

mine the cause. 12 Ency. of Pl. and Pr. 591, 592; *Barker vs. Perry*, 67 Iowa, 146.

**Liability of City for Smallpox Expenses.**—The Appellate Court of Indiana, Division No. 1, says, in *City of Frankfort vs. Irvin*, that the statute of that state makes the mayor and common council of an incorporated city, not having a board of health by statute or ordinance, a board of health for the city. The record in this case contained evidence from which it could be said that there was some danger of an epidemic of smallpox in the city. At a special meeting of the common council, called to consider the situation, a special committee was appointed, consisting of three councilmen, one of whom was designated as chairman, and to this committee was referred the matter of looking after the smallpox in the city. It appeared that soon afterward there were a number of cases of smallpox in the city, and that most of the acts done with reference thereto were done by the chairman of this committee. It did not appear that this chairman did anything that the city council, acting as a board of health, might not have done itself. It did not appear what authority was given this committee, or its chairman, in the matter; but it did appear that the city ratified a part of the work of this committee by afterward paying bills contracted in relation to the management of the pesthouse. The court thinks it appeared from the evidence that what this committee and its chairman did was one entire transaction, which should be repudiated or ratified as a whole. It says that the statute makes it the duty of the board of health to take prompt action in all cases to arrest the spread of contagious and infectious diseases. It is left to the discretion of the board as to how this may best be done. What power the board has, as against the individual, to confine a person afflicted with smallpox in a pesthouse, the court says that it had nothing to do with in this case. The board took such measures as it thought best to protect the health of the people at large, and was liable for such expenses as were properly attributable to measures taken for the prevention of the spread of the disease. And the court thinks it can be said that the employment of a nurse to care for a person afflicted with smallpox is an essential precautionary measure to prevent the spread of the disease. Under the circumstances disclosed by the record, the common council, acting as a board of health, could have legally contracted with a party for his services as a nurse. Such a contract made through the agency of a committee or other authorized person is no less binding than if made by the city itself. The extent of the authority of the person or persons empowered to act must necessarily depend to a large extent on the conditions existing in the particular case. It was immaterial that the pesthouse was located outside the city limits. The fact that it is the duty of the overseer of the poor, and not of the city, to make provision for poor and indigent persons, does not relieve the city from liability for necessary expenses incurred by it in preventing the spread of the disease. Nor does it prevent the city from legally contracting to pay the services of a person who assists in the burial of a person who has died of the disease while under the control and charge of the city's health board. The proper and prompt burial of a person who has died of smallpox may be as necessary in preventing the spread of the disease as the proper care of a person while afflicted with the disease.

- 5 Acute Postoperative Thyroidism: Report of a Case; Recovery. S. Edward Sanderson, Detroit.
- 6 Fibrolipomatous Tumor of the Pharynx and Larynx. E. Fletcher Ingals, Chicago.

**2. Rectal Alimentation.**—Edsall and Miller have continued their experiments in the matter of rectal feeding, especially in the direction of finding some method of artificially preparing fats so that a greater degree of absorption may be secured. With this purpose in view they carried out experiments on two different lines: 1. They tried to provide their fats in the form of a soap that would be easily prepared and administered, and to investigate its absorption when given by rectum. 2. Search was made for a good emulsion of fat that would remain emulsified after its introduction into the bowel. Their results were such as to convince them that it is impossible by any methods now available to administer successfully sufficient soap to make it of decided nutritive value. They were unable, after repeated attempts, to find any method of making a soap that could be readily prepared for clinical purposes or would be unirritating. Their results with an artificial fat emulsion, a mixture of alkali albumin and cod-liver oil, were somewhat more encouraging. They believe that further study may determine that the clinical value of nutritive enemas may be increased, though it is still a question whether it ever will be possible to maintain nutrition in this way. They believe that the functions at present served in most cases by nutritive enemas are: first and most important, to provide fluids and various inorganic salts for the tissues; 2, to provide, perhaps, from a third to a sixth of the requisite amount of food; 3, to prevent the anxiety of friends and patients that would be produced by giving no food.

**3. Tuberculous Cavities in the Lung.**—Allyn insists on the importance of a thorough examination and following an orderly progression in developing physical signs in attempting to arrive at a diagnosis of tuberculous cavities in the lung. The most trustworthy signs are to be found in deficient expansion and flattening of the chest wall over the cavity; in a percussion note which is often a high-pitched tympany, especially if percussion is made with the mouth open, but which may be only a muffled sound or a dull or flat sound; in pectoriloquy, particularly the whispering variety; in breath sounds which are cavernous, tubulo-cavernous, tubulo-amorphous or amorphous; and in a multiplicity of râles, chiefly moist râles, which, after coughing, may have a resonating quality.

**4. Diet After the Age of One Year.**—Griffith advises that the infant should be weaned at from the age of ten to twelve months. When possible this should be accomplished gradually, only one bottle of food being given at first, and this of a strength less than mother's milk, thus enabling the child to accustom itself to the new food. The number of bottles and the strength of the mixture are increased gradually until at the age of a year the food should consist of milk slightly diluted. The child should be weighed systematically twice a week during the weaning, in order that no undiscovered loss of weight takes place. After the child has been weaned entirely and has become accustomed to the new artificial food, it is well to add to the food a concentrated amylaceous substance such as barley jelly or arrowroot jelly. The proportion of two rounded tablespoonfuls of barley flour or arrowroot to a pint of water, cooked in a double boiler for ten or fifteen minutes, makes the proper strength. This may be added to the food in the proportion first of one and later of several teaspoonfuls to each bottle, the addition to be made while the cereal substance is still hot. The number of feedings during this period has been reduced from three hours to three and a half or four hours, depending on the requirements and habits of the child. The amount of nourishment should be from 8 to 10 ounces at a feeding. After the first year Griffith advises the following diet:

#### DIET FROM 1 YEAR TO 18 MONTHS.

Breakfast (6 to 7 a. m.).—1. A glass of milk with stale bread broken in it, or one of the numerous good breakfast foods on the market. 2. Oatmeal, arrowroot, wheaten grits, farina, hominy grits, etc., made into a porridge and well cooked, and with the milk mixture in use poured over it. 3. A soft-boiled or poached egg with broken bread in it, and a glass of milk.

Second Meal (10 a. m.).—A glass of milk.

## Current Medical Literature.

### AMERICAN.

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

#### American Medicine, Philadelphia.

February 4.

- 1 History and Development of Surgery During the Past Century. (Continued.) Frederic S. Dennis, New York City.
- 2 \*Some Further Experiments on Rectal Alimentation. David L. Edsall and Caspar W. Miller, Philadelphia.
- 3 \*Diagnosis of Tuberculous Cavities in the Lung. Herman B. Allyn, Philadelphia.
- 4 \*Diet After the Age of One Year. J. P. Crozer Griffith, Philadelphia.

Dinner (1:30 to 2 p. m.).—1. Bread moistened with dish gravy (no fat) beef tea or beef juice; a glass of milk. 2. Rice or grits moistened in the same way; a glass of milk. 3. A soft-boiled egg and stale bread thinly buttered; a glass of milk. Rice, sago or tapioca pudding or junket, in small quantities as dessert with any of these diets.

Fourth Meal (5 p. m.).—A glass of milk or some bread and milk.

Fifth Meal (9 to 10 p. m.).—A glass of milk.

#### DIET FROM 18 MONTHS TO 2 YEARS.

Breakfast (7 a. m.).—1. A glass of milk with a slice of bread and butter or a soda, graham, oatmeal or similar unsweetened biscuit. 2. A soft-boiled egg with bread and butter and a glass of milk. 3. Porridge, as described in the previous list.

Second Meal (10 a. m.).—1. Bread broken in milk. 2. Bread and butter or a soda or other biscuit with a glass of milk.

Dinner (2 p. m.).—1. Boiled rice or a baked potato, mashed and moistened with dish gravy or beef juice; a glass of milk. 2. Mutton or chicken broth with barley rice in it; some bread and butter, and some sago or rice pudding made with milk. 3. A small portion of minced white meat of chicken or turkey, or rare roast beef, beefsteak, lamb, mutton or fish; bread and butter; a glass of milk.

Fourth meal (5 p. m.).—1. Bread and milk. 2. Bread and butter and a glass of milk.

#### DIET FROM 2 TO 3 YEARS.

Breakfast (7 to 8 a. m.).—1. A small portion of beefsteak, with oatmeal, hominy grits, wheaten grits, cornmeal or other cereal porridge with plenty of milk. 2. A soft-boiled egg, bread and butter and a glass of milk.

Second Meal (11 a. m.).—1. A glass of milk with bread and butter or with a soda or other biscuit. 2. Bread and milk. 3. Chicken or mutton broth.

