

or of obstruction of its ducts, the symptoms of white or clay colored stools was persistently present.

In conclusion, Dr. Walker indicated the practical importance of the views he had endeavored to establish in the treatment and diagnosis of pancreatic disease and of all forms of bilious disorder.—*Therapeutic Gazette*.

THE DIAGNOSIS OF CANCER.

Although the introduction of antiseptics and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chance of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the usefulness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata (as he terms them) more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year Prof. Esmarch classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors (tuberculomata, the author calls them) not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform exploratory operations of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommended an

energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Internat. Jour. of Surg.*

THE METHOD OF CONDUCTING POST-MORTEM EXAMINATIONS.

Before beginning the post-mortem examination on the body of an infant that was three months old and was supposed to have died of congenital syphilis, Dr. Hirst remarked that the body should always be weighed first; he also said that the liver and spleen in congenital syphilis are not, as in health, one-thirtieth and one-three-hundredth respectively of the whole weight, but bear a much larger ratio, the former reaching sometimes so large a ratio as one-sixth of the whole body weight. There are certain anatomical peculiarities in an infant's body with which one should be acquainted. The bladder, sigmoid flexure, and vermiform appendix are much larger proportionately in infants, while the position of the stomach is vertical, thus rendering vomiting so easy as to be mere regurgitation.

Upon external examination of the child nothing noteworthy was found. On opening the abdomen, the spleen was found to be of normal size, as was also the liver, so that there proved to be far less ground for suspicion of congenital syphilis than had been looked for. The kidneys were, as usual, lobulated. The respiratory organs were examined from the mouth down, in order to detect a foreign body, as a curd of milk, in the trachea, if the child had during life inspired some solid substance. The lungs were healthy, thus excluding pneumonia, which is a very frequent cause of death in infants. The thymus gland was normal. Dr. Grawitz has reported two cases in which this gland was so enlarged as to choke the infant. The heart was normal. The ductus arteriosus was closed. Dr. Hirst had seen it open in an infant four weeks old, and again at the third month. The foramen ovale, which remains patulous for a few days in all cases, was found reduced to an opening the size of a pin. It is not rare to find an opening the size of a pin-hole at the site of the foramen ovale as late as the twelfth month. The dura mater being, as usual, adherent to the sutures, the cranium was hard to remove. A knife was passed down the coronal and sagittal sutures, and the frontal and parietal bones thus removed. The brain was