

Ovary (Sampson's Cysts) or endometrioma. In this it is stated that these cysts occur in about 10% of all gynaecological intraperitoneal operations; that they are caused by back flow of endometrial fragments from the uterus through the tubes and that they are naturally associated with an obstruction to the outflow of menstrual blood such as occurs in cases of cervical stenosis, retroflexion, myomata *et cetera*.

Adherent, retroflexion unless there is a frank adnexitis present is stated to be practically always associated with perforating cysts. According to this description Sampson considers that first there is developed a cyst of the ovary, this with each menstruation finally enlarges to bursting point and does so, scattering blood and fragments of endometrium on to the surface of the ovary and into the pouch of Douglas; thus are formed further cysts in the ovary and on the peritoneum.

Sampson has also shown that the transplanted endometrium may gain access to the lymph spaces and there develop like a cancer, this accounting in all probability for many such tumours found in the round ligaments and in the inguinal region.

It is stated in this paper that there seems little doubt that these lesions may be the causative factors in the production of adenomyoma of the uterus and of the recto-vaginal septum.

It is possible also that these tumours may be the starting point for some of the ovarian cysts, both malignant and benign, as well as being a nidus for extrauterine pregnancy. Webster, of Chicago, has maintained for many years that ovarian pregnancy could not occur unless Müllerian tissue was present in the ovary.

While it is easy to understand how endometrial tissue, once having been regurgitated through the Fallopian tubes, might attach itself to and grow in the ovary and from there be spread to other parts as above described, still it seems hardly necessary to explain adenomyoma of the uterus as being due to an ingrowth from the outside into the uterine wall, when we have the original endometrium of the uterus much more favourably situated for developing such a growth.

With regard to Webster's view that ovarian pregnancy cannot occur without a nidus of endometrial tissue present in the ovary on which a placental site can form, there is an interesting paper by Dawson, of Adelaide, in THE MEDICAL JOURNAL OF AUSTRALIA of August 21, 1926, on ovarian pregnancy and endometrioma in which the writer concludes that an impregnated ovum can implant itself only on Müllerian tissue capable of deciduous change and not haphazard upon any tissue for which it has no philogenetic attraction. He concludes therefore that: (i.) Ovarian pregnancy probably does not occur in a Graafian follicle, (ii.) it does not occur fortuitously in fissures and scars of the surface of the ovary, (iii.) that it does occur when endometrial tissue is present in the form of an endometrioma which, participating in the deciduous changes consequent upon impregnation, offers a suitable and philogenetic bed for implantation.

I have wandered rather far from the subject matter of my communication in that my case, the only one I have recognized, is of no value as a support for any of the theories advanced as to the formation of these growths. The whole thickness of the uterine wall, both tubes, both ovaries and all the peritoneum of Douglas's pouch were one mass of the disease and from my case it would be quite impossible to form any conclusion as to whether the tumour originating in the endometrium travelled out through the uterine wall to attack the peritoneum, tubes and ovaries or whether the condition originated in an implantation of endometrial tissue in the ovary and from there travelled backwards through the uterine wall from without inwards or whether (which is probably more likely) the two conditions were proceeding at the same time. I find it very hard to believe that these cases occur so frequently as in 10% of all gynaecological laparotomies.

It is true that fairly frequently one finds small cysts in the ovary containing tarry fluid and I have occasionally seen small, dark swellings within the broad ligament which I in my ignorance regarded as small thromboses.

The complete absence in such cases as I have met with, of any evidence of further growth would seem to militate against the idea that they were of the nature of endometriomata.

AMOEBIIC DYSENTERY ACQUIRED IN NORTH QUEENSLAND.

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ALTHOUGH a certain number of well authenticated cases of amoebic dysentery acquired in Australia have been reported, fresh ones are always of interest. The subject of the present note acquired the infection in tropical Australia.

Mr. X., about thirty years of age and of North European descent, was at Cambridge Sheep Station, about thirty miles from Richmond, North Queensland, when his first symptoms appeared, about the middle of September, 1926. During the week preceding the onset he had been working at various scrub cutters' camps near Richmond and for three weeks before that at a shearing shed on Cambridge Station, where there were forty or fifty men. He had never been out of Australia and for the last five years had been continuously in North Queensland. There was no history of previous attacks of dysentery. In one of the scrub cutters' camps was another man who had also never been out of Australia and who developed similar symptoms a day or two before Mr. X. There was also an ex-soldier who had been in Palestine and Mesopotamia; he had no symptoms and gave no history of dysentery.