Dinner (2 p. m.).—Roasted fowl, mutton or beef cut fine; mashed baked potato with butter or dish gravy on it; bread and butter. As dessert, tapioca, sago or rice pudding, junket or a small quantity of raspberries, peaches, grapes without seeds, orange juice or of stewed apples or prunes.

Supper (6 p. m.).—1. Bread and butter. 2. Milk with soda or similar biscuit or with bread and butter.

#### DIET AFTER THREE YEARS.

##### FOODS PERMITTED.

Meats.—Broiled beefsteak, lamb chops and chicken; broiled liver; roasted or boiled beef, mutton, lamb, chicken and turkey; broiled or boiled fish; raw or stewed oysters.

Eggs.—Soft-boiled, poached, scrambled, omelet.

Cereals.—Light and not too fresh wheaten and graham bread, toast, zwieback; plain unsweetened biscuit, as oatmeal, graham, soda, water, etc.; hominy grits, wheaten grits, cornmeal, barley, rice, oatmeal, macaroni, etc.

Soups.—Plain soup and broth of nearly any kind.

Vegetables.—White potatoes, boiled onions, spinach, peas, asparagus except the hard parts, string and other beans, salsify, lettuce, stewed celery, young beets, arrowroot, tapioca, sago, etc.

Fruits.—Nearly all if stewed and sweetened; of raw fruits, peaches are one of the best; pears, well-ripened and fresh raspberries, strawberries, blackberries, grapes without the skin and seeds, oranges.

Desserts.—Light puddings, as rice pudding without raisins, bread puddings, etc., plain custards, wine jelly, ice cream, junket.

##### FOODS TO BE TAKEN WITH CAUTION.

Kidney, muffins, hot rolls, sweet potatoes, baked beans, squash, turnips, parsnips, carrots, egg-plant, stewed tomatoes, green corn, cherries, plums, apples, huckleberries, gooseberries, currants.

##### FOODS TO BE AVOIDED.

Fried food of any kind; griddle cakes; pork: sausage, highly-seasoned food; pastry; all heavy, doughy or very sweet puddings; unripe, sour or wilted fruit; bananas, pineapples, cucumbers, raw celery, raw tomatoes, cabbage, cauliflower, nuts, candies, preserved fruits, jams, tea, coffee, alcoholic beverages.

It is important that milk remains the chief article of diet throughout early childhood. Broths are serviceable as food only through the cereal addition with which they are thickened. Although rashness on the part of the mother in experiments on new foods is to be condemned, too great caution resulting in too long a continuance with insufficient food is equally harmful. Children should not be fed too frequently nor should they be given too much starch, as that is a frequent cause of illness. The age and need of the child rather than the teeth should be the guide in determining when the giving of meat may be commenced. No candies, cakes or other such articles should be given. No food should be allowed between meals, although if there clearly be real hunger a small glass of milk may be given at times, but even this is to be discouraged as a custom. During very hot weather the diet should be reduced greatly in variety and in amount. The child of 2 years had better be put temporarily on the diet of a child of one year. Illness may often be avoided by following this plan.

#### New York Medical Journal.

February 4.

7 \*Observations on the Diagnosis of Renal Calculus, with Special Reference to Diagnosis by Means of the X-rays. Alexander B. Johnson, New York.

8 Binasal Hemianopsia; Case of Neuritic Optic Atrophy with Binasal Hemianopic Fields. William T. Shoemaker, Philadelphia.

9 \*Insects; the Role They Play in the Transmission of Disease. Henry Albert, Iowa City.

10 Gonorrhea in Its Female Pelvic Relations. Ely Van De Warker, Syracuse.

11 \*Practical Value of Litten's "Diaphragm Phenomenon" in Diagnosis. William N. Berkeley, New York.

12 Report of a Case of Cerebrospinal Meningitis, Lumbar Puncture, Turbent Cerebrospinal Fluid, Perfect Recovery. Sigmund A. Agatston, New York.

13 Dry Gangrene Following the Application of Carbolic Acid Dressing Covered with Oiled Silk. Vertner Kenerson, Buffalo.

14 Cause of Seasickness. Charles W. Hogg.

7. **Diagnosis of Renal Calculus.**—Johnson discusses the clinical history of renal calculus, especially with reference to diagnosis. He details his experiences in 125 cases with the  $x$ -ray used as a diagnostic agent and has found that a positive diagnosis of kidney stone by the  $x$ -rays is reliable and of great practical value. The same may be said of a negative diagnosis, up to a certain limit. If pictures of the proper quality are obtained, calculi of oxalate of lime and phosphates can be excluded. Pure uric acid calculi can not. Failures are due to: 1, The great thickness of the body of the patient; 2, imperfect working of electrical apparatus; 3, improper handling of the photographic plate in the dark room, and 4, imperfect photographic plates. To insure success in the radiography of kidney stones the following conditions must be fulfilled: The electrical current used to excite the tube must be of high voltage and of considerable amperage. The best coils and large static machines answer this requirement perfectly. The  $x$ -ray tube used must permit the passage of such a current continuously for several minutes without much change in internal resistance, although the resistance or vacuum of the tube is relatively low at the start. A tube of relatively low resistance produces rays showing on the photographic plate slighter differences of density in the structures through which the rays are passed, but, as the result of the passage through such a tube of a powerful current the tube usually becomes heated with a further fall of resistance and the production of rays of inadequate penetrative power. A tube of high resistance tends to preserve its vacuum resistance better, but the  $x$ -rays given off from a tube, the resistance of which is very high, possess the penetrative power to a high degree: they penetrate all the structures of the body more nearly in an equal manner and thus produce radiographs showing but little contrast between tissues of different densities. His best pictures have been taken with the Wehnelt electrolytic interrupter, with rather a heavy platinum electrode having a considerable amount of platinum exposed in the acid, thereby permitting the use of a current of considerable amperage and relatively slow interruptions. The exposures for large, stout people have varied from ten to fifteen minutes, with anticathode about thirty inches from the photographic plate. For thin individuals these exposures have been shortened one-half.

9. **Insects in Transmission of Disease.**—Albert discusses the diseases transmitted by insects: the insects responsible for such transmission: the manner in which such transmission may occur, and the agents that may be used to eliminate the insect factor in the transmission of disease.

11. **Litten's Diaphragm Phenomenon.**—Berkeley suggests the term "phrenic wave" for this phenomenon, which is the visible descending and ascending wave associated with the respiratory movements of the diaphragm in the lower zone of the thorax. To students in physiology the phrenic wave is useful as a demonstration of the respiratory movements of the diaphragm. When unbroken and over three inches in extent on both sides it is a good indication of healthy lungs, and should be incorporated as such into life insurance examinations. It is an easy and practical substitute in many cases for the expensive and laborious  $x$ -ray examination of the movements of the diaphragm, when such an examination is desired. When diminished markedly on both sides, low down in the thorax, and more marked behind than in front, it is an excellent sign of asthma and emphysema. When absent or nearly absent, on one side only, it is a useful confirmatory sign of a variety

of conditions which may be suspected from other signs, particularly pleurisy and early tuberculosis. When absent on both sides no conclusion of any kind is really justifiable, unless the patient has been known to have had good waves previously.

#### Medical News, New York.

February 4.

- 15 Presidential Address. Charles L. Dana, New York.
- 16 \*Partially Afebrile Estivo-Autumnal Malarial Infection. Having Its Origin in New York City. J. L. Pomeroy, New York.
- 17 Summer Infant Mortality. L. C. Ager, Brooklyn.
- 18 Serum Diagnosis of Typhoid by Means of Ficker's Method. J. H. Von Tilling, Poughkeepsie, N. Y.
- 19 Inflammatory Stricture of the Rectum. J. M. Frankenburger, Kansas City.
- 20 \*Case of So-called Traumatic Asphyxia. R. Winslow, Baltimore.

16. **Afebrile Estivo-Autumnal Malaria.**—Pomeroy reports the case of a man who contracted estivo-autumnal malaria in New York City, not having been outside of the city in fifteen years. His regular work was unloading vessels from all parts of the world. During the fall of 1900 he began to suffer from chills and sweats. The attack lasted about three weeks, during which time he was bed-ridden and his skin became yellow. Recovery was slow, and from time to time he suffered from chills followed by sweats. Loss in weight became quite apparent. The affection was pronounced malaria and his physician gave him some pills, after taking which he invariably improved. Recently the chills and sweats recurred with renewed severity. While they were very irregular, they occurred some time between 5 a. m. and 9 p. m. Shortly after entering the hospital he had a violent chill, followed by a profuse sweat, but his temperature was normal, both before and after chill, not going above 99. These chills proved very irregular, appearing often without being followed by a definite sweat, and, again, the reverse would be the case. Examination of the blood showed the presence of extra-cellular crescentic and ovoid bodies, the latter preponderating during the afternoon and the former during the forenoon. The patient was placed on quinin sulphate in perforated capsules, 15 grains every four hours, and one-half ounce of Warburg's tincture before meals to stimulate his appetite. Saline catharsis was used to relieve constipation and to increase elimination. Under this treatment, recovery was prompt. The points of interest in the case are: 1. An estivo-autumnal infection having its origin in New York City. 2. Chills and sweats without temperature—the latter appearing only when quinin had been administered and then not rising above 100.2.

