ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

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SURGERY.

Oesophageal Dilatation (Gazette des Hopitaux, 31st May, 1921), Surgical Treatment of Dilated Oesophagus (Paris Medical, 4th June, 1921).—Under the above headings, these Journals note an interesting case of oesophageal dilatation reported by M. Sencert to the Société de Chirurgie on 25th May, 1921. A man, aged 45 years, suffered for many years from gastric symptoms, dysphagia, vomiting, &c. The passage of bougies, oesophagoscopy, and radioscopy, added to the clinical signs, showed the presence of a large oesophageal pouch. The patient noticed that when he took a deep inspiration, raising the shoulders and depressing the diaphragm, food passed more easily. The dilatation was due not to spasm of the cardia but to elongation of the oesophagus and consequent bending above the diaphragm, thus rendering the cardiac orifice impermeable. Feeding became more and more difficult. M. Sencert performed a left lateral laparotomy, resected two ribs, freed the oesophagus from the diaphragmatic orifice, and then drew down about ten centimetres of the thoracic oesophagus and fixed it in the abdomen, thus rendering the canal straight. The symptoms disappeared, the oesophagus still remaining dilated but vertical.—Andrew J. Hutton.

Treatment of Piles Without Operation. By James Eadie, F.R.C.S. (The Practitioner, July, 1921).—The author advocates the so-called injection method—the interstitial injection of each individual pile with some fluid such as carbolic acid. The technique is simple; the results claimed immediate and excellent. No anaesthetic is required. Mr. Eadie has done many thousands of injections without any dangerous effects, such as septic thrombosis.

The patient lies on a firm couch, 2 ft. 6 in. high. Thorough local examination is made for prolapse, fissure, enlarged prostate, &c. A warmed vaselined proctoscope is introduced, and each pile is punctured by the needle of a syringe and 3 to 5 minims of fluid instilled. The fluid used is acid. carbol. (10 parts), hæmamelis (10 parts), aqua. dest. (80 parts). Three piles may be treated at one time. The anal canal is then swabbed dry and the speculum removed. The patient can return to business at once, and, beyond a slight feeling of discomfort locally, suffers no inconvenience. He is advised to eat plenty of fruit and vegetables, and avoid alcohol, condiments, and tobacco. The piles must be kept from prolapsing for twenty-four hours, else they may become inflamed and
painful. The treatment is repeated two or three days later, and twice or thrice a week thereafter, till the piles are no longer demonstrable. About nine treatments is the average necessary.

The untoward results are—(1) Pain—from injecting an inflamed pile or a prolapsed one and not returning it, or from injecting too low in the anal canal; (2) sloughing of mucous membrane, from too superficial an injection—the injection should be one quarter of an inch below surface; (3) urinary irritation—from injecting in too close proximity to urethra or prostate; this rapidly passes off.—Andrew J. Hutton.

Periosteal Regeneration of Proximal Phalanx of Thumb (Gazette des Hôpitaux, 7th and 9th June, 1921).—M. Alphonse Huguier reported a case to the Société des Chirurgiens de Paris where a whitlow, developing from a septic puncture of the left thumb of a surgeon, was followed by a suppurative arthritis of the interphalangeal joint and an acute necrosis of the proximal phalanx.

M. A. Huguier removed the whole sequestred bone twenty-eight days after the accident, and replaced it by a provisional gold prosthesis which prevented approximation of the distal phalanx and the metacarpal. A new bone was not long in forming which reproduced the removed phalanx. The prosthetic appliance was removed on the eighteenth day. Now the thumb is shortened a centimetre and a half, the metacarpophalangeal joint is ankylosed, whilst the interphalangeal joint has preserved a certain mobility. The function of the thumb is perfect; it can be opposed to all the other fingers. The patient has again taken up his profession as a surgeon and can operate and play the piano as well as ever.—Andrew J. Hutton.

BOOKS, PAMPHLETS, &c., RECEIVED.

A Guide to Diseases of the Nose and Throat and their Treatment, by Charles A. Parker, F.R.C.S.Edin., and Lionel Colledge, M.B., F.R.C.S. Second edition. London : Edward Arnold. 1921. (25s. net.)
Regional Anatomy, by T. B. Johnstone, M.B., Ch.B. With 11 illustrations. Students’ Synopsis Series. London : J. & A. Churchill. 1921. (12s. 6d. net.)
Insanity and Mental Deficiency in Relation to Legal Responsibility: A Study in Psychological Jurisprudence, by William G. H. Cook, LL.D.Lond. London : George Routledge & Sons, Limited. 1921. (10s. 6d. net.)
Human Physiology, by Professor Luigi Luciani. With a Preface by J. N. Langley, F.R.S. In five volumes. Vol. V, edited by M. S. Pembrey, M.A., M.D. London : Macmillan & Co., Limited. 1921. (20s. net.)
A Manual of Bacteriology, Clinical and Applied, by R. Tanner Hewlett, M.D., F.R.C.P., D.P.H.Lond., F.R.M.S. Seventh edition. With 31 plates and 68 figures in the text. London : J. & A. Churchill. 1921. (21s. net.)
The Formation of Colloids, by The Svedberg Professor of Physical Chemistry in the University of Upsala. With 22 illustrations (monographs on the physics and chemistry of colloids). London : J. & A. Churchill. 1921. (7s. 6d. net.)