Mr. X.'s first symptom was diarrhoea which gradually became worse and blood was first noticed about a week after the onset. There was little pain or tenesmus. The number of motions per day reached fourteen or fifteen, consisting largely of blood and mucus. The patient was admitted to Richmond Hospital where his treatment included polyvalent antidyenteric serum. He continued to pass blood and mucus with slight amelioration in his symptoms at times up to the time of his admission to the Townsville General Hospital about ten weeks after the onset. He stated that he had lost two stone (12.6 kilograms) in weight. He was there treated with emetin bismuth iodide 0.18 gramme (three grains) every evening for nine days and improvement set in rapidly from the beginning of the treatment. He left the hospital without any symptoms and no relapse has occurred up to January 8, 1927.

A fresh stool examined on November 27, 1926, at this Institute before the emetin treatment began consisted of fluid faecal matter with a good deal of blood and mucus. A portion of this examined under the microscope contained numerous red blood corpuscles, fairly numerous eosinophile cells, many epithelial cells, many bacteria, Charcot-Leyden crystals and numerous amoebae. Polymorphonuclear leucocytes were not numerous and did not exhibit the features found in acute bacillary dysentery. In a specimen, examined two days later, the amoebae were still more numerous. On both occasions some of them were fairly active and in morphology and character of movement resembled *Entamoeba histolytica*. A large proportion of them contained ingested red blood corpuscles.

After the course of emetin bismuth iodide his stools were examined on December 11, 1926, and January 5 and 6, 1927. They were of normal character and neither amoebae nor cysts could be found.

From inquiries made it appears that the second man who became affected about the same time as Mr. X., had symptoms of severe dysentery with blood and mucus and became very weak. His condition improved for a time, but a relapse occurred and he was treated with emetin with benefit. Dr. Richards, of the Commonwealth Health

Laboratory in Rockhampton, examined his faeces in the latter part of December and found them normal and free from amoebae and cysts.

Reviews.

DISEASES OF CHILDHOOD.

THE fifth edition of Dr. R. Hutchison's well known "Lectures on Diseases of Children" is dedicated to the late Dr. John Thomson, of Edinburgh, who has been acknowledged as one of the very best authorities on children and it will be generally conceded that Thomson's mantle has fallen on the shoulders of the author under consideration. The book has been revised thoroughly and the lecture on wasting has been rewritten and six new lectures have been added.

The lecture on wasting is most instructive; the author discusses many points overlooked by the general practitioner. He draws attention to the fact that wasting may be due to a mere insufficient intake of food or in other words starvation, which may be the result of ignorance, carelessness or even mistaken kindness, and these may be collectively considered under improper feeding. He divides this error into quantitative and qualitative types. He classes also broncho-pneumonia and latent empyema amongst the unsuspected causes. In treatment he advises the practitioner to go slowly and to play for safety and deprecates the exaggerated importance of increased weight alone as an index of progress.

The lecture on rheumatic carditis, though short, is full of wisdom. Hutchison considers that the causative organism produces a toxin which affects the heart in the same way as the toxin of diphtheria. Undoubtedly the best of the new lectures is Number XXII. "The Problem of the Solitary Child." His presence amongst our American cousins across the Pacific is well known and it is increasingly evident he is by no means unknown in Australia. "Negativism" is the fashionable word in connexion with this subject and it is discussed in a masterly way in this chapter.

The new lecture on abdominal pain is a valuable one. When referring to appendicitis he states "pain is the earliest symptom—that it is usually experienced in the epigastrium and only later settles into the right iliac fossa and that it is rarely of great severity except in the nervous child."

The other lectures are moulded on those given in former editions, new material being added; so much is this so that many are practically new. Notably that on coeliac disease is instructive. It is a pity that Dr. Hutchison with all his erudition could not coin a better name. Anyhow it ought to satisfy the most exacting patient. But when one considers the mutilation that happens to simple words like "bronchitis" and "enteric fever" one almost trembles to think what "coeliac" will become. This disease was first accurately described by Gee, of "Barts," promptly forgotten for years, redescribed by Cheatle and discovered for the third time by Professor Herter of New York. Gee in his wisdom did not venture on a probable cause, Cheatle considered it due to insufficiency of bile secretion and Herter to a specific type of microorganism which by the way has not been identified. Abnormal flora are not uncommon in the intestinal canal and Koch's postulates have yet to be fulfilled.