20. **Traumatic Asphyxia.**—The history of Winslow's case is as follows: An elevator conductor had occasion to get on top of a car and told an assistant to lower it, but by mistake the elevator was raised and the man was caught between the ceiling and the top of the car. He was forcibly bent down so that he sat on his heels, while his head was forced down to the roof of the car. He was kept in this position for some moments, during which time he felt as if his head and chest would burst and he could not breathe. He did not lose consciousness, but suffered considerable pain. After his release he had bloody expectoration and some epistaxis. Examination of the chest revealed fractures of the fourth, fifth and sixth ribs on the left side, with some emphysematous infiltration of the subcutaneous connective tissues. There was some cough. A contusion was seen on the right ear. There was no blood in the urine nor was he unable to empty the bladder. A lacerated wound was found around the rectum, which had evidently been made by the heel of his shoe as he was doubled up by the pressure. Sight and hearing were not impaired. The pupils were equal and responded to light. There was an extensive extravasation of blood under each conjunctiva and a bluish discoloration of the head, face and neck to the level of the cricoid cartilage. It was punctiform in character, like the eruption of scarlet fever, but blue instead of red. It did not disappear nor change materially on pressure. The temperature rose to 100.8, dropping to normal in three days. The pulse rate was 120 and gradually dropped to 80. The color of the

skin gradually faded but had not entirely disappeared when he was discharged, on the twelfth day. No special treatment was instituted except an ice bag to the chest and, subsequently, adhesive strips, with enough morphin to relieve the pain. Microscopic examination of a piece of skin removed from the side of the neck showed practically no alterations. The capillaries here and there were more or less distended with blood, but no blood was found anywhere in the tissues outside of the blood vessels.

#### Medical Record, New York.

February 4.

- 21 \*Sanitary Conditions as Encountered in Cuba and Panama, and What Is Being Done to Render the Canal Zone Healthy. William C. Gorgas, U. S. A.
- 22 \*Intramuscular Hemorrhage from Muscular Action. Andrew H. Smith, New York.
- 23 Review of Some Recent Papers on the Surgical Treatment of Prostatic Hypertrophy. E. G. Ballenger, Atlanta, Ga.
- 24 \*Diagnosis of Renal and Ureteral Calculi. H. A. Fowler, Washington, D. C.
- 25 \*Growth of Bone in the Tonsil. William W. Carter, New York.
- 26 \*Report of Three Cases of Intestinal Anastomosis by the Connell Suture. H. H. Sinclair, Walkerton, Ont.

21. **Sanitary Conditions in Cuba and Panama.**—Gorgas discusses the progress and results of sanitary measures in Cuba, particularly with reference to the extermination of yellow fever, and outlines the steps that will be taken to render the Isthmian Canal zone as free from malaria and yellow fever as is Havana.

22. **Intramuscular Hemorrhage from Muscular Action.**—Smith emphasizes the distinction to be drawn between those cases in which the escape of blood within the intact sheath of a muscle is the important factor and those in which laceration of muscle and sheath plays the principal part. He says the former variety may give rise to greater immediate suffering and to more lasting impairment of function than the latter. Rupture of individual muscle fibrillæ, the result of a violent contraction, is comparatively common, even in a healthy muscle. Almost any muscle may be involved, but those that act through tendon of achilles suffer most because of the greater strain to which they are subjected. Other causes of rupture are excessive stimulation, irregular contraction and inco-ordination of the muscle fibers. The amount of hemorrhage depends more on the freedom with which the effused blood can escape into the neighboring tissues than on the size of the vessel torn across. The degree of pain felt by the patient depends on the amount of pressure or tension within the blood sac. Smith cites two cases of hemorrhage into the calf muscles due to muscular action in which a limited amount of blood was effused into a confined space, with the result of causing much pain and protracted disability. In two other cases cited the muscle was torn completely across, the calf muscles in one and the sterno-cleidomastoid in the other, but the suffering was comparatively slight and the disability of short duration.

24. **Diagnosis of Renal and Ureteral Calculi.**—Fowler emphasizes the importance of early diagnosis in these cases because by early surgical interference we can save the kidney and also procure relief for the patient. Moreover, we avoid alarming and distressing complications and a final resort to more serious operations. In the early stages, nephrolithotomy offers a perfect cure, is not dangerous, and is attended by a very low mortality.

25. **Growth of Bone in Tonsil.**—Carter narrates a case, female, aged 22, in which one tonsil was found to contain areas of hyalin cartilage undergoing osseous transformation, and other areas in which bone was being formed directly from fibrous tissue; while in still others the transitional stages from fibrous tissue through cartilage to bone were observed. Carter expresses the belief that in these cases the bone originates from metaplastic changes in connective tissue and not from the branchial arch, but since bone does not develop in every tonsil that has been subject to proliferative connective tissue changes, we must assume, when it does occur, some local predisposing tendency to its formation.

26. **Experience with the Connell Suture.**—Sinclair relates

three cases in which he made use of the Connell suture. The first was a case of strangulated inguinal hernia; the second, gangrene, the result of a volvulus; the third, a retrocolic gastrojejunostomy for perforated gastric ulcer. The three cases made uneventful recoveries.

#### St. Louis Medical Review.

January 28.

- 27 Malformation of the Bladder. Herman Tuholske, St. Louis.
- 28 Case of Potassium Iodid Eruption. M. J. Epstein, St. Louis.
- 29 Hydatid Cysts of the Liver. (Continued.) Neill MacPhatter, New York.

#### Boston Medical and Surgical Journal.

February 2.

- 30 Relation of the Epileptic to the Community. William N. Bullard.
- 31 \*State's Relation to the Epileptic. Owen Copp, Boston.
- 32 \*Tuberculosis Problem and Some Suggestions in Dealing with It. Edward O. Otis, Boston.
- 33 \*Treatment of Hemorrhoids by the General Practitioner. T. Chittenden Hill, Boston.
- 34 Consumption and Its Borderland, Public and Professional Concern. Paul Paquin.

31. **State's Relation to the Epileptic.**—Copp discusses the obligation of the state to epileptics and the protection it requires for its own welfare. In addition to legislative efforts, he advises that the state should provide the following:

1. A center for study, research and teaching in relation to epilepsy, well officered and equipped, to afford scientific treatment to patients both within its care and at home, through advice to indigent parents and friends who may wish to avail themselves of the aid, and, in conjunction therewith, schools for elementary education, manual training and persistent drilling into habits of doing simple, everyday acts of helpfulness to the family or the institution.
2. Colonies, independent or associated with such a center, which the adult epileptic, thus trained, may enter and find a home in place of isolation in society, and industrial opportunities graduated to his capabilities under conditions suited to his peculiarities and to the utilization of his productive energy.
3. Custodial provision for the infirm, intractable and insane epileptic.

The trend of this policy is toward segregation of epileptics, both in the classification for public wards and apart from the general community. Its successful issue would afford the chief check on hereditary transmission of the degenerative taint.

32. **Tuberculosis Problem.**—Otis says that in order to stamp out tuberculosis it is essential, in addition to the measures usually followed, to promote conditions of wholesome living, to teach the people the elements of personal and house hygiene, and to teach what wholesome living is and how to obtain it.

33. **Treatment of Hemorrhoids.**—Hill says that the great majority of cases of hemorrhoids, of whatever form, can be treated radically, satisfactorily and with little discomfort to the patient at the physician's office. The after-treatment of these cases requires careful attention. The bowels, as a rule, should be confined for forty-eight hours. On the second night half a dram of fluid extract of cascara should be given, and sufficient thereafter to secure daily evacuations. The anal region should be kept scrupulously clean, and a pad of cotton-wool wrung out of bichlorid of mercury solution, 1 to 1,000, placed over the anal orifice is more acceptable to most persons than a dry dressing. Good drainage must be secured and the necessary topical applications made to induce rapid healing. Should there be much pain or soreness (which is rarely the case), it can be relieved by anodyne suppositories, morphia, cocaine, or combinations of both. An irritable or hypertrophied external sphincter is occasionally the cause of pain after these operations. This complication can be avoided by a complete division of both layers of the muscle, a painless operation, under local anesthesia. On no account should the internal sphincter be damaged, as incontinence might follow.

#### Lancet-Clinic, Cincinnati.

January 28.

