

Periscope

THE CUTIREACTION TEST FOR HYDATID CYSTS.

There seems little doubt that considerable value attaches to the intradermic reaction for the diagnosis of hydatid cysts. It is easy when the reaction is positive, but this refers to the living rather than to the dead and suppurating hydatid cysts, and it must never be forgotten that the test is invariably positive should the patient at the time be the subject of tapeworm, a source of error which should be easily eliminated by a little care. An ampule of filtered hydatid fluid obtained it may be from a human subject, but more commonly from the hydatid of a sheep, is injected into the cutis vera so as to raise a little white papule the size of a bean. If the result is negative the papule gradually decreases in size, but if positive it increases in size. It is important that in preparing the skin for the oblique introduction of the needle only ether is used by laying it on and not by rubbing, for that produces a disconcerting reactionary erythema. It is not essential but is advisable to make a second injection of the same quantity, namely two to five-tenths of a cubic centimetre, of normal saline into the skin at some distance from the injection of the hydatid serum. A slight erythema round the hydatid injection does not mean that the test is positive but the papule must assume the characters of an urticaria, become much increased in extent, prominent and whitish, and turn livid on pressure. Around this is a zone of erythema and slight œdema.

The test is not infallible but the authors hold it is superior to any that has been previously tried and is a valuable adjuvant to clinical observations and radiography.

L. MORENAS et P. LAGÈZE, "La valeur diagnostique de la réaction de Casoni" (*Journ. de méd. de Lyon*, 1930, xi, 218).

SARCOMA AND RADIOTHERAPY.

In a recent colloquation at the Société de Chirurgie de Lyon, Tavernier reviewed ten cases of osteosarcoma treated by radiotherapy. As an oral communication it presents some points of interest; as a contribution to a debatable subject it is valueless. Sufficient time has not elapsed to justify the cures he claims and, as the diagnosis is entirely radiographic, the nature of the tumour may remain open to doubt. When such doubt exists, confirmation depends on the clinical event, and a three years' limit is not enough to claim that that has arrived.

There is little for the diagnosis of these cases except the clinical history and the radiographic appearances, for to-day the opinion is probably fairly general that if a sarcoma has to be dealt with, the treatment is best undertaken while the capsule, such as it may be, is

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intact, and a biopsy is condemned as opening innumerable blood channels for the vascular distribution of sarcoma cells. Hence an element of uncertainty.

Of the ten cases Tavernier reviews, three, he claims, have given hopeful results, three are more recent successes, one has a cephalic metastasis and in three radiotherapy failed to affect the tumour at all.

Of the three hopeful cases, we cannot with Tavernier admit the term *survies durables*, one was a sarcoma of the humerus (1925); one a diffuse endothelioma of the clavicle (1926); and the third a sarcoma of the tibia (1926). The last mentioned had his limb amputated six months after his treatment, not on account of the tumour, and yet remains free from metastases.

Of the recent ones, a child aged $2\frac{1}{2}$ years had a periosteal sarcoma of the humerus with pathological fracture and under radiotherapy the tumour lessened in size and became ossified, uniting the fracture. The child has remained well during six months, but to the periscopist the radiograms presented do not give the impression *d'une guérison stable*.

The second recent case was an enormous ossifying sarcoma at the distal end of the femur in a cachectic and febrile young woman who, after treatment, had survived during nine months. The third case was also a periosteal sarcoma of the distal end of the femur of unusually rapid growth, yet the increase was arrested and she also has survived during nine months.

These cases however are of little interest, but what is interesting is, that radiotherapy may be followed apparently by more or less complete ossification of the tumour. That cure follows such ossification is not yet proved, but it seems from Tavernier's cases that even if recurrence takes place metastases are the exception and not, as in cases which have not been treated by radiotherapy, the rule. Tavernier says that in no case of periosteal sarcoma which he has treated without radiotherapy has the patient survived fifteen months. He also holds that sarcomata already ossified are radio-resistant and therefore the prognosis is even more serious.

L. TAVERNIER, "Dix cas d'ostéosarcomes des membres traité par la radiothérapie" (*Lyon Chirurg.*, 1929, xxvi, 812).

POST-OPERATIVE PULMONARY COLLAPSE.

Gastro-jejunostomy was performed under local anaesthesia in a man, aged 73 years, on account of pyloric obstruction from an inoperable carcinoma of the pylorus with extension towards the small curvature of the stomach. He was very well on the following day