

quently more quickly covered with epidermis. He uses the different forms of "plastic," according to circumstances, always closing the retro-auricular wound primarily. The first tampon of iodoform gauze remains, as usual, for six days; the second, introduced much more loosely, remains for two or three. The flaps are then generally secure, and the packing is left off. The wound is then dressed every day, and the ear irrigated with warm water, a procedure which the writer strongly recommends. If there is much fœtor, a 10 per cent. solution of naphthalin in oil is used. The formation of granulations then appears somewhat exuberant to those who are accustomed to keep down the granulations by means of the tampon, but this is favourable to epidermization. If, however, it is excessive, it can be diminished by means of the sharp spoon after the application of cocaine. In some cases the bony cavity was filled with new tissue to a considerable extent without interfering with the cessation of discharge or the improvement in hearing. Packing has to be used when a tendency to the formation of stenosis is apparent, especially when there is a tendency for membranes to form between the middle ear and the mastoid cavity.

Dundas Grant.

THERAPEUTICS.

Renault, A.—*Some Cases of Cancer cured by Adamkiewicz's Cancroïne.*
"La Presse Méd.," July 18, 1903.

In *La Presse Médicale* for January 22, 1902, four cases of cancer of the œsophagus cured by subcutaneous injections of cancroïne were reported (see JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY, June, 1902). Six cases of cancer in various parts of the body are now reported.

CASE 1. *Cancer of the Tongue.*—A lady, aged fifty-four, with cancer of the tongue of three years' duration, came to Adamkiewicz on January 21, 1902. The tongue, of a bluish-red colour, formed a rounded tumour filling the whole mouth, hard, quite fixed, uneven on the surface, and covered with a thick white coating. Speech was incomprehensible, salivation continuous; nothing but liquids and jellies could be taken. Below the jaw were two long, irregular, hard swellings, that seemed continuous with the tongue and submaxillary glands. The patient was very thin, extremely weak, and could not sleep. Injections were commenced on January 21, 1902. In a few days improvement began: the swelling of the tongue diminished, the submaxillary swellings softened, grew smaller, and so on. On February 12 there remained only a little thickening of the right side, tongue quite mobile, speech clear, food taken easily. February 27: All pain gone, sleep natural. In the latter half of March patient went to the country. April 28: Tongue appeared practically normal, general health excellent.

[Number of injections was sixteen, but how much was given at a time, and what interval elapsed between the injections, is not stated. No mention is made of any histological examination.]

CASE 2. *Cancer of Larynx* (under the care of Dr. Tutterlin, of Schopfheim, Baden).—[In the report of this case no description is given of the larynx. No histological examination appears to have been made.] Tracheotomy had been performed. There were two large

swellings in the neck. Patient had been confined to bed for some months. He had great difficulty in swallowing; liquids, for the most part, coming out through the cannula. The skin in the region of the diseased parts was red and swollen. Injections of cancraine were given [how many or what quantity is not stated]. The patient was soon able to be up all day, and to swallow fairly well. The redness and swelling of the skin disappeared, and the tumours in the neck diminished in size. Unfortunately, the improvement did not last long; the patient died a few months later.

CASE 3. *Cancer of the Stomach*.—The diagnosis was made by Professor Nothnagel, who advised the patient to go home again (to Syria) as soon as possible. The patient then came to Adamkiewicz, who gave a large dose [quantity not stated] of cancraine. This produced an intense intoxication, but stopped the vomiting at once, and enabled the patient to take soup, bread, oranges, and meat on the following day. In one month patient was apparently quite cured. [Number of injections not stated.]

CASE 4. *Cancer of the Breast*.—A lady, fifty-four years of age, had cancer of the left breast, for which she had been operated on four times. New nodules recurred in the scar, in the axilla, and above the scapula, accompanied by pain in the arm and by œdema of the hand. Under the influence of injections of cancraine the pains in the arm and swelling of the hand disappeared in three weeks, and the nodules disappeared in a few months. A year and a half from the commencement of the treatment Professor Kugel wrote to Adamkiewicz reporting the patient quite well. [In this case diagnosis was confirmed histologically.]

CASE 5. *Cancer of the Uterus*.—Hysterectomy could not be performed owing to the cardio-pulmonary condition. The uterus, however, was curetted twice, and microscopical examination of the scrapings revealed the presence of cancer. The curettings had no influence on the metrorrhagia. The patient was so very ill and weak when seen by Adamkiewicz for the first time that he was afraid to give large doses of cancraine; he therefore contented himself with giving daily injections of $\frac{1}{10}$ c.c., increasing the dose gradually to 1 c.c. This dose was too large, and gave rise to excessive uterine reaction. The dose was therefore reduced again. Soon masses of carcinomatous tissue began to be discharged from the uterus, hæmorrhage ceased, and in consequence strength, sleep, and appetite returned. Four weeks from the beginning of the treatment patient began to grow fat, and after five weeks could go for long walks. Six months later patient was reported well.

CASE 6. *Cancer of Retina*.—Madame B. K.— had been operated on in April, 1899, and again in March, 1901, for cancer of the right breast. In the winter of 1901 there was a recurrence in the scar and in the supraclavicular glands, and commencing loss of vision in the left eye, which was due to infiltration of the choroid and detachment of the retina by a cancerous growth. Before the injections were commenced the patient could not count fingers or distinguish objects, and could scarcely tell light from dark. After the second injection she could count fingers at 25 centimetres; in a week she could read the prices on goods in shop windows. Visual acuity increased up to two-thirds of the normal. The growth was absorbed. At the same time the other growths in the old cicatrix on the breast and glands, etc., all disappeared.

At first injections are given daily, commencing with 0.5 c.c., in-

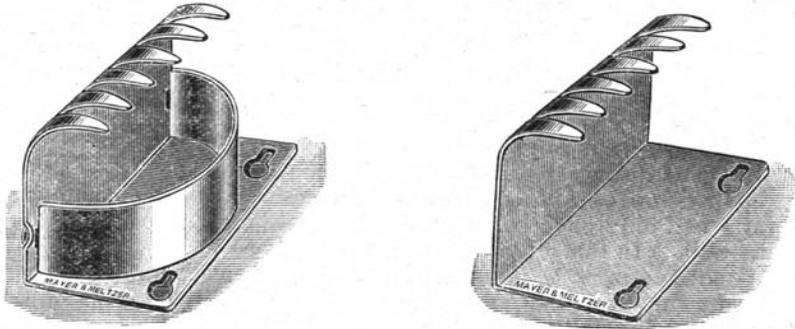
creasing up to 1 c.c., or even more in some cases. When the cancerous growth has been eliminated treatment is stopped. The frequency with which injections are given depends on the amount of reaction produced.

Arthur J. Hutchison.

NEW INSTRUMENTS.

A WOOL TIDY.—This instrument consists of a serrated scraper for the easy removal of cotton-wool from probes, forceps, etc. It is firmly secured to the table by means of screws which pass through slots in the foot-plate, but it is readily detachable.

The wool is easily removed with one hand only by simply dragging the applicator firmly through one of the clefts with a slight rotatory



movement, a somewhat difficult feat with the usual metal box, which, owing to its unsteadiness, demands the use of both hands.

It is made by Messrs. Mayer and Meltzer in two shapes, with and without a well, which is detachable for sterilizing purposes.

Although specially designed for aural and nasal work, it will be found to be equally serviceable in dental and other work which requires the use of wool wads for cleansing and escharotic treatment.

Wyatt Wingrave.