

denounced by the act of 1903 has been, or is likely to be committed.

The question remained whether a case was made out under this statute against any of the defendants. As to the board of health, it was clear that it acted on the advice of its own physician, supported by the report made to it of the opinion of four other local physicians. The court thinks that it was not bound to accept the opinion of a physician called by the plaintiff and a specialist called from New York, but was justified in relying on the advice of its own officer.

The case as to the physician himself was somewhat different. But in the court's judgment the case failed to establish a want of reasonable and probable cause against him. He seemed to have been a reputable physician, acting according to his best light, in a case which four of his fellow physicians, to whom the symptoms were described, pronounced to be scarlet fever. Whether it was or not, he had reasonable and probable cause to think it so. The evidence of what the specialist mentioned said to him, or what the plaintiff's physician said as to the antecedent family history of the patient, would not change this result, and its exclusion was not injurious error. The inspector seemed to have acted only in carrying out the order of the board whose servant he was, and came within the words of the statute exempting officers or agents of the board from suit.

Privilege Once Waived Can Not be Recalled

The Supreme Court of Indiana says, in *Pittsburgh, Cincinnati, Chicago and St. Louis Railway Co. vs. O'Conner*, a personal injury case brought by the latter party, that there were two trials. On the first trial the surgeon of the railway company, who attended the plaintiff at the hospital to which he had been taken when injured, was called and examined as a witness by the plaintiff, and testified relative to what he learned at the time he was called to see him at the hospital, and concerning his intoxication at that time. On the second trial the railway company called and examined the surgeon as a witness. During his examination, the railway company offered to prove by him, in response to a question propounded to him, that he was called to see the plaintiff at the hospital shortly after his injury, and that he was at that time in a profound state of intoxication. Counsel for the plaintiff objected to the introduction of such evidence on the ground that the surgeon was at the hospital for the purpose of acting in his professional capacity for the plaintiff, and therefore, on the plaintiff's objection, it was a question of privilege with him whether he should permit him to testify or not. This objection was sustained by the trial court, and the evidence excluded. The Supreme Court holds that this was error.

Section 520 of Burns' Annotated Statutes of Indiana of 1908 provides that "the following persons shall not be competent witnesses: . . . Fourth.—Physicians, as to matter communicated to them, as such, by patients, in the course of their professional business, or advice given in such cases." It has been held by this court that the statute confers a privilege, which the patient, for whose benefit this provision is made, may claim or waive. It gives no right to the physician to refuse to testify and creates no absolute incompetency.

This privilege may be waived by the patient or his legal representatives by examining the physician as a witness concerning said privileged communication. When the privilege has once been waived by the patient in this manner, it can not be recalled, and the information is no longer privileged.

Evidence of the intoxication of the plaintiff at the time of the injury complained of was admissible on the question of contributory negligence, and as affecting the weight of his testimony; he having testified in his own behalf concerning said injury.

Not Proper Physical Culture. Literature

The United States Circuit Court of Appeals, Third Circuit, says, on the appeal of *MacFadden vs. United States*, where it affirms a conviction of violating the postal law, that the defendant was convicted on sufficient evidence, after a correct and adequate charge, which was practically all that the court

needed to know or say. The story on which the conviction was based, if not the magazine in which it appeared, of which the defendant was the editor in chief and responsible head, was suggestively lewd and bad; none the less so because of the alleged reforming and corrective purpose overlaying it, which was speciously advanced. It plainly, and in the court's judgment intentionally, catered to a prurient taste, which it was the thinly disguised object of the author to incite; and associated, as it was, in the periodical where it appeared with certain articles on physical culture to which no objection perhaps could be made—although no such clean bill could be given to many things, articles as well as advertisements, which were there found—it was capable of doing incalculable harm; all the more so because it was intended to circulate among and attract the young, to whom the magazine was particularly addressed. The court is clear that the publication—story, if not magazine—was of the obscene, lewd and lascivious character which it was the object of Congress by the legislation in question to suppress. The standard was not the publications to which the court was referred, which were said to be just as bad, but pass muster with some. The test was the tendency to deprave and corrupt the minds of those who were open to such influence, into whose hands the publication might come, of the existence of which corrupting tendency the court has no doubt here.

Current Medical Literature

AMERICAN

Titles marked with an asterisk (*) are abstracted below.

New York Medical Journal

February 27

- 1 *The Cancer Question. J. E. Summers, Omaha.
- 2 *U. S. Marine Hospital Sanatorium for Tuberculosis at Fort Stanton. P. M. Carrington, Fort Stanton, New Mexico.
- 3 Case of Thoracic Aneurism. A. D. Eisenberg, Brooklyn.
- 4 *Treatment of Malignant Growths by Injections of Mercury, Arsenic and Iron. W. L. Harris, Providence, R. I.
- 5 Submucous Resection of the Nasal Septum. I. W. Voorhees, New York.
- 6 *Is the Human Body Supplied with an Autoprotective Mechanism? (Concluded.) C. E. deM. Sajous, Philadelphia.
- 7 Routine Urinary Examinations. H. R. Harrower, Chicago.
- 8 Substitutes for Enucleation of the Eye. D. F. Harbridge, Philadelphia.

1. Abstracted in *THE JOURNAL*, Jan. 30, 1909, p. 415.

2. **U. S. Marine Hospital for Tuberculosis.**—In an illustrated article Carrington gives an introductory historical and descriptive sketch of the U. S. Marine Hospital Sanatorium for tuberculosis at Fort Stanton, N. M. He describes the character of cases admitted, housing, prevention of infection, daily routine, rest and exercise, amusements, statistics, industrial features, mortality, and treatment, which last resolves itself into plenty of open air, as complete and satisfying a diet as possible, and rest and graduated exercise with general supervision of the patient's daily life and conduct. No medical treatment offering any noticeable betterment of the results has been found. The physicians there have been unable to secure any results with deep muscular injections of mercury succinimide even remotely approaching those reported by Wright, of the Navy.

4. **Malignant Growths.**—For two and a half years Harris has made it a practice to give every patient he operated on for suspicious or malignant growths a course of injections of iron arsenic and mercury. Breast cases have done particularly well, and the patients have generally recuperated speedily. The treatment should extend over two or three years, and the earlier it is begun the better. For sixty days after operation he injects daily $\frac{1}{2}$ gr. (0.03 gm.) of a soluble iron salt, and $\frac{1}{24}$ gr. (0.002) of arsenous acid. Every ten days he gives subcutaneously $2\frac{1}{2}$ gr. (0.16 gm.) mercury salicylate subcutaneously, until 10 grains have been administered. Then $\frac{1}{2}$ or 1 gr. (0.03-06 gm.) every fifteen or twenty days for the first year. The second year he gives a series of 1 grain doses until 10 grains have been taken, and then $\frac{1}{2}$ grain every month. Lately he has used the succinimide of

mercury subcutaneously in 1/5 grain (0.012 gm.) doses. Iron and arsenic injections are given from time to time, and are found very invigorating.

6. Autoprotective Mechanism.—Sajous adduces evidence, physiologic and zoologic, which leads him to the following conclusions:

1. Man, in keeping with many animals lower in the phylogenetic scale, is supplied with an autoprotective mechanism.
2. This mechanism includes: (a) the immunizing center, an organ of special sense annexed to the heat center, both centers being located in the pituitary body; (b) the thyroparathyroid glands; (c) the adrenals, and (d) special nerves which connect the immunizing center (through the heat center) with these two sets of organs.
3. The immunizing center, which governs the autoprotective mechanism, is the developed "osphradium" or "test organ" described by zoologists in molluscs and certain ancestral vertebrates.
4. While the osphradium of primitive animals tests their respiratory fluid, sea water, its prototype, the immunizing center of higher animals, including man, tests the blood, also a respiratory fluid and a qualitative homologue of sea water.
5. When the functional activity of the immunizing center is increased through the presence in the blood of some toxin, i. e., wastes, toxins or endotoxins, mineral and vegetable poisons, certain venoms, drugs, etc., capable of exciting this center, it stimulates correspondingly the heat center and thus awakens the immunizing process.
6. Fever indicates that the autoprotective mechanism is active. The rise of temperature is due to the increased production of thyroparathyroid and adrenal secretions and the resultant increment of metabolic activity. The immunizing process is a consequence of this hypermetabolism, all the immunizing agents, plasmatic and cellular, being produced in greater quantities.
7. Absence of fever in a toxemia of any kind is due to inability of the immunizing center to react under the influence of the toxic, owing to deficient sensitiveness (inherited or acquired) of this center, or to the fact that the toxic is itself a paralyzant or anesthetic of its sensory elements.
8. Excess of fever (above 105.5 F.) is due to excessive excitation of the immunizing center and a corresponding overproduction of defensive bodies. This condition exposes the red corpuscles and the endothelial cells to proteolytic destruction (hemolysis and autolysis) along with the pathogenic substances or bacteria.

Medical Record, New York

February 27

- 9 Claims of Water as a Therapeutic Agent. S. Baruch, New York.
- 10 Coagulability of the Blood in Pulmonary Tuberculosis. M. Solis-Cohen, Philadelphia, Pa.
- 11 *Treatment of Patients with Hemiplegia from Cerebral Apoplexy. W. M. Leszynsky, New York.
- 12 Tuberculosis of the Breast. E. St. Jacques, Montreal, Can.
- 13 Achylia Gastrica versus Insufficiencia Pylori. M. I. Knapp, New York.

11. Cerebral Apoplexy.—Leszynsky says that cerebral apoplexy is often the first intimation of an unsuspected chronic nephritis associated with arteriosclerosis. Syphilis is another cause, especially in persons under 35. Other causes are embolic softening, meningeal hemorrhage, tumor formation involving the motor tract, and unilateral lesion in the other cervical region of the spinal cord or cranial traumatism. Hemorrhage may occur anywhere in the brain, but is more common from the lenticulo striate arteries in which miliary aneurisms are apt to develop. Hemorrhage from arterial thrombosis is, in the author's experience, quite as frequent as that due to hemorrhage. Most of the symptoms described in text-books as preliminary to cerebral hemorrhage, are in reality the accompaniment of endarteritis. The exciting causes are excessive emotion, a cold bath, temporary obstruction to the returned circulation from the brain through violent coughing, sneezing, straining at stool, etc. When apoplexy occurs suddenly without loss of consciousness, paralysis is evident. But during coma the diagnosis is frequently difficult. While the patient remains unconscious the prognosis for life is doubtful and death usually occurs if coma continues more than twenty-four hours. Treatment is based on as little disturbance as possible, the patient being in bed with head and chest raised. To relieve stertor turn the body on the paralyzed side and draw the tongue forward. A positive diagnosis should precede treatment. Venesection is indicated with high blood pressure, but not with a small weak frequent pulse and pale face. It is preferable to operate on the non-paralyzed side. An exact differentiation between apoplexy from hemorrhage and from thrombosis or embolism being often impossible, venesection should not be practiced in doubtful cases. Tincture of aconite, two or three drops every half hour, will also lower arterial pressure, but more slowly, or a ligature about the extremities close to the trunk may prove useful. The physician should always satisfy him-

self by personal observation whether the patient is able to swallow, and not take it on trust from anyone else. Even if the individual can swallow, food should not be forced. If necessary rectal feeding may be resorted to. The author discusses the treatment at considerable length.

Boston Medical and Surgical Journal

February 25

- 14 Cancer of the Uterus. E. B. Young and J. T. Williams, Boston.
- 15 *Anterior Metatarsalgia: Its Causes and Its Relief. N. Allison, St. Louis.
- 16 Nerve Strain in School Children. L. W. Flanders, Dover, N. H.
- 17 Ethyl Chlorid in General Anesthesia. A. M. Dodge, Boston.

15. Anterior Metatarsalgia.—Allison describes the nature and causation of this condition, and says that it is often associated with a high degree of neurasthenia. He recommends a treatment consisting of support and developmental exercises, and describes an appliance which is light, durable, gives firm support where it is needed, and remains constantly in the right spot.

Lancet-Clinic, Cincinnati, Ohio

February 27

- 18 Cerebral Rheumatism. H. H. Hoppe, Cincinnati.
- 19 A New Field of Practice in Spirit and Drug Neurosis. T. D. Crothers, Hartford, Conn.
- 20 Blindness Caused by Ophthalmia Neonatorum. W. S. Keller, Cincinnati.

Medical Fortnightly, St. Louis

February 25

- 21 Diabetes Mellitus. J. V. Shoemaker, Philadelphia.
- 22 Treatment of Acute Otitis Media. L. D. Brose, Evansville, Ind.
- 23 True Basis for Reconstructed Medical Science. J. Clements, Wichita, Kan.

Northwestern Lancet, Minneapolis

February

- 24 *Accidents and Complications in Goiter Operations. C. H. Mayo, Rochester.
- 25 Anatomic Treatment of Fracture of the Neck of the Femur After the Method of Maxwell and Ruth. A. Shimonek, St. Paul.
- 26 What Can Our Association Accomplish in Business, Educational, Moral and Social Matters? R. G. Warne, Mitchell, S. D.
- 27 Lateral Curvature of the Spine: Early and Late Cases. A. J. Gillette, St. Paul.
- 28 A Test for Albumin in the Urine. H. L. Ulrich, Minneapolis.
- 29 Beck's Bismuth Paste Treatment, with Report of Nine Cases. F. C. Robitschek, Minneapolis.
- 30 Xeroderma. G. P. Crume, Minneapolis.
- 31 Morbid Anatomy of the Heart. H. A. Tomlinson, St. Peter, Minn.

24. Accidents and Complications in Goiter Operations.—Mayo finds that hemorrhage, with its immediate and secondary consequences, is a serious accident. When secondary, it is usually from muscle inclusion in ligating the inferior thyroid artery. There were 4 deaths in 575 operations for diffuse or encapsulated adenomata, 2 occurring from pneumonia. Seven out of 19 deaths in 410 cases of hyperthyroidism occurred in the first 46 operations for this disease. In this condition the complications of degenerative conditions lead to hyperthyroidism after operation. Preparation, graduated operation, and better technic have reduced this mortality to 4 or 5 per cent. Preservation of the posterior gland capsule tends to preserve the recurrent laryngeal nerves, also the parathyroid bodies. The greatest danger of parathyroid injury is in secondary operations for goiter. Other serious conditions requiring operation which occur with marked Graves' disease may call for preparation or graduated operation as a preliminary procedure.