- 35 Systematic Examination of Sick Children. James W. Rowe, Cincinnati.
- 36 Appendicitis. Horace J. Whitacre, Cincinnati.

February 4.

- 37 Pain in the Back—A Clinical Lecture. F. W. Langdon, Cincinnati.

- 38 \*Typhoid Fever and Appendicitis. John C. Oliver, Cincinnati.
- 39 \*Macular Atrophy of the Skin. Edw. H. Shields, Cincinnati.

38. See abstract in THE JOURNAL of January 7, p. 60.

39. Ibid., vol. xliii, p. 1251.

#### The Laryngoscope, St. Louis.

January.

- 40 \*Throat Complications in Typhoid. F. J. Quinlan, New York
- 41 Acute Suppurative Otitis Media Complicated by Double Pneumonia, Septic Thrombosis of Jugular Bulb; General Systemic Infection. E. B. Dench, New York.
- 42 Difficulties in Diagnosis of Intracranial Extension of Suppurative Otitis in the Presence of a Pulmonary Complication. A. B. Duell, New York.
- 43 Bezold's Mastoiditis; Report of Three Cases. S. Oppenheimer, New York.

40. **Throat Complications in Typhoid.**—Quinlan calls attention to throat complications of typhoid, such as pharyngitis, laryngitis and tonsillitis. The clinical history of these affections is described at great length and the literature on the subject is reviewed carefully. Quinlan asks that more attention be given these complications by the general practitioner, as they are of greater importance than is usually believed. A laryngitis occurring in the course of typhoid always modifies the prognosis. Therefore, any symptom pointing to an involvement of the throat should be investigated thoroughly and proper treatment instituted.

#### Annals of Ophthalmology, St. Louis.

January.

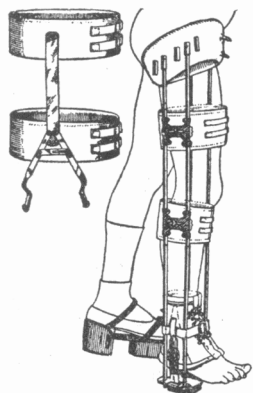
- 44 Direct Action of Drugs on the Extrinsic Muscles of the Eye-ball. C. A. Oliver and D. M. Hoyt, Philadelphia.
- 45 Posterior Cortical Cataract of Traumatic Origin. C. Koller, New York.
- 46 Contribution to the Technic of May's Symblepharon Operation. A. Natanson, Jr., Moscow, Russia.
- 47 School Influence on the Eye and Spinal Column. J. Liebreich, Paris.
- 48 John Taylor, Charlatan Oculist. M. Frank, Chicago.
- 49 Treatment of Infection After Cataract Operation. A. Bourgeois, Rheim, Germany.
- 50 Corneal Laceration with Cilia in Anterior Chamber; Pupillary Occlusion; Four Operations; Recovery. A. J. Bedell, Albany, N. Y.
- 51 \*Operation for Entropion of the Lower Eyelid. J. M. Ball, St. Louis.
- 52 Four Cases of Sympathectomy. F. L. Henderson, St. Louis.
- 53 Common Misconception of Astigmatic Retraction. W. N. Souter, Washington.
- 54 Rheumatism Tenonitis. F. C. Heath, Indianapolis.

51. **Operation for Entropion.**—Hall describes an operation devised by him which he says is efficient for the relief of trichiasis and of organic entropion of the lower eyelid, and does not require excision of any tissue. The procedure consists of three steps: 1. Incision of the conjunctiva and tarsal plate.—The writer's, or preferably Ewing's, modification of Desmarres' *pince anneau* is applied, the base plate being in contact with the skin of the lid. An incision parallel with the lid margin is made at a distance of two millimeters from the margin, extending from a point one or two millimeters external to the lower punctum lachrymalis to a point one or two millimeters from the external canthus. The incision is made with a cataract knife or with a small scalpel, and includes the conjunctiva and entire depth of the tarsus. The cut is made obliquely from behind downward and forward. 2. Exposure of the lower margin of the tarsal plate.—The lid clamp is released and reversed, that is, the base plate is applied to the conjunctival surface. An incision is made along the whole extent of the lower margin of the tarsal plate. The lower border of the tarsus is then exposed by dissection and retraction of the tissues. 3. The placing of the sutures.—Three or four silk (English black, No. 1) sutures are then passed. The needle is entered from the conjunctival surface of the first wound and is passed obliquely from behind upward and forward, the upper part of the lid being held firmly with ordinary fixation forceps. The needle is then made to bite in the lower margin of the tarsus, and, lastly, it is passed through the lower lip of the cutaneous wound. The sutures are then tied. The effect of tying them is to produce a *renversement* of the upper segment of the lid, the cilia being directed forward, or forward and downward. The gaping wound in the tarsus heals by granulation. The sutures are removed at the end of four days.

**Therapeutic Gazette, Detroit.***January 15.*

- 55 Removal of Foreign Bodies and Substances from the Eyeball and Inner Surface of the Lids. M. D. Stevenson, Akron, O.
- 56 Adenoid Vegetations of the Pharynx. C. W. M. Brown, Elmira, N. Y.
- 57 \*New Ambulatory Splint for Fractures of the Thigh or Leg. A. R. Taylor, Plano, Ill.
- 58 New Maternity Gown. H. Lowenburg, Philadelphia.

**57. New Ambulatory Splint.**—Taylor describes his ambulatory splint, which he has used successfully in the treatment of fractures of the thigh and leg. It consists of four rods, two placed on each lateral aspect of the leg, which are adjustable as to position and length and can be fitted to either limb. At the hip and ankle are placed pneumatic pads which can be either tightened or loosened at will with



an ordinary bicycle pump. The ankle pad is secured over a Levis splint and tightly laced, then the strap and the heel extension are buckled on either side, to make any traction unnecessary, even for hip fractures. A fourth pad is placed just below the knee. It secures the Levis splint and helps to retain the limb from any side play. It is not necessary to do much bandaging, as the pads hold the parts perfectly in apposition.

**Chicago Medical Recorder.***January.*

- 59 \*Congenital Deformities of the Knee. J. Ridlon, Chicago.
- 60 \*Prevention of Appendicitis. W. H. Harsha, Chicago.
- 61 Thoracoplasty. K. Sandberg, Chicago.
- 62 Diagnosis and Methods of Treatment in Chronic Prostatitis. F. A. Leusman, Chicago.
- 63 Two Cases of Hereditary Contracture of the Feet with Operation. J. L. Porter, Chicago.
- 64 Cardiac and Renal Aspects of Pneumonia. A. R. Elliott, Chicago.

**59. Congenital Deformities of Knee.**—Ridlon says that so far as he knows true congenital dislocation does not occur at this joint. The congenital defects and deformities of the knee are: Slipping patella, displaced patella, elongated patellar tendon, in-knee, out-knee, flexed knee, hyperextended knee and outward rotation of the tibia on the femur. The cause of these conditions is not known, but he believes that they are some of the many instances of defective development of the embryo. The symptoms are the deformities present and the disabilities that these deformities entail. In the treatment of slipping patella Ridlon has tried trusses and braces, but without success. Hammering of the outer condyle, to stimulate the subperiosteal development of bone, he has tried in two instances, once successfully. In one case of congenital in-knee the deformity was corrected by forcible hand-straightening and prolonged retention in a plaster splint. The treatment of flexion deformity consists in forcible manual straightening, with prolonged retention in plaster splints followed by massage and passive flexion exercises. Congenital out-knee should be treated on the same principles as in-knee. Ridlon has seen seven congenitally hyperextended knees in four patients. In all the patella was absent at birth, and only appeared when, after treatment by passive motion, it was possible to fully straighten or somewhat flex the legs on the thighs. Treatment consisted of daily massage

and strong passive flexion of the legs on the thighs. The history of a case of outward rotation of the tibiae on the femora was given in detail. The tibiae were rotated outward on the femora about 45 degrees. The patellae lay directly to the outer side of the outer condyles and were of normal size. The treatment consisted in an attempt to over-correct the flexion deformity, and to rotate the tibiae to their normal relations. The operation was so far successful that the patient is now able to walk with a cane, showing that it is possible to gain a functionally good limb in these cases without a radical cutting operation.

**60. Prevention of Appendicitis.**—Harsha reviews the probable causes of appendicitis, such as errors of diet, intestinal disturbances and traumatism, and outlines the treatment in each case.

