degree of atheroma, facts probably to be accounted for by the thinness of the rabbit’s aorta, and insufficient time having elapsed after the injections for the development of degeneration in the thickened intima.

The changes noted in the other organs were cardiac enlargement, passive congestion and oedema of the lungs, with occasionally degeneration of the myocardium and skeletal muscles.

Of the modus operandi of adrenalin in the production of the above changes, the authors are unable to speak.

In conclusion, the authors consider that these experiments lend considerable support to Thoma’s thesis that the intimal change is secondary to a primary medial alteration, and is of the nature of a repair process to compensate for a weakened media and widened lumen.—L. F.

SURGERY.

By JOHN PATRICK, M.A., M.B.

Carcinoma in Early Life. By C. G. Grulee (International Magazine of Surgery, Gynecology, and Obstetrics, June, 1906).—This author reports a case of carcinoma of the rectum in a girl, 16 years of age. The girl came to the Pediatric Department of the North-Western Medical School, Chicago, with complaint of pain in the left iliac region of five weeks’ duration, very obstinate constipation, with bright red blood in the stools (the amount varying from small streaks to a profuse haemorrhage), anorexia, vomiting, and loss of weight. On examination, the girl appeared more like 13 years of age than 16, with very poor muscular development. Her expression was vacant, indicating inferior mental capacity. In the left iliac region was felt a nodular mass which was thought to be impacted feces, and the diagnosis of chronic constipation was made and appropriate treatment instituted. Improvement in the general condition followed, but the blood did not cease to appear in the stools. A rectal examination, made two months after the patient’s first visit, revealed the presence of a hard, irregular mass, evidently involving the wall of the rectum, chiefly posteriorly. On removing the finger there was quite a profuse haemorrhage. At a later examination a small portion of the tumour mass was broken off, and, on microscopical examination, found to be typical adenocarcinoma. Two months later, again, on 27th March, 1906, rectal examination showed that the carcinoma had grown, so that it could be felt an inch above the rectal sphincter, and occluded the lumen so much that the tip of the finger could not be introduced into it. The patient was more emaciated and anaemic, but the constipation had been relieved. Blood was still abundant in the stools.

The writer remarks on the rarity of the condition, and gives a list of eleven cases of carcinoma of the rectum occurring under 20 years of age, none of which belong to very recent literature.

Torsion of a Mass of Omentum in an Indistinguishable Hernial Sac. By Professor Riedel (Centrallblatt für Chirurgie, February, 1906).—The author has been of opinion that twisted tumours of the omentum might follow long after the disappearance of a hernia regarded as containing omentum only; that there might be a tumour of the omentum hanging into the abdominal cavity, attached by a thin pedicle, which might some day become twisted on its axis. Strict proof of the accuracy of the theory has been furnished by the following case:—

E. W., female, 26 years of age, was taken to hospital on 12th December, 1905. She was an unusually strong and healthy young woman, and had never had a hernia. She took ill on 9th December, 1905, in the middle of the day,
with such severe gastric pain that she sought a physician at once. Next day the pain spread to the right and downwards; there was no vomiting, but there was some gaseous eructation. After other twenty-four hours had passed, the pain spread over the whole abdomen so that the patient could not leave her bed. Her temperature remained normal. As the pain continued, she was brought into hospital. On admission there was no tumour to be made out, the abdomen was only a little distended, pain and tenderness on pressure were felt in the right lower abdomen. Temperature was 36.8°C; pulse 80 per minute; diagnosis, appendicitis.

Operation.—On opening the abdomen a thick mass of omentum projected itself into the wound. The appendix was healthy. Investigation of the omental tumour showed that it lessened in size as it passed downwards, and that it disappeared beneath Poupart’s ligament. Gentle traction on the omentum brought the neck of the sac of a femoral hernia into the abdomen; further pulling loosened the omentum from the hernial sac, so that it slipped through the neck and appeared in the abdominal cavity as a process of omentum twisted on its own axis. Its distal end was covered with shreds of fibrin, by which adhesion had taken place to the hernial sac. A portion of the omentum was removed and the abdominal wound stitched. The hernial sac was opened by another incision made directly over it; its contents were simply some pieces of fibrin and a trace of red-coloured serum. The sac was removed. The wounds healed uneventfully.

The patient was thoroughly examined before operation and no trace of fulness or swelling could be found in the neighbourhood of the femoral ring. The diagnosis was wrong, but no tumour could be felt, as the patient had a fairly thick layer of abdominal fat. Had the patient been thin a slight prominence above Poupart’s ligament might have been felt. The diagnosis between appendicitis and a twisted omental tumour situated on the right side is impossible.