Virginia Medical Semi-Monthly, Richmond

February 12

- 32 Recent Advances in Physiology. T. Hough, Charlottesville.
- 33 The Bronchoscope in the Diagnosis and Treatment of Disease. R. H. Johnston, Baltimore.
- 34 *Points in Morbid Psychology. F. Peterson, New York.
- 35 Intestinal Diseases Due to Metazoan Parasites. W. G. Hopkins, Richmond.
- 36 Fetus Removed from the Abdominal Cavity After Three Years' Standing. E. R. Hart, Suffolk.
- 37 Suturing in Trachelorrhaphy. J. W. Henson, Richmond.
- 38 Stricture of the Female Urethra. C. W. Astrop, Surry.
- 39 Treatment of Incipient Tuberculosis. W. H. Bramblitt, Pulaski.
34. Abstracted in THE JOURNAL, Nov. 7, 1908, p. 1625.

American Journal of Obstetrics and Diseases of Women and Children, York, Pa.

February

- 40 Evolution in the History and Treatment of Uterine Fibroids. A. Vanderveer, Albany, N. Y.
- 41 Plea for the More Frequent Performance of Cesarean Section. L. M. Allen, Baltimore.
- 42 *Best Methods of Promptly Terminating the First Stage of Labor, with Special Reference to Vaginal Cesarean Section. H. D. Fry, Washington, D. C.
- 43 *An Analysis of Eighty Consecutive Cases of Extrauterine Pregnancy. R. T. Frank, New York City.
- 44 Prophylactic Treatment of the Physical Results of Surgical Diseases. C. M. Rakestraw, Savannah, Ga.
- 45 Causes of Death of the Viable Fetus Before Labor. F. A. Dorman, New York.
- 46 Fetal Mortality During Labor: Its Causes and Prevention. S. Marx, New York.
- 47 Unusual Results Following Cholecystotomy. E. W. Hedges, Plainfield, N. J.
- 48 Abdominal Surgery in the Aged. J. G. Sherrill, Louisville, Ky.
- 49 *Abdominal Surgery Without Detached Pads or Sponges. (Concluded.) H. S. Crossen, St. Louis.
- 50 Infantile Mortality in Early Life. A. Brothers, New York.
- 51 Relation of Cyclical Vomiting in Children to Appendicitis. C. G. Cumston, Boston, Mass.

42. **Termination of First Stage of Labor.**—Fry declares that when dangerous complications threaten or have developed, the safety of the mother demands prompt evacuation of the uterus. In multiparæ, or in primiparæ after obliteration of the cervix, manual dilatation accomplishes the result satisfactorily; but on the other hand, with a rigid or intact cervix to deal with, *accouchement forcé* is a serious undertaking. Besides the risk of infection and deep lacerations of the mother's soft parts, her life would be jeopardized by failure to secure prompt delivery in the face of some complication, such as eclampsia or accidental hemorrhage. When prompt or rapid evacuation of the uterus is indicated in the interests of mother or infant, one can now choose between manual dilatation, multiple incisions of the cervix, the Bossi or some instrument dilator, and vaginal Cesarean section. In dilatation, two things must be borne in mind: (1) The obliteration of the cervical canal; (2) the dilatation of the external os. The method employed to complete artificially the first stage of labor must be selected in accordance with one or the other of these conditions. As a rule, manual dilatation and multiple cervical incisions are applicable only after obliteration of the canal; while instrumental dilatation and vaginal Cesarean section are required when the cervix is intact.

43. **Extrauterine Pregnancy.**—Frank analyzes 80 consecutive cases of extrauterine pregnancy at the Mount Sinai Hospital, the first thirty of which were reported by Brickner in 1905. In the entire series only 12 women had never been previously pregnant, and of these 6 had been married less than one year. Ten had had no pregnancy for more than 4 years preceding their present illness (12.5 per cent.), while 6 (7.5 per cent.) acquired their ectopic gestation during the first six months of marriage. In one case, the tubal pregnancy followed three months after normal labor, in two cases within four months of early abortion. One patient of the series was simultaneously pregnant in the tube and in the uterus. The menstrual history, pain, temperature, pulse, local signs and blood changes are discussed in detail. All but three of the patients were operated on, and in these three there were typical hematoceles. In the series there were ruptures, 42 (right 21, left 21); abortions, 20 (right 12, left 8); hematoceles, 11; unruptured 4; intraligamentous rupture, 1; abdominal, 1; and ectopic with extrauterine pregnancy, 1. Immediate operation was done in 24 cases, 31.2 per cent.; deferred operation in 53 cases, 69.8 per cent. In the three patients with hematocele, treated without operation, the tumor was firmly encapsulated when first seen; in each case it was of moderate size, and caused no symptoms. These three patients eventually regained their health, but the period of confinement to bed was longer than if they had been operated on. There were three deaths in the entire series, a mortality of 2.75 per cent. From his study of this series of cases, Frank reaches the following conclusions:

1. Before all else, the diagnosis must be assured. Patients who give a history suspicious of ectopic pregnancy—spotting, cramp-like pains, fainting, collapse, with or without some of the less certain signs, such as amenorrhea, the accessory symptoms of pregnancy (morning vomiting, increase in size of the breasts, etc.) and in

whom the uterus does not show the shape and size corresponding to their supposed period of gravidity, or who have a mass near the uterus, should be consigned to a hospital, or should be kept under the closest observation at their homes.

2. Such patients should never be subjected to forcible examinations, nor should they be curetted, until every possibility of ectopic pregnancy has been definitely excluded.

3. If after two or three days of observation the condition has not definitely improved, and no marked tendency to hematocele formation has developed, laparotomy is indicated. Should severe attacks of pain, fainting or collapse ensue during the period of waiting, operate at once. When a hematocele is still small or ill defined, laparotomy will shorten the period of convalescence. In well-defined hematoceles, vaginal section for evacuation and drainage suffices.

4. If a patient when first seen is in a precarious condition, it is safer to err on the side of early operation than to wait.

5. When a patient is seen in extreme collapse, immediate rapid laparotomy, with subsequent measures to combat both the hemorrhage and the shock, is indicated.

That inexperienced diagnosticians are deceived and fail to distinguish between transitory primary shock and really grave hemorrhage is doubtless true, but Frank would prefer to interfere unnecessarily early rather than too late.

49. Abstracted in THE JOURNAL, Dec. 17, 1908, p. 1355.

Journal of the Arkansas Medical Society, Little Rock

January

- 52 *Diagnosis of Pelvic Disease and Treatment of Inflammatory and Suppurative Conditions. J. Price, Philadelphia.
- 53 Pathologic Tonsil and Its Surgical Treatment. M. Duckworth, Pine Bluff.
- 54 *Appendicostomy in Amebic Dysentery. O. Gray, Little Rock.

52 and 54. Abstracted in THE JOURNAL, July 18, 1908, pp. 249, 250.

Buffalo Medical Journal

February

- 55 *Prolonged and Tedious Labors and Forceps Deliveries Compared as Causes of Epilepsy, Idiocy and Cerebral Diplegias. J. W. Putnam, Buffalo.
- 56 Diet in Typhoid. L. H. Levy, Syracuse, N. Y.
- 57 Some Essentials of Preventive Medicine. I. M. Slingerland, Fayetteville, N. Y.

55. **Labor and Epilepsy, Etc.**—Putnam reviews the literature with reference to the relation of various mental conditions to prolonged and tedious forceps deliveries. The obstetrician has a more important function than merely bringing a live child into the world. He should so perfect himself in the science of obstetrics that the preventable deformity, idiocies, and epilepsies should be reduced. There are in the United States over 95,000 idiots and more than 123,000 epileptics. Many of these are so afflicted from preventable accidents of birth; in fact, the author claims to have shown by the writings of eminent men in Europe and the United States, that idiocy, epilepsy and cerebral palsies of childhood are due to one of three causes, asphyxia, injuries to the head from forceps, and injuries from prolonged compression.

American Journal of Physiology, Boston

January

- 58 *The Inhibitory Effect of Magnesium on Some of the Toxic Effects of Eserin. D. R. Joseph, New York.
- 59 *Prolonged Existence of Adrenalin in the Blood. D. E. Jackson, Bloomington, Ind.
- 60 *Role of Inorganic Phosphorus in the Nutrition of Animals. E. B. Hart, E. V. McCollum and J. G. Fuller, Madison, Wis.
- 61 *Cause of the Hyperglycemia Produced by Asphyxia. J. J. R. Macleod, Cleveland, Ohio.
- 62 *Absorption, Excretion and Destruction of Strophanthin. R. A. Hatcher, New York.
- 63 Elimination of Total Nitrogen, Urea and Ammonia Following the Administration of Glycocoll, Asparagin and Glycylglycin-Anhydrid. P. A. Levene and P. A. Kober, New York.

58. **Inhibitory Effect of Magnesium.**—Joseph's experiments show that magnesium salts abolish the tremor caused by eserine, and are of some value as antidotes in eserine poisoning, but have no influence whatever on eserine meiosis.

59. **Persistence of Adrenalin in the Blood.**—Jackson shows that adrenalin does not persist in the blood after its visible effects in the rise of blood pressure have disappeared, but that the rise of pressure produced in a second dog by the transfusion of blood from a dog injected with adrenalin, when the blood is drawn after the effects of the adrenalin have disappeared, is of a different character from that produced by adrenalin, and depends on some other cause than the presence of adrenalin in the blood. In the dog the adrenalin disappears from the blood in about one minute's time.

60. **Inorganic Phosphorus in Nutrition.**—Hart, McCollum and Fuller found, by keeping pigs on a ration containing very

little phosphorus, that the organism, when starving for phosphorus, abstracts calcium and phosphorus from the bony skeleton in the proportions found in tri-calcium phosphate, and evidently possesses the power to recombine these elements in the organic forms of phosphorus needed in the nervous system and other parts of the economy. Up to a certain weight, the animals receiving an insufficient supply of phosphorus thrive and gained in weight, as well as did animals receiving an abundance of the element. When this weight was reached, loss of weight began, followed by collapse. If the insufficient supply of phosphorus in the diet were supplemented by added phosphorus no bad results occurred, and this deficit could be supplied as well by the inorganic phosphates like calcium phosphate, as by organic phosphates, such as phytin. The phosphorus in the organs of animals on the low phosphorus ration was maintained at a constant proportion, comparable to that of normally fed pigs, but the percentage of ash in the skeleton of such pigs was reduced to nearly one-half that of pigs receiving a normal ration or a phosphorus-poor ration supplemented by an inorganic phosphate.

61. **Experimental Glycosuria.**—Macleod shows that the glycosuria produced by asphyxia and by curare is due to the influence of carbon dioxide, and probably also of acids, in stimulating the liver cells to an increased formation of sugar from the liver glycogen. If the liver be excluded from the circulation the glycosuria disappears and the hyperglycemia is converted into hypoglycemia. The acids which may act on the liver cells probably owe their origin to the deficiency of oxygen in the blood. Curare produces most marked hyperglycemia, which is only partially prevented by careful artificial respiration and oxygen inhalations. The glycosuria produced by asphyxia does not pass off for some time after the cause of the asphyxia has been removed.

62. **Absorption of Strophanthin.**—Hatcher reaches the following conclusions: The absorption of strophanthin is very rapid when more than six times the fatal dose by vein is placed in the ligatured small intestine of the dog. The rapidity of absorption is dependent on the total amount injected into the alimentary canal to a far greater degree than on the total surface of intestine concerned in absorption. It is probable that the smaller the dose of strophanthin that is given by the mouth, the more nearly does excretion keep pace with absorption. This usually prevents toxic symptoms, unless an amount more than equal to five times the fatal dose by vein is given. If an amount equal to ten times the fatal dose by vein is administered, toxic symptoms result. If vomiting and diarrhea are prevented in such a case in the dog (morphin, ligature), death results as a rule. The absorption of strophanthin in man appears to follow a rule similar to that in the dog. Strophanthin is excreted rapidly into the intestine of the rat after being injected subcutaneously. It is excreted more slowly by the rat's kidney. While strophanthin may be destroyed to a limited extent in the alimentary canal, the rate of destruction in the stomach and small intestine of the dog is insufficient to account for the failure of these organs to absorb a toxic dose when moderately large amounts have been injected. Strophanthin can be extracted from the contents of the stomach and small intestine of the dog, and from the whole of the alimentary canal and the tissues of the rat, and the amount be determined by the physiologic test on cats. This test permits of the estimation of amounts of strophanthin which can not be determined by chemical means (one-tenth of a milligram), probably accurate to within about 10 per cent. The oral administration of strophanthin (and of strophanthus) in therapeutics is irrational in the present state of our knowledge concerning absorption and excretion in the alimentary canal, and destruction within the animal organism.

Cleveland Medical Journal

January

- 64 The Erie Street Medical College Sixty Years Ago. D. H. Beckwith, Cleveland.
65 Ethics of Specialism. R. E. Skeel, Cleveland.

- 66 Some Diseases of the Jaws, with Illustrative Cases. C. A. Hamann, Cleveland.
67 Peritonitis. C. Graefe, Sandusky, Ohio.

Southern Medical Journal, Nashville, Tenn.

January

- 68 *Early Diagnosis of Tuberculosis, with Special Reference to the Ocular Reaction of Wolff-Eisner-Calmette. A. E. Thayer, Jacksonville, Fla.
69 *Open-Air Treatment of Surgical Tuberculosis. De F. Willard, Philadelphia.
70 *Tuberculous Arthritis of the Hip Joint. S. H. Weeks, Portland, Me.
71 *Treatment of Tuberculous Hip Disease by Weight-Bearing and Fixation by the Lorenz Short Hip Spica. H. A. Wilson, Philadelphia.
72 *Vaccine Therapy in Hip Joint Tuberculosis. E. H. Ochsner, Chicago.
73 *Retropertitoneal Tuberculous Glands and Their Relation to Spinal Symptoms. C. F. Painter, Boston.