**Ophthalmic Record, Chicago.***January.*

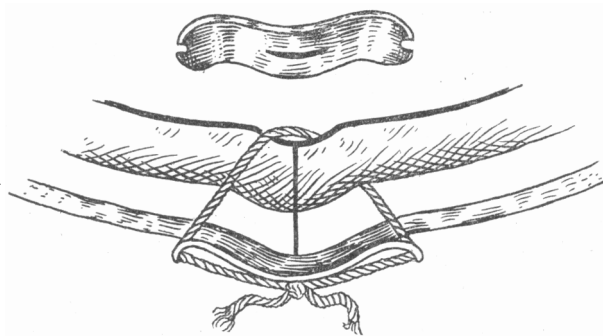
- 65 \*Injuries to the Eye from Particles of a Copying Pencil Getting Into the Conjunctival Sac. J. M. Ray, Louisville.
- 66 Relative Virulencies of Differently Tinted Colonies of Chromogenic Bacteria. C. A. Oliver, Philadelphia.
- 67 Eye Instruments. Three New Models. C. H. Beard, Chicago.
- 68 Operative Treatment of Myopia. J. A. Donovan, Butte, Mont.
- 69 Parinaud's Conjunctivitis; Report of Three Cases. E. C. Ellett, Memphis, Tenn.
- 70 Visual and Oculomotor Neurons. G. C. Savage, Nashville, Tenn.
- 71 Exophthalmos and Sphenoidal Abscess. H. V. Würdemann, Milwaukee.

**65. Anilin Conjunctivitis.**—Ray reports two cases in which rather severe reaction followed an apparently simple accident. While sharpening an indelible pencil a particle of the point lodged on the conjunctiva. Considerable smarting and lachrymation followed, but in a short while the pain subsided and the only discomfort left was the excessive lachrymation, which was stained a deep blue. Later the lids became much swollen and edematous, and there was considerable photophobia. The corneal epithelium was colored blue and so steamy that only a blurred iris could be seen. In one case a large ulcer formed, involving the cornea and conjunctiva and extending into the upper cul-de-sac. The conjunctiva, in addition to being stained and thickened, also presented a peculiar dry appearance and was partly anesthetized.

**International Journal of Surgery, New York.***February.*

- 72 Some Common Deformities and Their Prevention. D. T. Bowden, Paterson, N. J.
- 73 \*The Chambers Suture in Abdominal Surgery. J. E. Chambers, St. Louis.
- 74 Temperature as a Guide to the Existence of Suppuration. L. Allen, Burlington, Vt.

**73. Chambers' Suture.**—The suture devised by Chambers carries the thread across the wound over a silver bridge. There is no chance for the suture to become infected by skin secretions, and there are no cross scars, no cutting threads, no stitch abscess, no infection. It is easy to adjust and remove. In the accompanying illustration it will be noted



that the method obviates the making of a trough into which the perspiration and skin excrement might flow and thus furnish a suitable culture medium for bacteria. The Chambers suture removes the danger of autoinfection. The apex of the triangle lifts the abdominal muscles off the wounded peri-

toneum and exerts a greater force on the muscular section of the wall than elsewhere, thereby removing danger of hernias. The suture unites the wound margins evenly and firmly without inversion anywhere. It lifts the skin surface into the arch of the bridge, which causes the perspiration and excrement to flow away from the wound. The silver bridge prevents the thread from cutting into the skin. Chambers suggests that this suture, in midsize, should be valuable in surgery of the face to prevent scars, but he has not yet had an opportunity to make a practical test.

#### Annals of Gynecology and Pediatrics, Boston.

January.

- 75 Postoperative Anuria. Pathogenesis of Anuria in a Case of Vaginal Hysterectomy for Cancer, with Experimental Research on the Cadaver. Giuseppe Betagh, Sicily.
- 76 Management of Acute General Peritonitis. J. Garland Sherrill, Louisville.

#### Colorado Medicine, Denver.

January.

- 77 Case of Infantile Scorbatus with Remarks on the General Features of This Affection. H. B. Whitney, Denver.
- 78 Transplantation of the Cord in the Radical Cure of Inguinal Hernia. F. Gregory Connell, Salida.
- 79 Extensive Bone Regeneration After Gunshot Injury Involving the Leg. George W. Miel, Denver.
- 80 Improved X-ray Method for the Study of Bone Injuries and for Foreign Bodies. G. H. Stover, Denver.
- 81 Final Report of Cases of Congenital Dislocation of the Hip and Exhibition of Patients. George B. Packard, Denver.
- 82 Education vs. Legislation. R. W. Corwin, Pueblo.

#### Western Medical Review, Lincoln.

January.

- 83 The Palsies of Children. J. M. Aikin, Omaha.
- 84 Medical Bibliography. H. Winnett Orr, Lincoln.
- 85 Some Further Notes on Intestinal Paralysis and Peritonitis. George Haslam, Fremont, Neb.
- 86 The Management of Infancy. C. D. Barnes, Tecumseh, Neb.

#### Journal of Cutaneous Diseases, New York.

January.

- 87 Melanoma. James C. Johnston.
- 88 Observations Concerning Some Palmar Eruptions. Henry W. Stelwagon, Philadelphia.
- 89 Porokeratosis (Mibelli). M. L. Heidingsfeld, Cincinnati.

#### Medical Fortnightly, St. Louis.

January 25.

- 90 Lung Complications in Influenza. J. T. Pratt, Philadelphia.

#### Medical Herald, St. Joseph, Mo.

January.

- 91 Prostatic Surgery. T. E. Potter, St. Joseph.
- 92 When Not to Operate in Appendicitis. J. E. Summers, Jr., Omaha.
- 93 Tinea Trichophyton. R. C. Moore, Omaha.
- 94 Horseshoe Kidney. W. L. Curtis, South Omaha.

#### Cleveland Medical Journal.

January.

- 95 Special Field of Neurological Surgery. Harvey Cushing, Baltimore.
- 96 Prognosis and Treatment of Aortic Regurgitation, with Report of Four Cases. M. J. Lichty, Cleveland.

#### Northwestern Lancet, Minneapolis.

January 15.

- 97 Hereditary and Maternal Influences as Factors in Health and Disease. Christian Johnson, Willmar.
- 98 Medical Ethics and Medical Organization. E. Viko, Salt Lake City.

#### American Practitioner and News, Louisville, Ky.

January 1.

- 99 A Few Thoughts on Medical Life Insurance. W. Ed. Grant, Louisville.
- 100 Tonsillar Hypertrophies. John K. Morris, Louisville.
- 101 Acute Anterior Poliomyelitis. Philip F. Barbour.

#### Southern Medicine and Surgery, Chattanooga, Tenn.

January.

- 102 Chronic Ulcer of the Stomach and Duodenum, from a Surgical Standpoint, with Remarks on Gastric Cancer. William J. Mayo, Rochester, Minn.
- 103 Stomach Tube—Its Origin, Use and Abuse. L. Amster, Atlanta, Ga.
- 104 Some of the Difficulties in Obstetrical Practice. W. G. Bogart, Chattanooga, Tenn.

#### Dominion Medical Journal, Toronto.

January.

- 105 Report of a Case of Fracture of the Base of the Skull with Middle Meningeal Hemorrhage Between Dura Mater and Skull. Edgar Brandon.
- 106 Wood Alcohol. J. S. Sprague, Stirling, Ont.

#### Fort Wayne Medical Journal-Magazine.

January.

- 107 Hernia. E. H. Griswold, Peru, Ind.
- 108 The Organization of an Anti-tuberculosis Crusade in Fort Wayne. G. W. McCaskey, Fort Wayne, Ind.

#### Atlanta Journal-Record of Medicine.

January.

- 109 Tuberculosis as a Sociologic Factor. R. R. Kime, Atlanta.
- 110 Cerebrasthenia the Bane of the American Brainworker. E. Van Goigtsnoven, Atlanta.
- 111 Address, Atlanta Medical Society. A. W. Stirling.

#### Medical Sentinel, Portland, Ore.

January.

- 112 When Should the Stomach be Treated Surgically? Andrew C. Smith, Portland, Ore.
- 113 The Syphilitic, Being Part of a Symposium on Nervous Diseases. William House, Crystal Springs.
- 114 Discussion of Some of the Newer Aids in Surgical Diagnosis. Park W. Willis, Seattle.
- 115 Osteomyelitis Necessitating Hip-joint Amputation. E. B. McDaniel, Baker City, Ore.

#### Columbus Medical Journal.

January.

- 116 The Science of Life. Isaac Kay, Springfield, Ohio.
- 117 Management of Acute Pelvic Inflammation. R. E. Skeel, Cleveland.
- 118 Medical Jurisprudence. Noah J. Dever, Portsmouth.
- 119 Dr. Benjamin Rush and the Unveiling of His Monument. James U. Barnhill.

#### Providence Medical Journal.

January.

- 120 Two Cases of Chronic Anemia with Splenic Enlargement. Mary S. Packard, Providence.
- 121 Mucous Colitis. Halsey DeWolf, Providence.
- 122 The Correspondence Method of Treating Disease. F. T. Rogers, Providence.
- 123 The Business End of Medicine. W. A. Risk, Providence.