Hæmorrhoids situated high in the Rectum as a Cause of Obscure Bleeding. By E. E. Goldmann (Centralblatt für Chirurgie, 30th June, 1906).—The importance of “hidden hæmorrhoids” as the cause of serious anaemia has been pointed out by Ewald and Nothnagel. Only by rectoscopic examination can these dilatations of veins be demonstrated. Nothnagel’s case was one of hæmorrhage from the rectum of twenty years’ duration, and for thirteen years various methods of treatment had been unsuccessfully tried. It was only when Otis’s speculum was used that the varicose veins in the pars ampullaris were seen. The writer now makes a routine speculum examination of the rectum in all diseases of the lower bowel, and has frequently benefited by it. The following case illustrates the point:—

A man of 35, a restaurant keeper, consulted him on 3rd September, 1904, for “hæmorrhoids” which had been present for five years, with frequent hæmorrhage. He occasionally improved with treatment, but for several months past he had had a bloody, slimy discharge which no treatment affected. The patient was very anæmic and his mucous membranes were pale; in other respects he was quite healthy. The motions contained fine blood-stained shreds intimately mixed with faecal matter. The external appearance of the anus was normal. A rectoscopic examination revealed on the anterior wall, 10 cm. above the anal margin, small enlarged veins, which projected like polypi into the lumen of the bowel. Some of these varices were actually bleeding, and others had a coating of blood-clot. The mucous membrane in the vicinity showed a slight catarrh; otherwise it was normal. The wreath of veins was destroyed by means of the galvano-cautery, with complete success and cessation of the bleeding, which up to the present has not recurred.

In a second case, the writer found an isolated knot of veins, as big as a hazel-nut, 18 cm. above the anus.

As regards the situation of such enlargements of veins, Schreiber repeatedly found, 15, 16, and 19 cm. above the anus, solitary and multiple clumps of veins without any indication of hæmorrhoids of the ordinary type or other changes
NERVOUS DISEASES AND INSANITY.

By L. R. OSWALD, M.B.

Heredity and Education in the Genesis of Mental Disease. By Toulouse and Damage (Revue de Psychiatrie, June, 1905).—In this paper Toulouse, writing in collaboration with one of his pupils, restates his arguments against the view which, since the time of Morel, has exaggerated the importance of heredity in mental disease. He claims for the environment, and for that limited and selected application for the environment which is called education, a large, and, it may be, a predominant part in the genesis of insanity.

In other contributions to medical literature, Dr. Toulouse has touched on this question, but in the present article his arguments are elaborated. He applies the general considerations of the influence of the milieu, as seen in the morphological variations on plants and animals under different climatic and other conditions, to the facts of insanity, and points out that the usual proof of the predominant influence of heredity, from the frequency with which cases of mental disorder can be traced in the family history, is fallacious in many ways. For example, the conception of what constitutes abnormality of mind is usually vague and indefinite; and, further, the results cannot be controlled by any reference to the conditions in the family history of the sane.

It is, the author holds, his early education—which in a great measure gives the individual his way of reasoning and his way of reacting to emotions. Growing up amongst people who exercise no restraint on their feelings, who practise no intellectual discipline, the child of the neurotic parents becomes like them subject to irrational thought.

The authors insist on the importance of a specially adapted education as a means of preventing the development of mental disease in predisposed subjects.—H. C. M.

On the Etiology of Asylum Dysentery. By W. Bernard Vinobel, M.D. (Thesis, Journal of Mental Science, April, 1906).—The author comments upon the prevalence of this disease in English asylums, and its rarity in the out-patient department of general hospitals, in workhouses, infirmaries, prisons, and even among the London poor, and upon the fact that although during the last four years precautions have been taken as regards the isolation and disinfection of cases, there is little diminution in the number of these, or of deaths from this cause. In 1901, for example, 5.6 per cent of all deaths were due to asylum dysentery in the London county asylums, and in 1904 the percentage was 3.8.

Several micro-organisms have been found constantly present by various observers, and the author thinks it probable that the disease is caused by one or more organisms of universal distribution, either within or without the colon, and becoming pathogenic under favourable conditions. An unhealthy soil probably predisposes to it, and a disturbance of the subsoil seems frequently to determine an outbreak—numerous instances in which this occurred being given. That the resisting power of animals to infection is lowered by their breathing sewage effluvia has been proved, and severe diarrhea not infrequently follows an exposure to such air in the case of human beings—both sane and