68. **Ocular Tuberculin Reaction.**—Thayer reviews the literature and concludes that in view of the non-specific character of the eye reaction and its possible dangers, it should not be used; and the skin reaction, if employed, should be considered as only one of the symptoms, to be given no exaggerated weight in making the diagnosis, and not to be trusted to the exclusion of other physical data.

69 and 73. Abstracted in THE JOURNAL, Oct. 17, 1908, p. 1363.

70. Abstracted in THE JOURNAL, Oct. 31, 1908, p. 1537.

71 and 72. Abstracted in THE JOURNAL, Nov. 7, 1908, p. 1625.

Journal of Ophthalmology and Oto-Laryngology, Chicago

January

- 74 Pre-Retinal Hemorrhage. C. S. G. Nagel, San Francisco.
75 New Instrument of Use in Surgery of the Nose and Throat. E. Pynchon, Chicago.
76 New Instrument for Paracentesis of Tympanic Membrane. V. A. Chapman, Muskegon, Mich.

Journal of the Kansas Medical Society, Kansas City

January

- 77 Insanity as the World Sees It. C. C. Goddard, Leavenworth, Kan.
78 Should the State Maintain Sanatoria for Tuberculous Patients? J. A. Milligan, Garnett, Kan.
79 *The Goat—Now Laugh. J. E. Minney, Topeka.
80 Treatment of Pneumonia. B. E. McShane, Alton, Kan.
81 Gumma of External Nose; Serous Cyst of the Iris. J. S. Weaver, Kansas City, Mo.
82 Stale Food Products. D. D. Haggard, Phillipsburg, Kan.
83 Hernia. S. Murdock, Sabetha, Kan.

79. **Goat's Milk.**—Minney discusses the use of goat's milk, and arrives at the following conclusions:

1. The goat is freer from disease than the cow, and particularly from tuberculosis, and hence goat's milk is more sanitary than that of the cow.
2. The milk is more nearly like human milk, in the minuteness of its fat globules, and the same in casein.
3. It is more easily digested than cow's milk, and hence is better for infants and invalids.
4. Goat's milk is economical and in reach of the poor, and there are few families that could not afford to keep one or two milk goats, thus solving the infant-food problem and helping to prevent the spread of tuberculosis.

Laryngoscope, St. Louis

January

- 84 *Relation of Faculty of Hearing to Faculty of Speech. G. Hudson-Makuen, Philadelphia.
85 Functional Paralysis of the Acoustic Nerve. F. G. Stubbs, Chicago.
86 Five Cases of Thrombosis of Lateral Sinus, with Recovery, Bearing on the Diagnosis and Prognosis of This Affection. H. Friedenwald, Baltimore.
87 Postgraduate Instruction in Otolaryngology. G. E. Shambaugh, Chicago.
88 Further Study of Laryngeal Neoplasms in America. J. L. Davis, Philadelphia.
89 Paralysis of Left Vocal Cord Caused by Peritracheal Tumor. W. B. Cheney, Boston.
90 Fatal Operative Case Showing Developmental Absence of Outer Sphenoidal Wall and in Its Place a Large Vein Communicating Directly with the Cavernous Sinus. Autopsy. E. O. Emerson, Boston.
91 Ozona. No Terra Incognita. J. Hollinger, Chicago.
92 Hyperkeratosis Linguae. R. H. Craig, Montreal, Canada.

84. Abstracted in Society Proceedings, THE JOURNAL, Oct. 24, 1908, p. 1456; also published in the *Pennsylvania Medical Journal*, January, 1909.

Old Dominion Journal of Medicine and Surgery, Richmond, Va.

January

- 93 *Hallucinations of the Insane. C. W. Burr, Philadelphia.
94 Toxic Sanity in a Case of Mastoiditis. F. P. Calhoun, Atlanta, Ga.

- 95 Phases of Tuberculosis Important to the Public. C. T. St. Clair, Tazewell, Va.
96 Treatment of Cancer. H. B. Stone, Charlottesville, Va.
97 Hernia and Its Treatment. M. Willis, Richmond, Va.
98 Herpes Gestationis: Report of a Case. C. J. Andrews, Norfolk, Va.
99 Extrauterine Pregnancy. S. Lile, Lynchburg, Va.
100 Extrauterine Pregnancy—The Deferred Operation. E. T. Hargrave, Norfolk, Va.

93. **Hallucinations of the Insane.**—Burr enumerates the various forms of hallucination encountered in the insane and briefly describes each. He states that the question sometimes arises: Is a person alleged to be insane and with hallucinations really ill or malingering? There is no short and easy way to determine the matter. If a man says that he hears voices or sees spirits, it is impossible to disprove his statements, but clinically we know that there are always other symptoms associated with hallucinations in the insane, and the diagnosis of fraud or illness must depend on the presence or absence of these symptoms. In other words, the question to be answered is: Do the patient's conduct, manner and behavior correspond with those of persons suffering from hallucinations?

Military Surgeon, Richmond

January

- 101 Military Sanitary Problems in the Philippine Islands. L. M. Maus, U. S. Army.
102 Pottleship Neurasthenia. S. G. Evans, U. S. Army.
103 Hygienic Maxims for the Soldier in Camp and Field. J. K. Weaver, National Guard, Pa.
104 Medical Versus Surgical Treatment of Amebic Dysentery. J. M. Holt, Brooklyn, N. Y.
105 Dry Earth Closets for Field Use. G. F. Campbell, U. S. Army.

American Medicine, Burlington, Vt.

January

- 106 Latent Malignant Disease of the Stomach. H. Stern, New York.
107 Abuse of Medical Charity and a Remedy. M. O. Magid, New York.
108 *When Shall We Operate for Intra-Abdominal Hemorrhage Due to Tubal Pregnancy. M. Rabinovitz, New York.
109 Is Food Containing Sulphites Injurious to Health? E. E. Smith, New York.
110 Question of a Relationship Between "Syphilitic" Llamas, of the Department of Puno, Peru, and Pre-Columbian Syphilis in Man. A. S. Ashmead, New York.
111 Unusual Seat of Angioneurotic Edema. A. Gordon, Philadelphia.
112 Diagnosis and Treatment of Toxemias of Pregnancy. W. H. Kahrs, New York.

108. **Operation for Intra-abdominal Hemorrhage in Tubal Pregnancy.**—Rabinovitz discusses this subject and insists that in all cases of internal hemorrhage due to ruptured tubal pregnancy or abortion, operation should be done immediately, quickly and thoroughly.

Washington Medical Annals

January

- 113 Journalistic Suggestions for Medical Writers. L. Eliot, Washington.
114 Eczema in Children. T. N. McLaughlin, Washington.
115 Gallstones; Analysis of Sixty-one Cases. D. S. Lamb, Washington.
116 Tuberculous Obstruction of the Bowel. J. R. Wellington, Washington.
117 Staphylococcus Cystitis with Report of a Case Due to *Staphylococcus Pyogenes Albus* Associated with *Staphylococcus Citreus*. W. M. Barton and R. A. Hamilton, Washington.
118 *Evils of High Board Fences in Relation to Clean Back Yards. W. H. Atkinson, Washington.

118. **Board Fences and Back Yards.**—Atkinson, in writing about the board fences which enclose the back yards of so many houses in Washington, condemns them on esthetic, sanitary and bacteriologic grounds. He would do away with back-yard fences altogether, but if protection is needed it should be of iron or wire. These do not decay, with foul odor and slimy moss. Iron rust is not unhealthy; properly constructed, an iron fence is strong and durable, hides no criminal, covers up no filth, shuts out but a thread of sunshine, leaves an abundance of space for free circulation of air, and prevents eddies of dead and foul air. All these properties stimulate the growth of a vigorous and healthy vegetation. Atkinson therefore appeals to the commissioners and their building inspectors that all fences shall be of iron or wire, with iron posts and concrete base; all back steps of the same material; walks of concrete; and that all out-houses and sheds be built

of iron sheeting, brick, stone, terra cotta or concrete, and that each shed or out-house be detached.

American Journal of Public Hygiene, Boston

November

- 119 *National Department of Public Health. R. H. Lewis, Raleigh, N. C.
120 Improvement of the Municipal Sanitary Inspection Service. H. Mitchell, Asbury Park, N. J.
121 The Rural Health Officer. C. A. Hodgetts, Toronto, Ont.
119. Abstracted in THE JOURNAL, Sept. 12, 1908, p. 940.

New Orleans Medical and Surgical Journal

January

- 122 *Malarial Blindness: With Report of Six Cases. T. S. Davis, Blooming Grove, Tex.
123 Low Tracheotomy for Foreign Bodies in the Trachea and Esophageal Conditions Resembling Tracheal Obstruction. J. D. Bloom, New Orleans.
124 Multiple Pregnancy, History and Treatment of Unusual Termination. E. S. Matthews, Bunkie, La.
125 Traumatic Tetanus. E. M. Dupaquier, New Orleans.
126 Skin Diseases of the Human Race Carried or Transmitted by Insects. M. C. Brady, New Orleans.
127 Arteriovenous Aneurism of Profunda Femoris, Operation by Matas Method. H. B. Gessner, New Orleans.
128 Demonstration of Advantages of Surgical Engine in Bone Work. W. M. Perkins, New Orleans.
129 Case of Volkmann's Ischemic Paralysis. C. W. Allen, New Orleans.
130 Loewy's Test for Insufficiency of the Pancreas. J. A. Storck, New Orleans.
131 Orogenous Intracranial Complications in Children. H. Dupuy, New Orleans.
132 *Spinal Analgesia in Genitourinary and Rectal Surgery. C. Chassaignac, New Orleans.
133 *Arteriosclerosis and Nephritis. F. Watson, New Orleans.
134 Treatment of Nephritis. J. B. Elliott, New Orleans.
135 Nervous and Mental Symptoms of Nephritis. R. M. Van Wart, New Orleans.

122. **Malarial Blindness.**—Davis says that the estivo-autumnal parasite is the one which produces malarial blindness, and its tertian form is the one most frequently present. It is not necessary for the malarial cachexia to exist for the blindness to occur. The blindness may be transient and disappear as the fever goes down, or it may become permanent through atrophy of the optic nerve. The blindness may be produced by an optic neuritis, a retinal hemorrhage, hemorrhage into the vitreous, effusion into the vitreous or by a retinochorioiditis. The diagnosis is rapidly made by blood examination and the ophthalmoscope. The condition is really differentiated from quinin amaurosis by the fact that in the latter there is grave ischemia, while in the malarial affection there is great congestion of the papilla. The prognosis is good. Quinin is best given hypodermatically.

132. **Spinal Analgesia.**—Chassaignac, after four years' additional observation and 650 cases, repeats his conclusions of 1904 that spinal analgesia will neither displace any other method nor die out. It has its proper place, and its own indications and contraindications.

133. **Arteriosclerosis and Nephritis.**—Watson's observations lead him to conclude that a patient, giving the history of one or more of the etiologic factors of arteriosclerosis, who presents on physical examination a hypertrophy of the heart—heart sounds loud and clear at apex and base and an accentuated ringing aortic sound, thickened radial, brachial and temporal arteries, high tension pulse, normal or diminished amount of highly colored urine of normal or high specific gravity, with a variable amount of albumin and with or without hyalin casts—is suffering from a condition primarily arterial, to which the kidney changes are secondary. This is by far the most common clinical picture, according to his observation. The diagnosis should be arteriosclerosis—the prognosis being based on the cardiovascular system: The albumin is no more than an indication that the arteries and glomeruli of the kidney are affected in the general change. The patient if seen early can be greatly helped—can be given years of comfort. The prognosis is much better than for primary chronic interstitial nephritis. The latter condition would show a large amount of pale urine of low specific gravity, a variable amount of albumin and hyalin—possibly granular—casts, and on physical examination a hypertrophied heart, with more or less thickening of the arteries, greatly increased blood pressure and albuminuric retinitis. In the later stages the two conditions are approximately the same

clinically and can be differentiated only on the early history. Here, however, the separation of the conditions is not important for either prognostic or therapeutic reasons.

New York State Journal of Medicine, New York

January

- 136 Diagnosis of Certain Chronic Abdominal Conditions. W. C. Wood, Brooklyn.
- 137 *Intermittent Claudication. H. C. Gordinier, New York.
- 138 Technic of Skin Grafting. E. MacD. Stanton, Schenectady.
- 139 Chylous Ascites in an Infant Sixteen Days Old. Le G. Kerr, Brooklyn.
- 140 Artificial Hyperemia in Pulmonary Tuberculosis, with Special Reference to the Kuhn Mask. F. E. Beal, New York.

137. **Intermittent Claudication.**—Gordinier discusses the etiology and pathology of this condition. He says that there are five clinical characteristics which stamp intermittent claudication as a perfect clinical entity and which also serve to make the diagnosis of it very clear. In order of their import, they are as follows: (1) The intermittent character of the symptoms; (2) the absence of the symptoms while the limbs are at rest; (3) the development of painful limping on exertion; (4) the disappearance of all symptoms after a period of rest, to be repeated again on extension; (5) the absence in most cases, especially during the attack, of pulsation of the posterior tibial and dorsalis pedis arteries. The prognosis is usually unfavorable, though some cases improve. He sums up the treatment as follows: Restriction of exercise short of bringing on the attack, or absolute rest in bed; saline baths, gentle massage and electricity, particularly the D'Arsonval current, which relieves pain and produces vasomotor dilatation; vasomotor dilators, especially nitroglycerin and sodium nitrite, together with small doses of potassium or sodium nitrite and general tonics, particularly the glycerophosphates, arsenic and strychnin. Tobacco and alcoholic stimulants should be prohibited. The condition of flat-foot should be carefully corrected; if a syphilitic infection is suspected a systematic and thorough course of mercury and the iodids should be given.

Atlanta Journal Record of Medicine

January

- 141 Results of Vaccine Therapy in Acute and Chronic Infections. J. E. Faullin, Atlanta, Ga.
- 142 Complications of Gonorrhea in Women. F. G. Hodgson, Atlanta, Ga.
- 143 Tuberculosis. G. Brown, Atlanta, Ga.
- 144 Adenoids. R. B. Ridley, Atlanta, Ga.
- 145 Hunger and Thirst, and Some More of That Sort. C. A. F. Lindmore, Atlanta, Ga.