#### Post-Graduate, New York.

January.

- 124 Treatment of Typhoid Fever by the Brand Bath. Leonard Weber, New York City.
- 125 Angioma Simplex of the Ovary. Rupture Causing Death. S. D. Jacobson, New York City.
- 126 Galvanization. Properties of the Galvanic Current. Wm. J. Morton, New York City.

#### 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.

January 21.

- 1 \*Treatment of Inveterate Pruritus Ani. Charles Ball.
- 2 Treatment of Appendicitis. Rushton Parker.
- 3 \*Operation for Appendicectomy. A. W. Mayo Robson.
- 4 Unusual Case of Suppurative Appendicitis. George A. Clarkson.
- 5 Perforated Duodenal Ulcer; with a Report of Three Cases. H. S. Clogg.
- 6 Operation of Gastro-duodenostomy; Especially in Reference to Finney's Operation of Gastro-pyloduodenostomy. Donald Armour.
- 7 Kidney Which Contained More Than 40,000 Iridectomy Calculi. J. Bland Sutton.
- 8 Cancer of Gall Bladder Due to Irritation of Gallstones; Cholecystectomy and Partial Hepatectomy. J. Hutchinson.
- 9 Two Cases of Suppuration of Gout. Thomas Evans, New Quay.
- 10 \*Reasons for Abandoning the Uric Acid Theory of Gout. Chalmers Watson.
- 11 Note on Senile Symmetrical Atrophy of the Skull. F. Parkes Weber.
- 12 \*Significance of Scars of the Genital Region in the Retro-spective Diagnosis of Syphilis. Arthur Cooper.

1. Treatment of Inveterate Pruritus Ani.—Ball's method, a surgical one, is as follows: The skin having been cleansed, a curved incision is made on each side of the affected area, enclosing the entire ellipse, with the exception of a narrow neck in front and behind; these incisions are carried down the sphincter muscles and the flaps raised by careful dissection with scissors from the surface of the muscle, round its anal origin, and up the anal canal to above the muco-cutaneous junction, the dissection extending round the entire circumference, all connections with the subjacent tissue being divided. The pedicles in front and behind are now undercut to a point well beyond the area of irritation, and the outer concave edges of the incision are also undercut to a distance of at least a quarter of an inch free of the involved skin all round. Care must be taken to stop all bleeding before the flap is replaced, as the formation of a hematoma in the wound might interfere with the vitality of the flaps. The flaps are finally replaced and retained by sutures, a few intervals being left between them for drainage. The immediate result of this operation is to render the entire ellipse included between the incision, the pedicles and outer edges as far as they have been undercut, superficially anesthetic, and the itching is at once relieved.

Three cases in which this method was used demonstrate that the operation gives immediate relief and that superficial sensation may be restored without recurrence of the pruritus. Should recurrence of pruritus supervene after the operation, Ball thinks removal of the posterior roots of the third and fourth sacral nerves, with their ganglia, would have to be considered.

**3. Operation for Appendicectomy.**—Robson describes his method as follows: An oblique incision of from three to four inches is made about two inches internally to the right anterior superior spine of the ileum down to the aponeurosis of the external oblique, which is then split in the direction of its fibers to an extent equal to the external incision. The fascia over the internal oblique, the internal oblique and the transversalis muscles are split in the direction of their fibers, so as to make a lozenge-shaped opening, with the peritoneum as its floor, when the margins are forcibly stretched. Bleeding points, if any, are tied. The peritoneum is caught up by two pairs of pressure forceps and brought to the surface, when it is incised between the forceps and the opening is increased to the extent of an inch or an inch and a half. Through the opening the cecum is drawn out, the appendix is located, and any adhesions are separated by the finger; or, if necessary, ligated. As soon as the appendix is brought to the surface any protruded cecum or colon is returned into the abdomen, leaving the appendix and the apex of the cecum protruding through the lozenge-shaped aperture in the abdominal wall. The mesentery of the appendix is seized with pressure forceps and is divided between the forceps and the appendix, a ligature being applied to the stump. If the mesentery is very long, it may have to be ligated in two or even in three portions. As a rule, one ligature is sufficient. The root of the appendix close to the cecum is then seized between the blades of a pair of ordinary Spencer-Wells pressure forceps and crushed, the forceps being taken off and reapplied at right angles in order to make the crushing more complete, so as to leave only the peritoneal coat in the crushed portion. To this crushed base of the appendix, close to the cecum, an ordinary thin catgut ligature is applied and cut short. A purse-string suture is then inserted around the root of the appendix, but not tightened until the appendix has been removed, which is effected by seizing it with the pressure forceps just above the crushed portion and cutting it through between the ligature and the forceps. The ligated stump of the appendix, consisting merely of a little nipple of tissue, is depressed by means of a probe or a pair of Lister's sinus forceps, and the purse-string suture tightened. This entirely buries the root of the appendix. For additional security another purse-string suture may be applied, this taking up the root of the mesentery so as to make it form an additional cover to the tip of the cecum. The ligature of the crushed stump of the appendix is not absolutely necessary, as the crushing quite seals the lumen of the appendix. The cecum is then returned, the peritoneum closed by circular suture, the inner two muscles fall together, two or three interrupted catgut sutures unite the separated margins of the internal oblique and then several sutures are in like manner applied to the edges of the aponeurosis of the internal oblique muscle to secure active apposition, after which the skin is united by several interrupted sutures. A dry dressing is applied and left in place for ten days, at which time the patient may be moved to a sofa. The damage to the abdominal wall is so slight that no belt is necessary or even desirable. In acute cases, where the root of the appendix can not always be safely brought to the surface, crushing the root of the appendix and applying a catgut suture to the stump has been sufficient to insure freedom from a fecal fistula. The operation can usually be completed in from ten to fifteen minutes. Where the diagnosis is doubtful a vertical incision through the outer part of the rectus sheath is employed and the muscles displaced inward, when the posterior sheath of the rectus and the peritoneum are divided together in a vertical direction. In this way a free opening can be made, which is large enough to admit the fingers or even the hand without dividing any muscle. When the operation is fin-

ished the posterior and anterior parts of the rectus sheath are united separately and a strong abdominal wall is left.

**10. Uric Acid Theory of Gout.**—Watson concludes that the evidence of the laboratory is in harmony with the teaching of clinical experience, and shows that uric acid is not an important etiologic factor in the production of gout. He believes that there is an infective element in the disease, and that the uric acid is the feature which gives the inflammation its specific character. According to this view, the chief source of infection is the alimentary tract, and an injudicious dietary—meat or drink—acts mainly in virtue of its influence on the bacteria present in the digestive tract. This view, he says, by no means minimizes the importance of the hereditary factor in the disease.

**12. Significance of Genital Scars.**—Cooper says that the diagnostic value of genital scars is not always easy to determine, and although no hard-and-fast rules can be laid down, still the retrospective diagnosis of syphilis is a matter of such importance that an attempt ought always to be made to get information from every available source. Excluding non-venereal cases, the following rough summary may be found useful:

1. Genital scars are more common and more marked in hospital than in private practice.
2. In many cases of nervous or other late form of internal syphilis the genital region is free from scars.
3. A single scar on the skin of the penis suggests syphilis.
4. A single scar on the mucous membrane also suggests syphilis as a rule—occasionally the local chancre.
5. Multiple scars on the mucous surface of the penis only suggest the local chancre.
6. Multiple scars on both mucous membrane and skin also suggest the local chancre.
7. Inguinal scars, together with scars on the penis, suggest the local chancre.
8. An inguinal scar without any penile scar (if venereal at all) suggests gonorrhea.
9. Extensive scarring of penis or groin, or both, suggests phagedena.
10. Genital scars, with scars on other parts of the body, suggest an ulcerating syphilide.

#### The Lancet, London.

January 21.

- 13 Convulsions During Infancy and Childhood. Henry Ashby.
- 14 \*Principles of Treatment of Pneumonia. William Ewart.
- 15 \*Some Clinical Uses of Iodic Acid and the Iodates. William Mackie.
- 16 \*Experiences with Iodoform Bone Plugging. Von Mosetig Moorhof and B. Seymour Jones.
- 17 Case of Acute Leukemia, with Remarks on Its Clinical Features and Diagnosis. W. Mitchell Stevens.
- 18 Case of Contracture and Ankylosis at the Knee Treated by Steel-bar Traction and Hessian's Splint Case Appliance. T. H. Openshaw.
- 19 Human Piroplasmiasis. (Concluded.) C. Donovan.
- 20 Suppurative Pericarditis. R. W. Murray, Liverpool.
- 21 Congenital Multilocular Cyst of the Omentum. W. McGregor Young.
- 22 Fracture of the Anterior Fossa of the Skull Dividing the Optic Nerve. Frank J. Hathaway.

