes to cauterize the tract and keep it patulous for the treatment proper. When the