University of Pennsylvania Medical Bulletin, Philadelphia

February

- 146 Two Cases of Relapsing Fever. J. W. Hunter and T. A. Cope, Philadelphia.
- 147 The Occurrence of a Ciliate (Opalinopsis Nucleobata, N. S.) in the Liver of a Mammal (Canis Latrans). A. J. Smith and H. Fox, Philadelphia.
- 148 *The Standardization of Ergot. H. C. Wood and C. A. Hofer, Philadelphia.
- 149 Pseudodiphtheritic Septicemia, with Report of a Case Diagnosed by Blood Culture. G. I. MacLeod and F. H. Klaer, Philadelphia.

148. **Standardization of Ergot.**—Wood and Hofer describe a simple method for estimating the comparative power of different specimens of ergot, and discuss the value of the circulatory changes as an indicator of the quality of ergot. They describe the results of a number of tests of fluid extracts of ergot obtained from representative manufacturers, with the result that only two out of eleven samples were found to be active. The authors point out the mistake of the general idea that fluid extract of ergot is a stable preparation; in point of fact it deteriorates very rapidly.

Maryland Medical Journal, Baltimore

February

- 150 Some Esophageal Cases. R. H. Johnston, Baltimore.
- 151 Physiologic and Therapeutic Influence of the Mind on the Body. W. E. Magruder, Sandy Spring, Md.

Journal of Nervous and Mental Diseases, New York

February

- 152 *Facial Paralysis: A Study of 335 Cases. G. A. Waterman, Boston, Mass.
- 153 *Course of Sensory Impulses in the Spinal Cord. C. D. Camp, Ann Arbor, Mich.

152 and 153. Abstracted in THE JOURNAL, July 11, 1908, pp. 163, 164.

Louisville Monthly Journal of Medicine and Surgery

February

- 154 *Causation and Treatment of Infantile Convulsions. E. W. Saunders, St. Louis.
- 155 Case Reports: Calculus of Kidney; Pyonephrosis. L. Frank, Louisville.
- 156 Weak Feet. J. B. Richardson, Louisville, Ky.

154. Published in the *Interstate Medical Journal*, January, 1909, and the *Lancet-Clinic* for Feb. 6, 1909; abstracted in THE JOURNAL, Feb. 27, 1909, p. 731.

Mississippi Medical Monthly, Vicksburg

February

- 157 Bright's Disease. S. W. Glass, Dublin, Miss.
- 158 Honesty. C. M. Shaw, Robinsonville, Miss.
- 159 *Conservative Use of Forceps: Indications and Contraindications. J. A. Rowan, Wesson, Miss.

159. **The Forceps.**—Rowan aptly contrasts the extreme practices of the dilatory "Dr. Lookwise" and the officious "Dr. Smart Alec," and then lays down clearly the rational indications for the use of the forceps. The physician should first be thoroughly satisfied that the woman is unable by her own natural forces to effect the expulsion of the child. In the second place, he should be satisfied with the existence of some condition involving the danger to either mother or child, unless delivery is rapidly accomplished. Those affecting the mother are eclampsia, actual or threatened, inadequately compensated heart lesion, hemorrhage from premature separation of the placenta, acute edema of the lungs, and exhaustion. Of this last condition the physician must be his own judge. Patients and friends will often insist on exhaustion, when the woman has strength enough to deliver three or four babies. The feebleness of the pulse is the best indication. Regarding the child, premature separation of the placenta, prolapse of the umbilical cord, undue pressure on the head, and a fetal heart beat below 100 or above 160 are indications. Among contraindications he mentions a hydrocephalic head and a decomposing fetus, in which cases the forceps is almost sure to slip and possibly injure the mother; and a perforated head, which can be better managed with a cephalotribe. Before applying the forceps it is well definitely to ascertain that the pelvic canal is not too small, and that there are no serious mechanical obstructions. Forceps should not be applied until the presenting part has become engaged.

Northwest Medicine, Seattle, Wash.

February

- 160 *Intestinal Putrefaction and its Relation to Indicanuria. R. W. Matson, Portland, Ore.
- 161 Examination of the Stool, and its Clinical Significance. N. W. Jones, Portland, Ore.
- 162 Injuries to the Eye and Adnexa. H. V. Wurdemann, Seattle, Wash.
- 163 Measurement of the X-Ray. H. Power, Spokane, Wash.
- 164 "Too Damned Good." W. W. Potter, Spokane, Wash.

160. Abstracted in THE JOURNAL, Nov. 7, 1908, p. 1636.

Bulletin Johns Hopkins Hospital, Baltimore

February

- 165 An Appendix Abscess in a 27-months' Child: with an Analysis of Infantile Appendicitis in the Johns Hopkins Hospital. J. W. Churchman, Baltimore.
- 166 *Relation of Bovine to Human Tuberculosis. W. L. Moss, Baltimore.
- 167 Dr. Adam Thomson, the Originator of the American Method of Inoculation for Smallpox. H. L. Smith, Baltimore.

166. **Relation of Bovine to Human Tuberculosis.**—Moss reviews this subject exhaustively both from the clinical and the autopsy point of view, and draws the following conclusions.

1. The clinical cases collected in this paper, in which the circumstantial evidence points more or less strongly to human beings having been infected with tuberculosis from bovine sources, can not be presented as furnishing absolute proof of the question, but they point so strongly to tuberculous cattle as a source of danger to man that, with such evidence alone before us, it would seem advisable to take strict precautions against bovine tuberculosis.
2. The economic losses among the cattle themselves, aside from any possible danger to man, are sufficiently great to demand a vigorous effort to stamp out bovine tuberculosis.
3. The evidence furnished at autopsy statistics of primary intestinal tuberculosis, reported by different observers, is very conflicting.

and, even if there were agreement on a high incidence, this evidence could only be taken as circumstantial, since there is abundant opportunity for primary intestinal infection to occur with tuberculous material of human origin.

4. The use of tuberculin from human and bovine bacilli has not yet thrown much light on the question. The agglutination reaction does not serve to differentiate the two types of bacilli.

5. It seems definitely established that there are two distinct types of tubercle bacilli: the human and the bovine type, which, in a majority of cases investigated, have characteristics sufficiently fixed so that mutation from one type into the other does not occur.

6. The bovine type of bacillus has been demonstrated in 20 per cent. of a series of 306 cases among human beings.

7. The bacillus which causes bovine tuberculosis may also cause tuberculosis in man. It must be borne in mind that every case of tuberculosis in man showing the bovine bacillus need not have received the infection directly from cattle, for it is easily conceivable that a human being having become infected from cattle may pass the infection on to other human beings.

8. The dangers from bovine tuberculosis to man are sufficiently great to warrant strict precautions against it.

FOREIGN

Titles marked with an asterisk (*) are abstracted below. Clinical lectures, single case reports and trials of new drugs and artificial foods are omitted unless of exceptional general interest.

British Medical Journal, London

February 13

- 1 Signs of Early Disease of the Thyroid. G. R. Murray.
- 2 Nature and Treatment of Parenchymatous Goiter. F. L. Greaves.
- 3 Pulmonary Tuberculosis in Children. M. H. Williams.
- 4 *Iodin in Surgical Tuberculosis. W. A. Tatchell.
- 5 Control of Infectious Diseases In and Out of the Schools. A. D. Edwards.
- 6 *Medical Aspect of Dentistry and the Necessity of Dental Instruction for Medical Students. H. P. Pickerill.
- 7 *Feeding Trial in Relation to "Epidemic Enteritis." E. P. Minett.
- 8 *Can Opsonic Estimation Be Relied on in Practice? E. C. Hort.

4. Iodin in Tuberculosis.—Tatchell says that the most common disease in China is tuberculosis of joints, bones, glands and skin. He has found that after operative treatment the application of iodine liniment has a remarkable effect, and he selects one case of excision of the elbow as an illustration. After operating or scraping, the cavity is thoroughly swabbed with iodine liniment (B. P.). A piece of absorbent cotton twisted around the end of a probe forms a good swab, and can be graduated according to the size of the sinus. The liniment is applied every day. The application does not cause pain, except a momentary sensation when applied to some surfaces; neither does it destroy tissues, as does pure carbolic acid. Granulations do not become excessive. At the first application he inserts a thin piece of gauze or packs lightly, but never at subsequent dressings. Gauze plugs and strips for drainage have undoubtedly been responsible for many chronic sinuses. From the first he gives a mixture internally containing syrup of iodide of iron, 1 dram, and potassium iodide, 5 grains, three times a day.

6. Dentistry.—Pickerill discusses the various lesions due to reflex irritation of the teeth—epilepsy, neuralgia, spurious tetanus, cardiac irregularity, the association of dental with pelvic troubles and ear and eye disorders, local cellulitis, and various growths, etc. He discusses the bacteriology of the teeth, and says that in the past, both in dentistry and medicine, there has been too great a tendency to regard the teeth as isolated parts of an organism, existing of themselves and for themselves. Efficient mastication is the best stimulus for gastric and salivary secretion, and it depends on the absence of dental caries. It must be recognized that the teeth are an integral and inseparable part of the alimentary system, physiologically and pathologically. Abdominal surgeons are complaining of a something at work lowering the resistance of the alimentary tract, and this "something," Pickerill holds, is to be found in the enormous strain thrown on it by the constant ingestion of improperly masticated food, incorporated with more or less virulent organisms, toxins and pus from diseased teeth, and also because of the avoidance of hard food, in part secondary to the tenderness of the diseased teeth. The intestines become atonic, having to deal only with non-fibrous, easily digestible substances, and thus become an easy prey to micro-organisms. Dental caries is largely due to errors of diet commencing before birth and extending over the first twelve years of a child's life. Pick-

erill would have the medical student have a knowledge of what diet is beneficial and what deleterious to the teeth; for what is best for the teeth is best for the rest of the alimentary system. The physician should be able to write prescriptions for mouth washes, dentifrices, etc., suited to various conditions of the mouth, and to instruct parents in the care of children's teeth. He should know the value of a tooth—when it can be safely lost and when it must be saved; the mere extraction of one tooth will often ruin a patient's articulation. He should be able to recognize the difference between dental myelitis, periodontitis and alveolar abscess, and to relieve the pain of each of them without extracting, should this be necessary. In fact, every medical student should have some dental training, and Pickerill would like to see the converse true, namely, that every dentist should possess a medical qualification. A physician should also recognize the effect of measles, scarlet fever, rickets and syphilis on the teeth, and should know something of the treatment of fractures of the jaws by interdental methods.

7. "Epidemic Enteritis."—Minett describes a process of preparing dried milk and a trial of its use during the summer season among infants collected from the out-patient departments of Guy's Hospital, the Royal Waterloo Hospital for Children, and the Surrey Dispensary. The trial lasted nineteen weeks, during which 38 infants were supplied with the food gratis, and fed solely on it. Of the 5 cases of diarrhea that occurred, 2 children were already suffering from it when first seen; 2 cases occurred when the infants had run out of food, and for various reasons were fed with other products. One case occurred in an infant fed on dried milk solely from start to finish; it lasted only two days, and no organisms usually associated with epidemic enteritis could be demonstrated. The author is of opinion that dried milk is deserving a further trial during the summer months.

8. Opsonic Estimation.—After an extensive trial of over three years of the opsonic index for diagnosis, prognosis and treatment in tuberculosis, Hort can not regard it as a safe guide, he asserts, even when estimated by acknowledged masters of the opsonic art. He reports a series of observations in support of this view.

Lancet, London

February 13

- 9 *Psychology and Psychogenesis of Hysteria and the Role of the Sympathetic System. T. D. Savill.
- 10 *Clinical Value of Hemomanometer Observations. W. Russell.
- 11 *Etiology of Beriberi. H. Fraser and A. T. Stanton.
- 12 Interesting Case of Multiple Retroperitoneal Hydatid Cysts. F. C. Madden.
- 13 Anatomic Varieties and Their Bearing on the Treatment of Pathologic Conditions of the Palatine Tonsils. G. S. Hett.
- 14 Etiology of the Psoriatic and Allied Conditions. M. J. Chevers.
- 15 Transposition of Viscera Occurring in Brothers. L. Lowenthal.
- 16 Spontaneous Pulsating Exophthalmos. B. Hird and W. F. Haslam.
- 17 An Unusual Case of Appendicitis. F. J. Smith.
- 18 A Case of "Leather Bottle" Stomach. J. L. Stretton.
- 19 Food of Elementary School Children. A. H. Gerrard.

9. Hysteria.—Savill discusses the psychology of hysteria under the following headings: (1) The attributes of the hysterical mind; (2) the psychogenic explanation of hysterical disorders put forward by several eminent psychologists; (3) the rôle of psychogenesis in hysterical disorders and its limitations; (4) the rôle of the sympathetic system. Freud's view as to the almost universality of an underlying sexual basis does not accord with Savill's experience, now somewhat considerable, of these neuroses. He has seen scores of neurasthenics and hysterics whose sexual life history and constitution were absolutely normal. In any case he regards it as hazardous, harmful and wholly unjustifiable for any medical person, and particularly for one of the opposite sex, to make investigations into the dead memories of a sexual past and to call them into a state of activity. As to the various hypotheses explanatory of hysteria, he fails to see how any single explanation or hypothesis, whether psychic, physical or vasomotor, can apply to all the varied and manifold manifestations of hysteria. He is convinced, however, that the supreme importance of the rôle played by the vasomotor sys-

tem has been overlooked, and that in the majority of cases the hysterical lesion is vasomotor.

10. **The Hemomanometer.**—Russell discusses the nature of the arterial movements, and insists on the following factor, which he holds has been practically overlooked, that the arteries contract and relax in response to the composition of the blood—that is, to the direct influence on the vessel wall of various substances present in the blood. We know this to be the case with certain drugs, and it is only a reasonable inference that other contents of the blood have a like effect. He describes Oliver's hemomanometer and discusses the many types of cases in which observations made by the finger in regard to the blood pressure, plus hemomanometer observations, become of value—the neurasthenic type, the asthmatic type, the cardiac type, the digestive type, the renal type, and the cerebral type. The hemomanometer is of clinical value, in Russell's opinion, as giving a record of the contraction and relaxation of the arterial wall, rather than of the blood pressure.