**14. Treatment of Pneumonia.**—Ewart believes in an early and active treatment of pneumonia based on the pathology of the disease and having in view the warding off of disastrous consequences. He scores roundly the so-called expectant treatment. The object should be to arrest the morbid process by other abortive measures than the missing antitoxin; to restrict the invading host, though we can not stop it; to destroy or to neutralize the poison by the vital energies, and to hasten its elimination. For the shock of the invasion, immediate recumbency, warmth, and a small dose of ether or brandy, with hot water, are indispensable. A soothing draught is desirable, such as ammonium bromid with aromatic spirits of ammonia. A dose of calomel is given at once, to be followed half an hour or an hour later with a senna draught. Arrangements must be made for the immediate supply of oxygen, which is to be administered continuously as an aid to the heart. It has the advantage over alcohol in being harmless and in not complicating the alimentary situation. He makes leeching a routine of treatment quite apart from the question of pain. The stronger measure of venesection may be required in some cases, but viewed all round it is not, perhaps, so desirable as leeching. He doubts that it should be resorted to after consolidation has occurred except as a desperate remedy when heart failure is threatened. The abstraction of blood, preferably by leeching, is of great value in proportion to the early date of its employment before the deposition of fibrin. Sweating may

be promoted by the hot-air bath, confined to the lower extremities, or by Rochester's hot mustard footbath. The chief aims of medication are diaphoresis, diuresis, antifibrinosis and absorption. Ewart trusts to the free use of ammonium citrate, to which sweet spirits of niter may be added. Sweating is encouraged by warm beverages. Divided doses of calomel are also given. Fluidity of the blood is brought about by the administration of citric acid, which precipitates the calcium which is essential to clotting, or large doses of iodid of potassium. The administration of the iodid of potassium is continued throughout to the end of the attack. Ewart has prescribed it to the extent of 60 gr. per day with good result. The prescription which he uses for the first day, for adults, is as follows:

R. Potassii iodidi .....	gr. v	103
Liq. ammon. citratis .....	.3ii	8
Spts. etheris nitrosi .....	.3ss	2
Spts. ammon. arom. ....	m. xx	125
Aque chloroformi q. s. ....	.3ss	15

One tablespoonful of this mixture, diluted, is given every hour for six doses, and subsequently every three hours; 1/6 of a grain of calomel is taken every four hours. He thinks alcohol in moderation is indispensable from the first as a stimulant and as a food substitute. The diet should be made as watery as possible. Whey is preferable to milk, as it gives no heavy coagula to keep up fermentation. During the second day the same medicine may be continued. Three grains of quinin, in pill or powder, will be a useful addition to each dose. Four ounces of alcohol, or perhaps six, will be required. The whites of two or three eggs can be added to the whey and the yolks beaten up with gin or brandy. A quarter of a pound of sugar should also be given in the whey. A sleeping draught may be required if the patient is restless. On the following days support is the main indication. Raw meat juice, strong gravy, predigested foods and eggs beaten up should be substituted for the whey, and good milk given in tea or thickened with cocoa. Oxygen must be continued and strychnin frequently injected in anxious cases. In safe cases the latter may be included in a fresh mixture with carminatives, and iodid of potassium and quinin should also be administered. In the worst cases a second leeching or even venesection may be indicated. As a preliminary to the latter, two single doses of digitalis might be given at an interval of two hours, and the venesection immediately preceded by a 10-minim dose of a 1 in 1,000 solution of adrenalin under the skin. The further treatment must be dictated by the progress of the case. For the gin or brandy, whisky, rum, champagne, port wine or burgundy may be substituted as long as there is need for a stimulant. Ewart says that the virtues of red wines, particularly when administered hot, and with plenty of sugar, are too much neglected in pneumonia. He regards hot lemonade as of value in the early stages, particularly when the outer glandular layer of the lemon is also made to yield its precious contents.

**15. Iodic Acid and the Iodates.**—Mackie makes a further report of his experiences with these substances. Calcium iodate is useful as a dressing powder to all cicatrizing surfaces; in a warm saturated solution as a vaginal douche; in tuberculous bladder; as a mouth wash and gargle; as an irrigating solution in empyema of the chest, and as a dentifrice in pyorrhea alveolaris. It has been found to be all but a specific applied as an ointment, 10 gr. to the ounce, for the eczemas of infants. It is also useful as an emulsion (3 drams of calcium iodate to the ounce of glycerin) for the treatment of tuberculous joints. In one case of typhoid the results obtained from its use were such as to encourage further trial. It was ordered in half-ounce doses of the saturated solution diluted with water, to be given twice daily, and was increased to one and a half ounces, three times a day, diluted as before. Mackie now orders iodic acid in place of the iodate in typhoid. Iodic acid is a much better antiseptic than calcium iodate. It is also a powerful deodorant. It has the additional advantage of not staining the hands or the tissues, as is the case when potassium permanganate is used. He has used it in irrigating, in the case of a

burn; in ozena; in an infected amputation stump; in empyema of the chest; as an application to clean and deodorize two very offensive leg ulcers; in an ataxic female; as a mouth wash in a case of recurrent and inoperable epithelioma of the mouth and cheek; as a vaginal douche in a case of inoperable cancer of the uterus and vagina; as a throat application in diphtheria and in scarlet fever; internally for gastrointestinal sepsis or fermentation; in typhoid fever; and as a surgical disinfectant and antiseptic. The results in all these cases were such as to warrant the further use of iodic acid. The iodate of zinc is useful where a stronger solution of calcium iodate than the natural insolubility of that salt admits of being prepared, appeared to be indicated, and it has been used in various strengths, up to full saturation, in the following cases: For injecting chronic sinuses left after curetting tuberculous glands, phalanges and metacarpal bones; for washing out deep abscess cavity of the palm, and for irrigation in offensive otorrhea. Subiodid of bismuth has been used with unexpected but perhaps not always permanent results in lupus vulgaris, lupus erythematosus and curetting scrofulous glands. Mercuric iodate proved particularly useful, in the form of an ointment, in sycosis, and in 8 consecutive cases of tinea barbae.

**16. Iodoform Bone Plugging.**—The material which is used for bone plugging by Moorhoff and Jones consists of a mixture of 60 parts of the finest pulverized iodoform and 40 parts each of spermaceti and oil of sesame—a compound which at the ordinary room temperature forms a stiff yellow mass. At 50 C. the substance becomes fluid, and on allowing it to stand and cool, the oily constituents separate above while the heavier iodoform sinks to the bottom. In order to obtain a homogeneous emulsion, the substance, after being melted by warming, must be well shaken up and then it is ready for use. The shape of the cavity in the bone to be filled is of no consequence. To achieve success a hermetical and perfect filling of the cavity is essential, and this desideratum can only be attained by pouring in a fluid substance which solidifies *in situ*. The solid mass must be in contact with and adherent to every portion of the walls, penetrating every fissure and interstice filling the cavity completely. Hence, the cavity must be dry. Blood or fluid used for syringing would prevent the intimate apposition of the mass with the walls. For drying the cavities, hot air is employed. Furthermore, the walls of the cavity should contain no diseased tissue and should be perfectly aseptic. The plugging material is poured in and sets in a few minutes. The superficial soft parts can then be united after a previous complete arrest of all bleeding points by ligation. No especial drainage is required, for well plugged and filled cavities neither bleed nor discharge. Existing fistulous tracts covering soft parts suffice for the escape of lymph, which the soft parts secrete. If no sinuses are present, it is sufficient if the sutures are not inserted close together. The protective dressing should not be regarded as a pressure pad; circulatory disturbances ought to be avoided. The iodoform filling substance has only a provisional sojourn in the wound cavity. It may be either pressed up and expelled by the new connective tissue formation, or it may be absorbed. In the latter event, iodine can be demonstrated in the urine during the course of the healing of the wound. Defects in the bone disappear and the normal shape and size of the bone are restored in a given time. The principal class for plugging comprises the common osteomyelitic affections and tuberculous disease of the articulations and bones; although it may also be used in the case of cavities the walls of which are not exclusively constituted of bony substance, such as a cavity resulting from extirpation of the calcaneum, after resection of the wrist, etc.

#### Therapie der Gegenwart.

October.

- 23 Syphilis of the Circulatory Apparatus. R. Renvers.
- 24 Refractometric Determination of Egg Albumin for the Control of Therapeutic Measures. B. Chages.
- 25 Diagnosis and Treatment of Conjugal Gonorrhea. R. Asch.
- 26 Symptoms and Treatment of Chronic Otitis Media. B. Heine.

November.

- 27 Physical Therapy in Heart Disease. C. Baeumler.
- 28 \*Experiences with the Gastric Juice of Dogs. F. Rollin.