His remarks on chorea are explicit and his notes on the treatment by rest alone are much needed. He recounts the statement by Barlow that a paper could be written on the "Diseases Produced in the Treatment of Choreia." When the arsenical and chloretone poisoning and the intoxication induced by very large doses of salicylate, which sometimes results from excessive medication are considered Barlow's sarcasm is seen to be well timed. In the Southern Hemisphere it is generally admitted that clinical pulmon-

¹"Lectures on Diseases of Children," by Robert Hutchison, M.D., F.R.C.P.; Fifth Edition, Revised and Enlarged; 1925. London: Edward Arnold and Company. Demy 8vo., pp. xii. + 459, with illustrations. Price 7s. net.

ary tuberculosis is uncommon in young children whereas in the temperate zones of Europe it is frequently maintained by Australian workers to be fairly common. That is the prevalent belief. It is with surprise therefore that we read while he discusses cough and wasting in the dyspepsias "pulmonary tuberculosis is a rare disease in children" and again in respiratory diseases "phthisis as it occurs in the adult is practically unknown in children below the age of puberty."

It is impossible even to hint at all the good things in this book which will be found to be of service to the newly qualified and others. The greatest part of the practice of the newly qualified will be amongst children and successful treatment will be an important element in attaining a good professional standing.

ELEMENTARY THERAPEUTICS.

HERETOFORE everything emanating from the pen of that accomplished clinician and lucid writer Dr. Robert Hutchison, Physician to the London Hospital, has been read with pleasure and profit and in his latest work entitled "The Elements of Medical Treatment" we have not been disappointed.

The plan of this handy book is founded on an annual course of lectures on elementary therapeutics delivered at the "London" on the principles of therapeutics and their practical application. They were originally intended as a guide to senior students in the medical wards, but can also be read with profit by junior practitioners in the evening after their daily rounds of practice. In this concise book they will find useful tips to rectify any occasional slip made in their daily work.

In the first six chapters general principles, fever, pain, insomnia, constipation and diarrhoea are described clearly and these are followed by others on heart failure, bronchitis, anaemia, dyspepsia and other disorders met with in everyday practice.

The dominant feature all through this useful little book is a mild conservatism, cautioning the senior medical student against too up-to-date methods on the one hand and inactivity on the other. The author specially emphasizes the fact that the patient has to be treated and not the disease, so that his individual tastes and distastes have to be duly considered. Hutchison likens the medical man to a lawyer "who is holding a watching brief" for the patient, giving him confidence that all is going well and that the doctor is quite ready to meet any emergency that may arise.

His remarks on medicines are well timed. Our forefathers used them too much and the present generation too little. The effects of the drugs that may be used, ought to be known intimately and the drugs should be administered in sufficient doses. In his sagacious remarks on drugs he repeats a quotation he has already given in one of his former works: "They sometimes cure, often relieve and always console." In reference to this it must never be forgotten that the great majority of new graduates, unless they are blessed with means to wait for a junior surgical appointment or to attempt the higher flights of scientific medicine, will have to join the great army of general practitioners and to do this well they will have to be versed in the information that this little book gives in an authoritative way.

MENTAL DISEASES.

"THE CLINICAL STUDY OF MENTAL DISORDERS" appearing in the form of a small book of seventy-nine pages, is the title of the Presidential Address delivered at the Eighty-fifth Annual Meeting of the Royal Medico-Psychological Association in July, 1926, by Lieutenant-Colonel J. R. Lord.²

¹"The Elements of Medical Treatment," by Robert Hutchison, M.D., F.R.C.P.; 1926. Bristol: John Wright and Sons, Limited. Crown 8vo., pp. 170. Price: 7s. 6d. net.
²"The Clinical Study of Mental Disorders," by Lt.-Colonel J. R. Lord, C.B.E., M.B., M.R.C.P. (Edin.); 1926. London: Adlard and Son and West Newman, Limited. Royal 8vo., pp. 82. Price: 6s. net.