11. **Beriberi.**—Fraser and Stanton report details of a study from the Institute for Medical Research at Kula Lumpur, Federated Malay States, into the etiology of beriberi. The general results lend support to the view that this disease has, if not its origin in, at least an intimate relationship with, the consumption of white rice, and that further research along these lines is justified.

Medical Press and Circular, London

February 10

- 20 Intussusception. D. Kennedy.
- 21 Recent Work on Immunity. Especially in Relation to Diagnosis and Treatment. R. Muir.
- 22 Aural Complications of Influenza and Their Treatment. H. F. Mole.
- 23 Physiologic Importance of the Prostate. C. Posner.

Clinical Journal, London

February 10

- 24 *Aphasia. G. Rankin.
- 25 Treatment of Displacement of the Abdominal Organs. W. Sheen.
- 26 Laparotomy for Acute Perforations. G. Watson.

24. **Aphasia.**—Rankin gives a remarkably clear description of the varieties of aphasia, and their causation and differentiation, understandable even by those with a very limited knowledge of the central nervous system. He urges the adoption of Bastian's suggestion, that the term "aphasia" be restricted to defects of speech produced by lesions in Broca's convolution; "aphemia" to those produced by subcortical lesions in the pyramidal fibers; and "amnesia" to those produced in the auditory and visual word centers and in the commissures by which these are connected with one another and with corresponding centers in the opposite hemispheres.

British Journal of Children's Diseases, London

January

- 27 Two Cases of Tuberculous Appendicitis. J. Allan.
- 28 *Relation of Dental Disorders to Tuberculosis. F. Morley.
- 29 Acute Lymphatic Leukemia. C. Johnson.
- 30 Case of Hydronephrosis. G. Carpenter.
- 31 Two Cases of Tetanus Neonatorum. G. Carpenter.

28. **Dental Disorders and Tuberculosis.**—Morley insists that a septic mouth is a predisposing cause of tubercle. It is well known that mouth breathing is a contributory cause of phthisis, but not so well known that mouth breathing is often due to dental causes, and that adenoids do not account for every case. Very frequently, enlargement of the cervical glands, the most common cause of which is bad teeth, is probably at first simply inflammatory, becoming tuberculous by infection later. Such infections may certainly travel by way of carious teeth, though it is not suggested that this is the most common route. A septic root, even if painless, should never be allowed to remain in a child's mouth. The author thinks that dentists have become too conservative in their attempts to save carious teeth, by sacrificing practical to cosmetic considerations. He particularly insists that before sending children to sanatoria their mouths should be put into good order. Failing that, each sanatorium should possess a dental surgeon whose post would be no sinecure.

Indian Medical Gazette, Calcutta

January

- 32 The Legend of Gabriel Boughton. D. G. Crawford.
- 33 John Woodall, Surgeon-General. W. Foster.
- 34 *Are "Seven Day Fever" and "Three Day Fever" Forms of Dengue? J. W. D. Megaw.
- 35 Case of Atropin Poisoning. G. D. Franklin.

34. **Seven-Day Fever and Three-Day Fever.**—Megaw considers these two forms of fever, described, respectively, by Rogers and McCarrison, and discusses the question of their identity with dengue, which he considers provable.

Glasgow Medical Journal

February

- 36 "Verruga Peruana." J. W. Allan.
- 37 Intestinal Obstruction in the New-Born: Strangulation Through a Hole in the Mesentery. H. Rutherford.
- 38 Cerebral Physiology and the Education of Abnormal Children. J. K. Love.
- 39 Case of Peripheral Neuritis, in Which the Diaphragm Was Paralyzed for Three Months. J. Cowan and R. S. McKim.
- 40 Landry's Paralysis. J. Cowan, A. J. Ballantyne and D. MacDonald.

Dublin Journal of Medical Science

February

- 41 Suggestion for a Three Weeks' Holiday. J. Burgess.
- 42 Present-Day Diagnosis, Treatment and Prognosis of Syphilis. J. J. Abraham.
- 43 Hand Sterilization. (Continued.) C. G. Cumston.

Journal Laryngology, Rhinology and Otology, London

February

- 44 Labyrinthine Nystagmus: An Analytic Review of Dr. Robert Barany's "Physiologie und Pathologie des Bogengang-Apparates beim Menschen." D. McKenzie.
- 45 Spontaneous Discharge of Cerebrospinal Fluid from the Ear. G. F. Cott.
- 46 Treatment of Acute Catarrh of the Nose. R. Spira.

Annales de Dermatologie et de Syphiligraphie, Paris

January, X, No. 1, pp. 1-80

- 47 Crude Coal Tar in Dermatology. (Le goudron de houille brut en dermatologie.) L. Brocq.
- 48 Treatment of Eczema with Coal Tar. A. Jambon.

Annales de Gynécologie et d'Obstétrique, Paris

January, XXXVI, No. VI, pp. 1-64

- 49 Tarnier, 1828-1897. A. Pinard.
- 50 Prolapse of the Umbilical Cord, with Deformity of the Pelvis as Indications for Cesarean Section. (Procidence du cordon et vicieuses pelviennes, indications de l'opération césarienne.) A. Couvelaire.

Annales de Médecine et Chirurgie Infantiles, Paris

January 15, XIII, No. 2, pp. 37-72

- 51 *Development of Children in Weight and Height. (Evolution du poids et de la taille chez l'enfant.) E. Gaujoux.
- 52 Influence of Environment on Gastrointestinal Infections in Infants. (Influence du milieu sur les infections gastro-intestinales du nourrisson.) P. Hutinel.
- 53 Mercurial Treatment of Infants. (Mode d'administration et la posologie du mercure chez le nouveau-né et le nourrisson.) E. Lesné.

51. **Development of Children in Weight and Height.**—Gaujoux declares that the scales are the thermometer for the nutrition of the child, and that it is just as important to keep an oversight of the child's development in weight after the age of 2 as during infancy. The record of the weight will give accurate information in regard to the child's normal development or lack of it, even when nothing else points to anything wrong. The height is also extremely important. Both weight and height increase under normal conditions according to fixed laws, and he summarizes these laws as follows, giving a number of detailed tables for the different years between birth and puberty. Weight: The child triples its weight at birth by the end of the first year; doubles this by the end of the seventh year; doubles this by the end of the thirteenth year. A child that weighs 3 kilos at birth should weigh 9 kilos at the close of the first year and should increase by as many times 1,500 or 1,750 gm. as it is years old up to the age of 7. After 7 it should increase by as many times 2,500 to 2,750 gm. as it is years past 7, up to age of 14. Height: The height should average at the end of the first year a half more than at birth; should double the size at birth between the ages of 4 and 6, and triple it between 13 and 15. After the age of 5 the child should grow by adding to its height at this age as many times 0.06 cm. as it is years past 5. These

averages refer of course to French children, but the laws of growth are about the same everywhere as he shows by comparison of German figures.

Archives Générales de Médecine, Paris

January, LXXXIX, No. 1, pp. 1-64

- 54 *Physiologic Respiratory Exercises in Serofibrinous Pleurisy. G. Rosenthal.

54. Physiologic Respiratory Exercises in Pleurisy.—Rosenthal gives the details of nineteen cases of primary tuberculous pleurisy in which great benefit was derived from respiratory exercises. They are a powerful means of influencing both the acute phase and convalescence of serofibrinous pleurisy, while entirely harmless if done cautiously, testing the susceptibility of the patient and sparing the lungs. The exercises should be unilateral, progressive, diaphragmatic, etc., supplementing the ordinary measures during the acute phase, and beginning with 5 or 10 respirations through the nose, with the patient reclining. The active dose is from 40 to 60 respirations in series of 10. During convalescence these exercises can be repeated from 3 to 7 times a week, with from 60 to 200 respirations in from 6 to 20 separate series. These exercises counteract the tendency to adhesion of the pleura and to chronic pneumonia and local sclerosis. If supervised and kept up, the patients do not develop pulmonary tuberculosis later. The chest measure soon shows the benefit derived.

Archives des Maladies du Cœur, Etc., Paris

January, II, No. 1, pp. 1-64

- 55 Present Status of Question of Blood Plates. (Plaquettes sanguines.) P. Pagniez.
56 Congenital Cardiac Affection with Intense Secondary Polycythemia and Orthostatic Albuminuria. F. Parkes Weber.

Bulletin de l'Académie de Médecine, Paris

February 2, LXXXIII, No. 5, pp. 171-202

- 57 Rhizomelic Spondylitis with Tabes. F. Raymond.
58 Arsenical Insecticides in Agriculture.
59 Mortality from Tuberculosis. Armaingaud.
60 *Sulphur Disinfection of Ships. (Un procédé pratique et économique de sulfuration des navires.) A. Chantemesse and F. Borel.

60. Practical and Economical Sulphur Disinfection of Ships.—Chantemesse and Borel have devised a portable apparatus for thorough sulphur disinfection of the largest ships in the course of two or three hours. It utilizes a steam motor and a sulphur burner such as is used in the manufacture of sodium bisulphite, etc. The apparatus generates sulphur dioxide and a supply of the liquefied gas can be produced beforehand so that the reservoir will be full when the apparatus is transferred to the vessel, the motor then serving to propel the gas on hand, besides generating new.

Presse Médicale, Paris

January 27, XVII, No. 8, pp. 65-72

- 61 Transplantation of Vein in Autoplastic Operation on Urethra. (Transplantation veineuse pour l'autoplastie de l'urètre.) J. Tanton.
62 Results of Lightning Treatment of Cancer. (Courants de haute fréquence et action ouloplasique.) A. Zimmern.
63 *Writer's Cramp. (Le spasme fonctionnel.) Lancl.

January 30, No. 9, pp. 13-30

- 64 Histologic Study of Tongue Affections. (La biopsie dans les affections de la langue.) M. Letulle.
65 *Wire "Central Circling" in Treatment of Comminuted Fracture of Leg. (Le cerclage central appliqué aux fractures comminutives de l'extrémité supérieure des os de la jambe.) P. Alglave.
66 Retrogression of Sarcoma of Gum Under Radium. Dominici and Faure-Beaulieu.

February 3, No. 10, pp. 81-88

- 67 Intestinal Hemorrhage After Appendectomy. Guibé.

February 6, No. 11, pp. 89-96

- 68 Dietetic Considerations in Diabetics with Obesity and Acetone-mia. L. Landouzy.
69 The Camidge Reaction and Its Relation to Pancreatic Affections. H. Labbé.
70 Apparatus for Measuring Permeability of Nasal Passages. (Atmorrhinometer.) Robert-Foy.

63. Writer's Cramp.—Lancl has had the best results from treatment with massage and vibrations in superheated air, followed by re-education to a better method of holding the arm and hand, sparing the muscles from over-exertion. He reports two cases in detail out of a much larger experience

to emphasize the advantage of this combination of vibratory treatment and massage in superheated air.

65. Wire Circle to Hold Comminuted Fractures.—Alglave gives an illustrated description of his method of running a wire through the different parts of the fractured upper end of the bones of the leg. In a case described almost perfect functional results were obtained. The measure is applied as soon as possible after the fracture. The focus is exposed and cleansed of clots, the parts are brought into proper position and maintained thus by a silver wire passed through each in turn to form something like a circle. He calls the method "central circling." This was followed by immobilization for several weeks.

Semaine Médicale, Paris

February 3, XXIX, No. 5, pp. 49-60.

- 71 Different Types of Cardiac Arrhythmia Observed in the Clinic. L. Bard.

February 10, No. 6, pp. 61-72

- 72 Evolution and Present Status of Surgical Treatment of Diffuse Purulent Peritonitis. F. Moty.

Archiv für klinische Chirurgie, Berlin

LXXXVIII, No. 2, pp. 319-629. Last indexed Jan. 30, p. 423

- 73 Clinical History of Deforming Inflammation of the Hip Joint. (Arthritis deformans coxae.) König.
74 Hydatid Cysts of Spine and Spinal Cord. (Echinokokken der Wirbelsäule und des Rückenmarks.) M. Borchardt und M. Rothmann.
75 Double Nephrectomy and Reimplantation of One Kidney. (Doppelte Nephrektomie und Reimplantation einer Niere.) A. Carrel.
76 Bacteriemia in Ileus and Postoperative Paralysis of the Bowel. A. v. Khautz, Jr.
77 Carcinoma of the Tongue. (Zur Statistik des Zungencarcinoms.) H. Ehrlich.
78 Extensive Resection of Stomach. (Zur Casuistik der ausgedehnten Magenresektionen.) W. J. Rasumowsky.
79 *Actinomycosis of Lung and Pleura. A. A. Opokin.
80 Brain Abscesses After Firearm Wounds. (Hirnabscesse nach Schussverletzungen im japanisch-russischen Kriege.) V. T. Hashimoto, Y. Kuroiwa and R. Mori.
81 Diphtheria at Bethanien Hospital, Berlin, 1903-1908. E. Schultze.
82 Osteotomy of the Cuneiform Bone for Hallux valgus. (Osteotomie des Keilbeines bei Hallux valgus.) H. Riedl.
83 Infection of Firearm Wounds. (Infection der Schussverletzungen.) W. v. Reyher.
84 Plastic Operation for Avulsion of Scalp. F. Ehler.

79. Actinomycosis of the Lungs and Pleura.—This article reviews Russian literature on this subject—a total of 57 cases, in 21 of which operative treatment was applied. Only 8 cases are on record in international literature, Opokin states, in which operative measures were followed by complete recovery. Primary actinomycosis of the lungs is seldom recognized during life, the symptoms being differentiated as of tuberculous origin. Bacteriologic and Roentgen-ray examination are important aids for an early diagnosis, but the outlook is not promising for surgical intervention in actinomycosis of either lungs or pleura, unless in the earliest stage, before metastasis has occurred. Surgical treatment should include resection of the foci and fistulas into sound tissue. In conclusion 7 cases observed at Rasumowsky's clinic are described in detail.

