



Abstracts



Duty of Physician to Patients with Perineal Lacerations.—

Claude L. Holland, M.D., Fairmont, W. Va. (*Journal A. M. A.*, July 29th), reviews the injuries liable to occur to the perineum in labor, and discusses the proper time for repair. He advises immediate repair of these injuries, unless the condition of the patient positively contraindicates operation. He states that an anesthetic is generally unnecessary, as the parts are numb from stretching and pressure.

Carcinoma of the Breast.—Willy Meyer, New York City

(*Journal A. M. A.*, July 29th, 1905), reports ten years' experience with his method of radical operation for this condition. He gives in detail the technic of the operation, and describes at some length the after-treatment of the patients. Meyer claims for this method of operating that the functional result is better than after other operations, as perfect mobility of the arm invariably follows. He reviews the results obtained in seventy cases. The article is well illustrated.

Tetanus.—J. M. Anders and A. C. Morgan, Philadelphia (*Journal A. M. A.*, July 29th), give a preliminary report of their

statistical study of 1,201 cases of tetanus, collected from the literature and by direct correspondence, with special reference to the incidence of the disease in the United States. They find convincing proof that tetanus is invariably the result of the introduction of the germ, and that the so-called rheumatic or idiopathic tetanus does not exist. They also find that it is endemic in all large centres of population, that in some localities where it was formerly common, notably in Long Island, it has become rare, and that occasional small epidemics, traceable to a definite source, occur in limited localities, as, for instance, in hospitals, etc. It appears that tetanus is more prevalent in the hotter part of the year, that males are more subject to it than females, and that it is less frequent in advanced age. The robust are more susceptible than the weak, and the nervous, than the lymphatic. There is much evidence that the disease is transmissible, and may give rise to epidemics. The germ, Nicolaier's bacillus, is rarely introduced by the alimentary tract, but usually through open wounds, all parts of the body being very susceptible. A number of interesting clinical features observed in the cases collected are