Beiträge zur klinischen Chirurgie, Tübingen

January, LXI, No. 2, pp. 301-527

- 85 Operative Exposure of Upper Posterior Surface of Thorax. (Zur operativen Freilegung der hinteren oberen Thoraxfläche.) G. v. Saar.
86 Operative Treatment of Pseudarthrosis. (Die Codivilla'sche Operation zur Behandlung der Pseudarthrose.) R. Brade.
87 *Hemorrhoids. O. Silberberg.
88 Combined Syndactylia and Polydactylia. E. Jacobsohn.
89 *Pathology of Rupture of Bladder. (Harnblasenrupturen.) T. Goldenberg.
90 *Rupture of Kidney. (Nierenrupturen.) H. Yoshikawa.
91 *Diffuse Hemorrhage from the Kidneys. (Ueber renale Massenblutungen.) T. Bleek.
92 Case of Total Autoamputation of Intestine. (Fall von totaler Selbstamputation des Darms.) W. Pullmann.
93 Resection of Tuberculous Knee. A. Linhart.
94 Operative Treatment of Pyosalpinx. J. Amberger.
95 Subcutaneous Prolapse of Intestine, a Typical Clinical Picture. G. v. Saar.

87. Hemorrhoids.—Silberberg has studied microscopically sections from twenty-two cases of hemorrhoids, his conclusions being that they are the result of local congestion. The disturbance in the circulation causes an effort for collateral circulation with neoformation of vessels, and also induces degeneration of the older vessels and bacterial infection fol-

lows. The chemical reaction of the elastic fibers proves conclusively that the hemorrhoid is the result of pressure and stasis.

89. Rupture of the Bladder.—Goldenberg reports three cases and discusses the pathology on the basis of these and the cases in the literature. In many instances the rupture was not diagnosed until too late for surgical intervention. The mortality of rupture of the bladder has dropped from 43.5 per cent. in 1895 to 20.5 per cent. in 1905, when operative treatment can be instituted in time. It is especially important to bear in mind the possibility of rupture of the bladder from its being pushed down into the small pelvis by some "physiologic trauma," the attachment to the omentum tearing out a piece of the attached bladder wall where it joins the rear wall, when cicatricial changes have induced unyielding adhesions. One of the cases reported was an example of this spontaneous form of rupture.

90. Rupture of the Kidney.—Yoshikawa gives the details of five cases. The patients were men between 25 and 42, a woman of 30 and a boy of 12. Unless there are signs of internal hemorrhage, absolute repose with ice to the kidney region are indicated. His patients were all dismissed in good condition after operative intervention.

91. Hemorrhage From the Kidneys.—Bleek discusses the possibility of unilateral nephritis with hemorrhage en masse and reports a case which sustains this assumption. The affection was probably a manifestation of inherited syphilis and it was diagnosed as "incipient chronic hemorrhagic nephritis," the patient a girl of 19. He reviews 80 cases from the literature in which microscopic examination was made of the bleeding kidney before the operation, and also 11 other cases of renal hemorrhage. No hemorrhage from the kidney should be styled idiopathic until after microscopic examination has been made. Operative treatment should be considered early, especially nephrotomy, which often has a favorable influence on the hemorrhage, but it should never be undertaken without certainty as to the integrity of the other kidney, as deaths have occurred after nephrotomy in bilateral nephritis. Nephrectomy should never be done as the primary operation for obscure unilateral renal hemorrhage. It is justified only as a secondary intervention when the integrity of the other kidney has been demonstrated.

Deutsche medizinische Wochenschrift

February 4, XXXV, No. 5, pp. 185-232.

- 96 Operative Treatment of Gastric Carcinoma. (Operative Behandlung des Magencarcinoms, ihre Indikationen und ihre Prognose.) L. Küttner.
- 97 *Alimentary Fever. (Ueber alimentäres Fieber.) H. Finkelstein.
- 98 *Experimental Research on Alimentary Fever. L. F. Meyer.
- 99 *Salt by the Mouth and Intravenously in Treatment of Internal Hemorrhage. (Die stomachale und intravenöse Behandlung innerer Blutungen mit Kochsalz.) R. von den Velden.
- 100 Three Cases of Bismuth Poisoning. (Vergiftungen mit Bismutum subnitricum.) E. Zabel.
- 101 Treatment and Bacteriology of Suppurative Perforation Peritonitis. Kotzenberg.
- 102 Elimination of Atoxyl in Urine. (Ausscheidung des Atoxyls durch den Harn.) G. Lockemann.
- 103 To Exclude Admixture of Organic Coloring Matters in Spectrum of Blood. (Ausscheidung organischer Farbstoffmengen beim spektroskopischen Blutnachweis.) O. Leers.
- 104 The Pulsometer. B. Fellner.

97. Alimentary Fever.—Finkelstein here presents the grounds on which he bases his assumption that the food alone, without bacterial intervention, is able under certain conditions to induce fever. This alimentary fever is most striking and most easily studied in infants with gastrointestinal disturbances, and his research has resulted in the discovery that albumin has nothing to do with it, and that sugar and salt are the responsible factors. Fat may have an indirect influence, but the sugar or salt is the one responsible element, and it acts by its physical properties. He is convinced that the physical properties of the salts and salt-like elements in the food have some injurious influence on the cells, checking their normal functioning and thus leading to abnormal decompositions in the body, which in turn disturb the regulation of heat. The normal child tolerates salt and

sugar without disturbance, but a child with gastrointestinal disturbance responds with fever. Salt or sugar taken into the diseased digestive tract causes the same reaction as when injected subcutaneously. The intestines have evidently some special action on the salt and sugar molecules, rendering them innocuous in normal conditions, but when the intestine is deranged it loses this power. The liver acts vicariously for the intestines in this respect for a time, but when its capacity in this line is exhausted, then alimentary intoxication follows and fever is observed. In infants the intestinal functions and the metabolism in general are still very weak, and consequently the alimentary intoxication occurs on very slight grounds. He believes that severe intestinal processes in adults, chronic colitis, etc., are liable to entail alimentary intoxication in the same way as in infants. The experiences with the latter suggest greater caution in feeding adults with gastrointestinal disturbances with fluids containing salt or sugar, emphasizing the possible importance of sugar and salt in the diet during intestinal derangement and demonstrating the existence of a function of the bowel epithelium in respect to the metabolism of salt and sugar, disturbance in which may explain obscure febrile conditions at all ages.

98. Experimental Research on Alimentary Fever.—Meyer is Finkelstein's assistant and his experimental research has confirmed in every respect the former's assumptions in regard to alimentary intoxication from salts. He has traced it down to the compounds of halogens with sodium. None of the other sodium compounds displays this fever-producing property, only sodium chlorid, bromid and iodid. The curves cited demonstrate beyond question the possible pyrogenic influence of these latter when the digestive tract is out of order.

99. Salt in Treatment of Internal Hemorrhage.—von den Velden has studied for a year the use of salt by the mouth or in infusion as a means of controlling hemorrhage. His experience has confirmed the traditions in regard to the influence of salt in this respect. His research on animals and on healthy volunteers as well as in the clinic has demonstrated that salt enhances the coagulating power of the blood. It is remarkable, however, that it does not have this action in the test-tube, but it is marked in the living subject. He is inclined to attribute this coagulating influence to the mobilization of thrombokinase stored up in the tissues. In 29 cases of hemoptysis he obtained excellent results from administration of 5 gm. (75 grains) of sodium chlorid by the mouth, the coagulating properties of the blood being much increased thereby for a period of from an hour to an hour and a half. The effects become evident in a few minutes. If the tendency to hemorrhage returns later, he repeats the dose of salt or substitutes sodium or potassium bromid in the dose of 3 gm. (45 grains), the bromid having, further, a sedative action. He does not hesitate to keep up this combined sodium chlorid and bromid treatment, giving in the most urgent cases from 20 to 30 gm. (3v to 3i) of sodium chlorid, and from 12 to 15 gm. (3iii to 3iv) of the bromid during the day. Any tendency to bromin intoxication is corrected by the sodium chlorid. In 9 other cases he administered the salt or bromid by intravenous injection as he did not wish to irritate the digestive tract or kidneys. This series includes seven patients with hemoptysis, and one each with hemorrhage from varices in esophagus or bladder or typhoid lesions in the bowel. He has never witnessed any disagreeable by-effects from this treatment. The beneficial results were apparent in hemorrhage both in the lung and greater circulation. Hemophilia is a chronic defective condition for which a transient increase in coagulating power is of little avail. The hemophilic tendency is probably the result of defective production of thrombokinase, he thinks.

Fortschritte der Medizin, Leipzig

January 20, XXVII, No. 2, pp. 49-96.

- 105 *Treatment of Syphilis of Nervous System. (Behandlung der Nervensyphilis.) G. Köster.
- 106 *Assumed Connection Between Tapeworm and Pulmonary Tuberculosis. (Zur Frage über den mutmasslichen Zusammenhang zwischen der Erkrankung an Bandwurm, speziell *Botryoccephalus latus*, und derjenigen an Lungentuberkulose.) Abramowski.

105. Treatment of Syphilis of the Nervous System.—Köster advocates local measures along with general mercurial treatment wherever practicable, especially for lesions in throat and mouth. He warns against mercurial treatment when there are already signs of atrophy of the optic nerve as it has been known to aggravate the condition. If undertaken it should be with constant oversight of the conditions in the fundus. Even suspension of treatment when the aggravation is noted does not arrest it. For this reason he advises potassium iodid first, and, if mercurial treatment becomes necessary on account of other syphilitic manifestations, the eye should be examined by an ophthalmologist every third day. He also warns against the use of atoxyl; it not only is liable to have an injurious influence on vision but may induce disturbances in the voiding of bladder and bowel contents leading to total incontinence. He emphasizes the fact that this widely advertised drug, alleged to be free from toxic action and to be a sort of panacea for diverse diseases, in treatment of syphilis, is proving a two-edged sword which should be used only with extreme caution. A course of mineral waters, as at Aachen, Wiesbaden or Tölz, is a powerful adjuvant in treatment of syphilis of the nervous system on account of the stimulation of the general metabolism. Even if no benefit is derived from the first course of the kind, experience has shown that hitherto apparently irreparable symptoms may subside during a second or third repetition.

106. Pulmonary Tuberculosis and Tapeworm.—Abramowski practices in a seashore district where the tapeworm is common owing to the frequent practice of eating insufficiently cooked fish. He has noticed that the anemia resulting from the presence of the *Bothriocephalus latus* affords a marked predisposition for pulmonary tuberculosis which is also remarkably prevalent. Even the "resorters" frequently acquire tapeworm during their stay as smoked raw fish is considered a local delicacy.

Münchener medizinische Wochenschrift

February 2, LVI, No. 5, pp. 217-264

- 107 Multiple Functions of the Cell. (Partialfunktionen der Zelle.) P. Ehrlich.
- 108 Localization of the Curvature, and Other Requisites in Treatment of Scoliosis. (Lokalisation der Umkrümmung und andere Forderungen in der Skoliosenbehandlung.) J. Fränkel.
- 109 Roentgen-Ray Treatment. (Die Röntgenstrahlen im Dienste der Therapie.) E. Müller.
- 110 Disagreeable Consequences of Colpocellotomy and the Alexander-Adams' Operation. H. Freund.
- 111 Systematic Disinfection by Municipal Authorities. (Die Methoden der praktischen Grosstadtdeinfektion.) H. Trautmann.
- 112 Arrest of Hemorrhage from the Cystic Artery by Ligation of the Hepatic Artery. (Stillung der Blutung aus der Art. cystica durch Unterbindung der Art. hepatica propria.) H. Kehr.
- 113 Arsenicated Mineral Waters. (Zur Arsenotherapie mit der Dürkheimer Maxquelle.) R. von den Velden.
- 114 Scarlet Red in Treatment of Eye Affections. (Anwendung von Scharlachrot bei Augenerkrankungen.) M. Wolfrum and R. Cords.
- 115 Treatment of Tuberculin with Spengler's "IK." S. Herzberg.
- 116 Dental Frontal Headache. (Dentaler Stirnkopfschmerz.) F. Müller.
- 117 Lapse of Lung When Thorax Is Opened. (Der künstliche Peruvian Balsam, etc., in Suppurative and Tuberculous Processes. (Anwendung der Digestivmittel bei eitrigen und tuberkulösen Prozessen.) M. Mayer.

Therapeutische Monatshefte, Berlin

February, XXIII, No. 2, pp. 65-128

- 118 *Treatment of Acute Alimentary Disturbances in Infants. (Therapie der akuten Ernährungsstörungen im Säuglingsalter.) B. Salge.
- 119 *Preparation for and Care After Gynecologic Operations. R. Birnbaum.
- 120 Heart Tonics Before and After Gynecologic Operations. (Herzmittel vor und nach gynäkologischen Operationen, nebst Bemerkungen über die Bedeutung von Narkose und Operation bei Erkrankungen des Zirkulationsapparates.) R. T. Jaschke. Commenced in No. 1.
- 121 Relations Between Constitutional and Ear Affections. (Beziehungen zwischen Allgemeinerkrankungen und Ohrkrankheiten.) Preysing. Commenced in No. 1.
- 122 *Nature and Treatment of Typical Form of Benign Stenosis of the Colon at the Splenic Flexure. (Typische gutartige Stenose an der Flexura lienalis coli.) E. Payr. Commenced in No. 1.
- 123 Treatment and Danger of Contagion in Pertussis. (Ansteckungsgefahr und Therapie des Keuchstussens.) E. Müller.
- 124 Dangers of Intravenous Strophanthin Treatment. (Gefahren der intravenösen Strophanthintherapie.) A. Fraenkel.
- 125 Disadvantages of Combination of Digitalis with Other Drugs. (Kombination der Digitalis und homologer Agenzien mit anderen Arzneimitteln.) J. Pohl.

118. Treatment of Acute Alimentary Disturbances in Infants.—Salge remarks that the mother always insists on adding something to the water when the indications are to stop all intake of food while the digestive apparatus is closed for repairs. For this reason he allows admixture of tea with the water, but sweetened only with saccharin, no sugar. If the infant vomits constantly, its lips and tongue can be kept moistened with cold water from a dropper. When there is much diarrhea it is foolish to give laxatives or to try to check the diarrhea with drugs as it is answering a useful purpose. If fluids given by mouth or rectum are not retained, from 125 to 150 c.c. of physiologic salt solution should be infused twice during the twenty-four hours. The temperature should be brought to normal with from four to six cold packs in an hour, repeated again during the day, or if the child is cold, warming it with thermophores or the incubator. But he warns emphatically that these measures require the most constant supervision as the effect frequently runs to the opposite extreme. Camphorated oil may be useful in case of weak heart action. The trouble is in the general metabolism, not merely in the digestive tract alone, and the metabolism will suffer irreparable injury if all food is stopped for more than twenty-four or forty-eight hours. Infants suffer especially from lack of carbohydrates, but they must be given in minute amounts and very cautiously not to supply a culture medium for bacteria in the intestines. It may be necessary to remove the fat even from breast milk by centrifugalizing it but when this is done the child is liable to thrive at once. Not more than from 30 to 50 c.c. daily should be allowed during the first two or three days, watching the urine for sugar. The limits of toleration for the carbohydrates are very narrow in these children, so that constant supervision is necessary as any excess may bring on new disturbances. After the infant has borne this fat-free diet for from ten to fourteen days, the whole milk can be resumed, but it is impossible for recuperation to be very rapid as the general metabolism has been so disturbed. If unable to obtain fat-free breast milk, he gives instead freshly prepared whey obtained from raw cow's milk with rennet.

119. Care of Patient Before and After Gynecologic Operation.—Birnbaum states that he has frequently found the temperature several degrees below normal at the close of a tedious operation, even when the operating table and room were specially heated. This shows the importance of warming the patient after an operation. Continuous irrigation of the rectum with warm salt solution, a drop at a time, by the Katzenstein technic, he advocates as the most reliable measure for the purpose. It has the further advantage of stimulating bowel peristalsis without incommencing the patient. Cold alcohol rubs of the chest and back are useful to prevent thrombosis and complications on the part of the lungs. Systematic breathing exercises are also in order, and active and passive exercises of the legs. He prefers repeated and systematic catheterization and disinfection rather than the employment of a retention catheter in case of paralysis of the bladder. When there are symptoms of paralysis of the intestines, he states that great benefit is obtained by rinsing out the stomach, followed by the administration of a large dose of castor oil.

122. Stenosis from Kinking of the Intestine at the Splenic Flexure.—Payr describes in detail twenty-five cases of non-malignant stenosis of the colon in which he has performed operations during the last four years with permanently successful results.

Therapie der Gegenwart, Berlin

February, L, No. 2, pp. 73-120

- 126 *Gout. (Zur Pathologie und Therapie der Gicht.) F. Umber.
- 127 Changes in Application of Digitalis in Spontaneous Hemorrhage. (Wandlungen im Digitalisgebrauch bei spontanen Blutungen.) Focke.
- 128 Experimental and Clinical Study of Treatment of Collapse with Intravenous Injections of Adrenalin. (Behandlung von Kollapszuständen mit intravenösen Adrenalininjektionen.) R. Kothe.

126. Treatment of Gout.—This article is based on extensive personal research on the metabolism of individuals with gout,

out of a total of 137 cases, with comparative research on healthy subjects. The findings are particularly instructive as the research was undertaken almost exclusively on a purin-free diet, thus providing a common base for comparison. Twenty-seven of the patients were of the laboring classes. The practical results of the research described include the typical curve of the elimination of uric acid on a purin-free diet. The amount eliminated grows less and less until an attack of gout is impending, when the elimination rapidly increases to reach a high point about the second day after the onset of the attack, and then rapidly subsides again. These waves of endogenous elimination vary somewhat in individuals, but a long continued endogenous curve including several attacks is absolutely pathognomonic, as he shows by comparison with curves in various other affections. Another point is that the gouty respond to ingestion of purin bodies with a much less and more protracted elimination of uric acid than the non-gouty, especially during the depression stage following about a week after an attack. Ingestion of food containing much purin is liable to bring on an attack of gout. He ascribes the retention of uric acid to a peculiar affinity of the tissues for the uric acid. Another pathognomonic feature of gout is the opposite behavior of glycocholic acid, the retention of one coinciding with increased elimination of the other. During the flood of uric acid in an attack, the glycocholic acid vanishes completely. There is no medicinal treatment of gout, Umber says, except to relieve the acute attack; the only way to influence the disease is by the diet, which should aim to prevent the accumulation of uric acid in the tissues and in the blood and to provide the most favorable conditions for its metabolism and elimination. He advises refraining from meat entirely when an attack is threatening and for a week or two afterward, and to interpolate from 2 or 3 up to 4 or 6 purin fast days in each week, keeping this up for weeks, months and years. He never allows more than 200 gm. of meat in one day. His research has further confirmed the fact that the retention of uric acid is more pronounced in proportion at night, and consequently he advises that the gouty should take their principal meal in the morning or at latest noon. He quotes Garrod that every particle of food not absolutely needed for the nourishment of the body merely nourishes the disease. Copious ingestion of water certainly aids in the elimination of uric acid, but alkaline waters have the opposite effect. It is all the other factors of spa treatment rather than the mineral content of the water that benefit in a course at a watering place. He remarks in regard to the various remedies for gout on the market that they all promote the solubility of free uric acid, but this does no good in gout as the blood of the gouty is able to dissolve larger proportions of free uric acid than it ever contains. The problem is to dissolve the acid sodium urate, the form in which the uric acid is deposited in gout. These remedies have no action on the sodium urate and he thinks that this is true also of hydrochloric acid. He declares that none of the alkalies or mineral waters has any specific influence on the purin metabolism in gout and that the propaganda for the "lithium content," etc., of springs should be abandoned. He has noticed that the elimination of uric acid decreased during muscular exercise even on a purin-free diet. This must be due to participation of the purin bodies in the increased oxidation processes incident to muscular exertion. This recalls, he says, the saying of an English physician that no man would suffer from gout if he could keep a slave to massage him regularly.

Virchows Archiv, Berlin

January, CXCIV, No. 1, pp. 1-176

- 129 Morphologic Structure and Morphologic and Chromatic Changes in the Leucocytes. A. Cesaris-Demel.
- 130 Wax-like Transformation of Muscle Fibers. (Wachsartige Umwandlung der Muskelfasern.) R. Thoma.
- 131 Implantation of Embryonal Tissue. M. v. Tiesenhausen.
- 132 Sarcoma and Carcinoma in the Thyroid of a Dog. G. Schöne.
- 133 Anatomic Study of Appendix and Appendicitis. W. Nowicki.

Zentralblatt für Chirurgie, Leipsic

January 30, XXXVI, No. 5, pp. 137-176

- 134 Regional Anesthesia in Transplantation of Skin. (Regionäre Anästhesie bei Hauttransplantation.) G. Nystrom.

- 135 New Apparatus for Intrathoracic Operations Under Differential Pressure. (Neuer Apparat für intrathorakale Operationen unter Differentialdruck.) W. Meyer (New York).
February 6, No. 6, pp. 177-208.

- 136 *Artificially Induced Open Hydrothorax for Prevention of Collapse of Lung When Thorax Is Opened. (Der künstliche offene Hydrothorax zur Erhaltung der Lungenatmung bei Thoraxöffnungen.) H. Teske.

136. Artificially Induced Open Hydrothorax to Prevent Collapse of Lung.—Teske has found that if water is allowed to flow into the thorax when it is opened, the lung floats on the water and it does not collapse. He found this a perfectly practical and feasible way to maintain approximately normal respiration in the exposed lung when a large flap was cut in the thorax wall. He experimented on rabbits, placing them in a bath-tub with blood-warm water and found that respiration proceeded with surprising regularity and normal tempo, the exposed lung keeping time with the intact lung. If the animal was taken out of the water but left on its back, enough water remained in the chest to answer the desired purpose, but if the animal was turned on its belly, the water ran out and the lung collapsed at once. He also found it possible to accomplish the purpose by artificial irrigation of the thoracic cavity, allowing the water to flow in and out, the cannula being wide enough to keep the opening from closing. He is convinced that this method of preventing the collapse of the lung in cases of injury of the lung or heart requiring surgical intervention will prove useful in the clinic, especially in urgent cases requiring rapid work. The shock from collapse of the lung will thus be avoided. Warm salt solution has a stimulating effect on the organs in the chest. He concludes the operation by suturing the lung to the chest wall and allowing the water to escape. He does not think that there need be fear of infection if sterile salt solution and rubber gloves are used, especially as the pleura possesses normally considerable resisting power against infection.

Zentralblatt für Gynäkologie, Leipsic

January 30, XXX, No. 5, pp. 161-200

- 137 Bacteriologic Diagnosis of Puerperal Fever. Krönig and Pankow.
- 138 Suture of Skin at Perineum with Michel's Clips. (Zur Hautnaht des Damms mittels Michel'scher Klammer.) K. Mayer.
- 139 Construction of Vagina out of Loop of Small Intestine. (Scheidenbildung unter Benutzung einer verlagerten Dünndarmschlinge bei Uterus rudimentarius cum Vagina rudimentaria.) M. Mori.
- 140 Roentgen-Ray Treatment in Gynecology. Albers-Schönberg.
- 141 Treatment of Vaginismus with Vaginal Dilator. O. Oberlander.
- 142 Absorbing Power of Mucosa of Vagina and Uterus. (Resorptionsfähigkeit der Schleimhaut der Vagina und des Uterus.) E. Falk.

February 6, No. 6, pp. 201-232

- 143 Clinical and Anatomic Study of Endometritis. M. Henkel.
- 144 *Vaginal Cesarean Section in Severe Eclampsia a Month before Term. (Vaginaler Kaiserschnitt bei schwerster Eklampsie im 8. Schwangerschaftsmonat.) Nacke.
- 145 Dilator for Treatment of Abortion. (Uterusdilator bei Abortbehandlung.) O. Oberlander.

144. Vaginal Cesarean Section in Severe Eclampsia.—Nacke relates a case which demonstrates that this intervention may prove the only life-saving measure possible in severe eclampsia. But the case further emphasizes the possible complications and mishaps liable when such an operation is attempted in a private house, and that the operation may meet with unexpected difficulties when done before the cervix is dilated, especially when the latter is abnormally long.

Hygiea, Stockholm

December, LXX, No. 12, pp. 1235-1378

- 146 *Suppurative Affections of the Internal Ear. (Om innerörats variga sjukdomar.) G. Holmgren. Commenced in No. 11.
- 147 *Vaginal Technic for Operations in Gynecology and Obstetrics. A. Dührssen.
- 148 Ear Affections in Traditional Household Medicine. (Om öronsjukdomarna i den skånska folkmedicinen.) E. Bergh.

146. Suppurative Affections of the Internal Ear.—This article is practically a clinical study with details of typical specimens of each of the various affections involved and the conclusions from comparison of the course with results of treatment and pathologic findings; the whole is classified under the headings of the different affections described. Holmgren has continued Blau's compilation of cases of necrosis of the labyrinth on record, and tabulates the details of 20 more,

thus bringing the total to 124. He devotes a chapter to the prognosis and complications of labyrinthitis and another to the treatment and technic, with 12 pages of bibliography, likewise classified.

147. Vaginal Technic for Operations.—This communication from Dührssen was read at the last Swedish medical congress and is accompanied by eight illustrations to explain the details of the vaginal technic. He also describes his recent modification of his method of vaginal Cesarean section by preceding it with the hystereurynter, utilizing the measure, he remarks, which the practitioner should always regard as the first indispensable step in all cases requiring immediate delivery with the cervix still undilated. If the case is very urgent, manual traction can be exerted on the inflatable bag, but if the cervix fails to dilate when the lower segment of the uterus is thus pulled down, the attempt should be abandoned, as otherwise the cervix or the inflatable bag is liable to rupture. This is especially the case with rigid cervix, and if the cervix persists undilated vaginal Cesarean section is required, or deep incisions in the vaginal portion of the uterus if the cervix has opened. In such a case the general practitioner must summon a specialist or should limit his intervention to expectant treatment until the progress of labor has rendered manual extraction possible. The use of the inflatable bag facilitates Cesarean section. By traction on the bag it is possible to bring the cervix into view when it is an easy matter to make a sagittal incision in the posterior lip and prolong it upward for about 3 cm. With the gloved finger the peritoneum is then pushed away from the posterior wall of the bladder, as far up as necessary, and a loop of suture material is passed through the upper end of the slit. The anterior lip is then incised and a loop of thread introduced in the same way. The inflated bag sinks lower and lower as the cervix opens, and the upper parts of the cervix walls are thus brought into view and can be easily incised, with the bleeding under control. The bag finally slides out of the uterus, when the fetus can be easily extracted. After the placenta has separated, the uterus is drawn down by the loops of thread; the threads are tied and the posterior and then the anterior lips of the cervix are sutured. The continuation of the incision into the fornices does not require suturing as the lips of the wounds are pressed closely together. When the aftercoming head is retained by the cervix the procedure is about the same, the head acting like the inflatable bag whose place it takes. He has successfully applied this technic in one case, severing the constricting ring. The technic is the same as that recently proposed by Döderlein, but Dührssen does not approve of it except under these conditions, as one has to operate in the dark and he doubts whether the bladder will ever spontaneously detach itself from the uterus wall. If it does not, injury of the viscus is almost inevitable. The cases which require vaginal Cesarean section are the very ones in which there is almost certain to be special adhesion between the bladder and uterus, as in elderly primiparæ with rigid cervix or in case of prolapse. Comparing the vaginal and abdominal extraperitoneal techniques he remarks that the public has greater dread of abdominal than of vaginal operations, but that the abdominal extraperitoneal technic has certainly a brilliant future in cases of much contracted pelves.

Norsk Magazin for Lægevidenskaben, Christiania

January, LXX, No. 1, pp. 1-244

- 149 Cardiac Insufficiency with Contracted Kidney and High Blood Pressure. (Arteriosklerose med skrumpe og hjertehypertrofi.) P. F. Holst.
150 Torsion of Pedicle of Left Ovary in Two Little Sisters. (Stilkdreining af venstre ovarium hos to søstre, 8½ og 7 aar gamle.) J. Roll.
151 Cutaneous and Ocular Tuberculin Reactions. E. Kaurin.
152 Favorable Experiences with Trusses in Hernia. (Smaatrack fra brokbaandsbehandlingen.) O. Borchgrevink.
153 Five Generations of a Family with Six Fingers and Toes. (En familie med seks fingre og seks tær.) V. Magnus.
154 *Forty-three Cases of Exophthalmic Goiter. (Morbus Basedowii.) H. J. Vetlesen.

154. Exophthalmic Goiter.—Vetlesen's article is published as a 128-page supplement to the *Magazin*. All but 2 of the 43 patients were women, and the majority of cases developed between the ages of 20 and 30 or 40 and 50. A fright or

great sorrow had evidently something to do with the onset of the affection in several cases, and acute articular rheumatism or rheumatic complications were evident in 8. One patient had had acute rheumatism five times. He also calls attention to the fact that 8 of his patients suffered from hemicrania and that 3 of these and 5 others had a family history of hemicrania in the parents or grandparents. He believes that this suggests some special connection between exophthalmic goiter and hemicrania. Simple goiter was also noted in the direct family antecedents of 4 of his patients, and 4 others have brothers or sisters with goiter. In 3 cases both mother and daughter were affected. All his patients were cured or much improved with the exception of 5 whose deaths later are recorded. His treatment consisted of thymus extract and sodium phosphate, alone, alternating or combined, and his impressions are very favorable as to the efficacy of this method of treatment. He is undecided as to whether the sodium phosphate or the thymus extract deserves the preference, but the cost of the latter sometimes turns the scale against it. Thyroid treatment of exophthalmic goiter is directly contrary to the indications; the trouble is the result of hyperfunctioning of the thyroid gland and it is absurd to give more thyroid. It is even liable to transform a simple goiter into the exophthalmic form, of which he relates several examples, the patients having been given thyroid treatment by some other physician before they consulted him. One of his patients was doing well under sodium phosphate when exacerbation followed an attack of influenza, and he ordered thymus tablets. No improvement followed, the general condition and symptoms rather becoming aggravated. After taking from 70 to 80 tablets the patient discovered that the bottle was labeled "thyroid tablets" instead of the prescribed "thymus." As soon as thymus tablets were substituted for the thyroid, improvement was rapid and has been permanent to date. In one of the cases with fatal termination the patient had been taking "antithyroidin," which seemed to have a toxic action. Roentgen-ray treatment was applied in only 2 cases; the results were excellent in one but nearly negative in the other. Operative treatment was instituted in 2 cases; in the first there was considerable improvement for a few months but then a second operation became necessary and the patient soon succumbed to asystole or possibly embolism. The other patient seemed to derive great and permanent benefit from the operation. He prescribes the sodium phosphate in the dose of 1 gm. (15 grains) in solution four times a day. The more recent the onset of the symptoms, the more effectual the sodium phosphate. He gives from 2 to 4 of the thymus tablets three times a day. He tabulates the details of the 43 cases for comparison, with the age, initial symptom, treatment, etiology, etc. He has been using the sodium phosphate since before 1899, on the recommendations of Trachewsky, Sahli and Kocher. He has never witnessed any inconveniences from its administration, even when kept up for many months. Very exceptionally, a little tendency to diarrhea was noticed, but this righted itself at once when he reduced the dose somewhat. He tried several other drugs in the course of his experiences, but long since abandoned them all for the sodium phosphate or thymus tablets.

Ugeskrift for Læger, Copenhagen

January 21, LXXI, No. 3, pp. 57-76

- 155 *Papulous Syphilids in Mouth Nine Years After Infection, with Positive Findings of Pale Spirochetes. L. Nielsen.
January 28, No. 4, pp. 77-106
156 Diagnosis of Destruction of the Internal Ear. (Om Diagnosen Labyrintdestruktion.) P. T. Hald.

155. Papulo-Erosive Syphilids in Mouth Nine Years After Infection.—Nielsen's patient was a man of 28 who had been infected with syphilis nine years before and had been smoking some of late. Typical pale spirochetes were cultivated from the scrapings of the lesions in the mouth. The primary infection had been thoroughly treated, it was supposed. In two other patients the syphilids developed on the tongue eleven and thirteen years after infection and recurred whenever the patient smoked much.

Gazzetta degli Ospedali e delle Cliniche, Milan

January 24, XXX, No. 10, pp. 97-112

- 157 *Influence of Injections of Lecithin on Serodiagnosis of Syphilis. (Azione delle iniezioni di lecitina sulla reazione di Wassermann.) G. Quarelli.

January 28, No. 12, pp. 121-128

- 158 *Phlebitis Following Interval Appendicectomy. A. Sertoli.

January 31, No. 13, pp. 129-144

- 159 *Hernia of Diaphragm with Gastric and Intestinal Stenosis. (Ernia diaframmatica.) F. Senna.
160 *Primary Cancer of Pancreas: Chauffard's Syndrome in Diagnosis. G. Alessandri and C. Minerbi.

February 2, No. 14, pp. 145-152

- 161 *Stimulating Influence of Scarlet Red on Regeneration of Epithelium. A. Cernezz.

157. **Influence of Injections of Lecithin on Serodiagnosis of Syphilis.**—Quarelli states that in twelve cases of syphilis in which serodiagnosis was positive, several injections of lecithin had the result that the serodiagnosis gave negative findings thereafter in all but four cases. In some of these, however, the reaction increased in intensity.

158. **Phlebitis Following Interval Appendicectomy.**—The three patients in the cases reported by Sertoli were young men, and the phlebitis developed between the tenth and fourteenth day of aseptic healing of the wound. They were all debilitated from repeated attacks of appendicitis. The phlebitis was limited exclusively to the left leg and subsided harmlessly after a few days.

159. **Hernia of the Diaphragm.**—Senna reports a case to emphasize the points useful for differentiation. It is not difficult if the phenomena in the chest and abdomen are minutely studied and coordinated. The autopsy in his case confirmed the diagnosis showing that the sudden symptoms were the result of incarceration of the stomach in the hernia. A perforation was found in the stomach and also in the ascending colon which was likewise involved in the hernia. An important sign is the presence of gas in the pleural cavity, without metallic sounds.

160. **Cancer of the Head of the Pancreas.**—The syndrome presented was that described by Chauffard as characteristic of primary cancer of the head of the pancreas. The only additional symptom was uncontrollable vomiting. The Loewy sign—the ocular reaction to adrenalin—was very pronounced. The cancer in this case had originated in the gall bladder, which contained stones, and had involved the liver, spreading later to the head of the pancreas, but the body was intact. The case does not detract from the importance of the Chauffard syndrome, but shows that it differentiates malignant disease in the head of the pancreas only when there are no other foci elsewhere and when direct palpation of the gall bladder excludes biliary lithiasis with reasonable certainty.

161. **Influence of Scarlet Red on Regeneration of Epithelium.**—Cernezz has been applying a 5 or 8 per cent. lanolin or petrolatum salve of scarlet red, the dye which Fischer found so remarkably active in inducing proliferation of epithelium. Cernezz applied the salve to extensive burns or other raw surfaces, or to hasten the healing of Thiersch or Reverdin flaps. He applies the salve in a thin layer to the edges, covering it with perforated rubber tissue, renewing the dressing in one or two days. The rapid proliferation of the epithelium was most striking even in cases long rebellious to other measures. One man with a burn of the entire forearm and part of the hand was treated with Thiersch flaps and the scarlet salve and the lesions healed over very rapidly with a much firmer growth of epithelium than is usual after such transplantation, allowing the man to resume his trade as a mechanic without mishap during the five months since. No by-effects were ever observed with the salve. Cernezz warns that it is not necessary to apply the salve except to the edges of the islands or borders of epithelium; it is inadvisable to interfere with the development of granulations by applying the salve to them as it might induce maceration. Neither he nor Schmieden thinks there is any danger of inducing excessive proliferation as the salve is applied lightly to the surface, not injected subcutaneously as in Fischer's experiments.

Policlinico, Rome

February 7, XVI, No. 6, pp. 165-196

- 162 *Lime in Treatment of Epilepsy. (La terapia calcica nell'epilessia.) F. Ciccarelli. (Commenced in No. 5.)

162. **Lime in Treatment of Epilepsy.**—Ciccarelli gives the details of twenty-nine cases of epilepsy in which he found that treatment with lime had a pronounced effect in mitigating the seizures and reducing their number. He regards the lime salts as preferable to the bromids at times, the best results being obtained when a course of lime was alternated with the ordinary bromid treatment. He gave daily from 2 to 3 gm. (30 to 45 grains) of calcium hypophosphite in fractional dose. The patients were all chronic epileptics, although the affection was of traumatic origin in some and associated with infantile spastic paralysis in others, the majority, however, being of the idiopathic variety.

Books Received

All books received are acknowledged in this column and such acknowledgment must be regarded as a sufficient return for the courtesy of the sender. A selection will be made for review in the interests of our readers and as space permits.

EDUCATIONAL PAMPHLETS, Issued by the Committee on Experimental Medicine of the Medical Society of the State of New York, 17 West Forty-third Street, New York. ANIMAL EXPERIMENTATION AND DIABETES. By Graham Lusk, New York City. THE ETHICS OF ANIMAL EXPERIMENTATION. By John Dewey, New York. ANIMAL EXPERIMENTATION AS VIEWED BY THE SUPERINTENDENT OF A HOSPITAL. By G. F. Clover, New York City. THE SERVICE OF ANIMAL EXPERIMENTATION TO THE KNOWLEDGE AND TREATMENT OF NERVOUS DISEASES. By Charles L. Dana, New York. THE RELATION OF ANIMAL EXPERIMENTATION TO THE LIVE STOCK INDUSTRY. By Veranus A. Moore, Ithaca, N. Y. ANIMAL EXPERIMENTATION AND NUTRITION. By Lafayette B. Mendel, New Haven, Conn. WHY ARE SPECIAL LAWS TO RESTRICT ANIMAL EXPERIMENTATION UNWISE? By J. G. Curtis, New York City. Each 4 pp., paper.

INDEX-CATALOGUE OF MEDICAL AND VETERINARY ZOOLOGY. U. S. Department of Agriculture, Bureau of Animal Industry—Bulletin No. 39, Parts 22 and 23. By Ch. Wardell Stiles, Ph.D., Consulting Zoologist of Bureau of Animal Industry; Zoologist of U. S. Public Health and Marine-Hospital Service, and Albert Hassall, M.R.C.V.S., Assistant in Zoology, Bureau of Animal Industry. Paper. Washington: Government Printing Office, 1909.

NEW AND NONOFFICIAL REMEDIES, 1909. Containing Descriptions of the Articles Which Have Been Accepted by the Council on Pharmacy and Chemistry of the American Medical Association, Prior to Jan. 1, 1909. Paper. Pp. 168. Price, single copy: Paper cover, 25 cents. Cloth cover, 50 cents. Chicago: Press of American Medical Association, 1909.

HOW TO NURSE SICK CHILDREN. By Charles West, M.D., Founder of and Late Physician to the Hospital for Sick Children, Great Ormond Street. With a Preface by George F. Still, M.D., Physician to Out-Patients, The Hospital for Sick Children. New Edition. Cloth. Pp. 52. Price, 40 cents. New York: Longmans, Green & Co., 1908.

PRACTICAL PHYSIOLOGICAL CHEMISTRY. By Philip B. Hawk, M.S., Ph.D., Professor of Physiological Chemistry in University of Illinois. Edition 2. Cloth. Pp. 447, with illustrations. Price, \$2.50. Philadelphia: P. Blakiston's Son & Co., 1909.

ABSTRACTS FROM A PRACTITIONER'S HANDBOOK OF MATERIA MEDICA AND THERAPEUTICS. Based Upon Established Physiological Actions and the Indication in Small Doses. By T. S. Blair, M.D., Member American Medical Association. Paper. Pp. 48. Philadelphia: The Medical Council.

ECONOMIC ASPECTS OF LENGTHENING HUMAN LIFE. By Prof. Irving Fisher of Yale University. President of the Committee of One Hundred on National Health. Address Delivered Before The Association of Life Insurance Presidents, New York, Feb. 5, 1909. Paper. Pp. 18.

ROTUNDA PRACTICAL MIDWIFERY. By E. Hastings Tweedy, M.D., F.R.C.P.I., Master of the Rotunda Hospital, and G. T. Wrench, M.D., Late Assistant Master. Cloth. Pp. 464, with illustrations. Price, \$6. New York: Oxford University Press.

REPORT OF AN INVESTIGATION OF WATER AND SEWAGE PURIFICATION PLANTS IN OHIO. Made Under Authority of an Act of Legislature, Passed Feb. 23, 1906. 1906-1907. Cloth. Pp. 888. Columbus: F. J. Heer, State Printer, 1908.

QUAIN'S ELEMENTS OF ANATOMY. Edited by E. A. Schäfer, Johnson Symington and T. H. Bryce. Edition 11. Vol. III, Part 1: Neurology. By E. A. Schäfer and J. Symington. Cloth. Pp. 421, with illustrations. Price, \$4.50. New York: Longmans, Green & Co., 1908.

PARCimony IN NUTRITION. By Sir James Crichton-Brown, M.D., LL.D., F.R.S., Lord Chancellor's Visitor in Lunacy, London. Cloth. Pp. 111. Price, 75 cents. New York: Funk & Wagnalls Co., 1909.

TRANSACTIONS OF THE SIXTEENTH ANNUAL MEETING OF THE HAWAIIAN TERRITORIAL MEDICAL SOCIETY. Held in Honolulu, November, 1907. Paper. Pp. 88.

REPORT OF THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION. Food Products, 1908. Being Part Ix of the Biennial Report of 1907-1908. Paper.

CALIFORNIA GROUND SQUIRRELS. By C. Hart Merriam, Chief U. S. Biological Survey. Paper. Pp. 8. Washington: Government Printing Office, 1909.