- 31 Abdominal Hysterectomy for Carcinoma with Exhibition of a Case Operated on July 28, 1878. W. A. Freund.  
December.

- 32 \*Dietetic Treatment of Chronic Diffuse Intestinal Catarrh. T. H. Rosenheim.  
33 \*Therapy of Stomach Affections. H. Leo.  
34 Morphine in Heart Disease. H. Rosin.  
35 Sodium Chlorid and Nephritis. H. Strauss.  
36 A New Pharmacodynamic Method for Determining the Value of Diuretics. P. F. Richter.  
37 Significance of Pain in the Back. M. Mosse.  
38 \*Alcoholic Cirrhosis of Liver in Eight-year-old Child; Talma Operation. R. Milchner.

28. **Natural Gastric Juice as a Therapeutic Agent.**—Rollin has made use of the gastric juice obtained from dogs in the treatment of stomach affections during the past three years. He obtained the gastric juice directly from Pawlow and repeated tests confirmed its efficiency as a digestant. With the exception of one patient, a woman, who complained that the gastric juice of a dog was too sour and who preferred the gastric juice of the pig, none of the patients objected to the taste of the fluid, even after partaking of it for several years. The 12 cases treated consisted of nervous dyspepsias, subacid and anacid gastric catarrhs. The average dose was 200 c.c. a day taken with the noon and evening meals. On several occasions, two of his patients had to substitute dilute hydrochloric acid for the gastric juice, the supply having given out, and they both stated emphatically that the therapeutic effect of the acid was not as great as that of the gastric juice. Rollin obtained equally good results from the gastric juice in all the cases treated and unhesitatingly subscribes to Pawlow's statement that the natural gastric juice of the dog is the digitalis of the stomach. The history of 10 cases is given in detail. Results were good in all.

32. **Diet in Chronic Diffuse Intestinal Catarrh.**—Rosenheim states that it is impossible to lay down a diet for all cases which is non-irritating and easily assimilable. So far as milk is concerned, although it oftentimes proves exceedingly useful in these cases when given in small quantities, yet, for the majority of patients, it had best not be given. Experience has shown him that if the small bowel is put at rest for a short time by giving some mild diet, other than milk, it is possible to give milk later, and with good result. In many cases, even very mild ones, it is advisable to abstain from milk for months. Rosenheim goes so far as to forbid using milk in the preparation of foods and drinks until the bowel has become perfectly quiet. During the first few weeks of the dieting of all his patients, milk never enters into the bill of fare. Disease of the large bowel, even though it may be advanced, does not contraindicate the use of milk; on the contrary, milk, specially when it is the only food taken, is exceedingly useful. In achylia gastrica and in hyperchlorhydria, milk, as a diet, occupies first place, but it should be omitted when there is an associated catarrh of the small bowel. In the majority of these cases, it is well to begin by prescribing a diet containing 120 or more grams of egg albumin, 200 to 250 grams carbohydrate; 40 to 50 grams fat and consisting of meat, fish, eggs, some sugar, wheat bread or zweibach, rice, farina, sago, macaroni, bouillon, broths, butter, tea, and red wine. Meat ought to form a considerable part of the diet in the majority of these cases. Although the small bowel, even when diseased, is well able to digest albumins, yet care must be taken not to give this in too large amounts, so as not to overtax the digestive capacity of the bowel. Changes in the diet must be made carefully and slowly, watching for the slightest manifestation of disturbances due to the change in diet. In those cases in which a neurosis is an etiologic factor, proper hygienic treatment must be given in addition to the dietetic.

33. **Therapy of Stomach Affections.**—Leo cites a case of gastroxynsis in which all the usual therapeutic measures failed to give any relief. Finally, he resorted to the use of cold douches for two or three minutes, the patient going to bed immediately afterward. This controlled the pain and vomiting for about two hours, and inasmuch as the man took four or five of these cold douches every day he experienced considerable relief. The second case cited is one of very severe gastralgia accompanying a chronic gastritis with subacidity. Lavage with solution of

silver nitrate and other medicinal agents, including hydrochloric acid by mouth, proved futile. A mixture of pepsin and hydrochloric acid (10 parts of each in 50 of distilled water) yielded immediate relief and the patient is improving steadily. Leo calls attention to the anesthetic effect of this mixture, a most unusual one, due probably to its peptonizing action.

38. **Talma Operation in Eight-Year-Old Child.**—Milchner cites the case of a girl, 8 years old, suffering from an atrophic alcoholic cirrhosis of the liver, slight jaundice, extreme grave anemia and ascites. Medicinal treatment proving futile, he decided to do a Talma operation. The omentum was very thin and anemic, and showed no adhesions. The phlebectasia so common in liver cirrhosis was absent. An omentopexy did not relieve the ascites. Nevertheless the veins of the chest and abdomen soon became considerably dilated, and a typical caput medusæ formed. Milchner calls special attention to the absence of venous dilatation in the omentum as a probable cause of failure in producing the desired results by performing a Talma operation. On the other hand, his case proves that the success of the Talma operation is not dependent entirely on dilatation of the omental veins, and that the ascites accompanying cirrhosis of the liver is not always the result of congestion in the portal system.

#### Beiträge z. klin. Chirurgie, von Bruns', Tübingen.

Last indexed page 252.

- 39 (XLIII. No. 2.) \*Ueber embolische Lungen-Affektionen nach Bauch-Operationen (after laparotomies). Gebele.  
40 \*Ueber complizierte Frakturen der Extremitäten. O. Klauber.  
41 Zur Kasuistik der Knochenbrüche (benefits of hospital treatment of fractures). R. Klaus.  
42 Kropf-Operationen am städtischen Hospital in Schw. Gmund (108 goller operations). H. Closs.  
43 \*Ueber ein differential-diagnostisches Symptom zwischen Hernia cruralis und Varix der Vena saphena magna. J. Hertle.  
44 Slowly Absorbed Suture Material.—Nahtmaterial mit verzögerter Resorption. H. Miyake. See THE JOURNAL, XLIII, page 1507.  
45 (No. 3.) Die Behandlung des Carcinoms des Pharynx und der Tonsillen. K. Lindenborn.  
46 Zur Operation der Aneurysmen insbes. der Total Exstirpation. R. Kolb.  
47 Versorgung des Bruch-Sackes bei der Radikal-Operation von Leistenhernien (inguinal hernia). Bunge.  
48 Muskel-Sequester nach Pneumokokken-Infektion. Paetzold.  
49 Ueber ausgedehnte Mesenterial-Abreissungen bei Kontusion des Abdomens (lacerations of mesentery). R. Neumann.  
50 \*Klinische Beiträge zur Kenntnis der Pankreas-Nekrose. C. Boehm.  
51 \*Gastroenterostomie mittelst elastischer Ligatur. G. Tiefenthal.  
52 \*Verwendung der Killian'schen Bronchoskopie bei der Pneumotomie. E. Schefold.  
53 Myxofibrom des Nervus peroneus. Custodes.

39. **Embolism of the Lung Following Laparotomy.**—Gebele reports clinical and experimental experiences which show that a large percentage of the lung affections observed after laparotomy are due to embolism. In experimenting on 40 rabbits he noted after laparotomy an embolic lung affection in 12, and an embolic pneumonia in 4. Embolism, therefore, should be regarded as an important factor in the development of lung complications after abdominal operations. About a third of the lung infarcts are followed by pneumonia. Infection is indispensable, but this may occur primarily with the embolus or may follow later. Embolic pneumonia is hemorrhagic at first, before there is abscess formation, and it is usually insular, the foci generally locating beneath the pleura. He reviews the experiences of others, especially Mikulicz' report of 143 cases of pneumonia occurring consecutive to 1,781 laparotomies, almost half of the pneumonias terminating fatally. Gebele's article issues from von Angerer's clinic at Munich, and reports 77 or 6.43 per cent. cases of pneumonia following the laparotomies between 1892 and 1902. Out of the 77 cases 14 (1.17 per cent.) were of embolic origin, and 8 were suppurative pneumonia. He was unable to detect any special connection between the nature of the operation and the embolic complications.

40. **Complicated Fractures.**—Klauber reviews the experiences at the Prague clinic (Wölfler's) during the last nine years. The proportion of cases treated conservatively is increasing every year.

43. **Differential Sign of Varix and Femoral Hernia.**—Hertle states that when the varix is compressed with the fingers

and then the compression is abruptly removed, but with the fingers still in contact, a distinct buzzing is felt similar to that felt over the thorax in certain cardiac defects.

**50. Pancreas Necrosis.**—Boehm regards gallstones as an important factor in the development of necrotic processes in the pancreas. He reports 6 new cases of necrosis of this organ, and emphasizes the necessity for prompt surgical intervention, even in the apparently hopeless cases. He describes the care necessary to prevent complications, etc.

**51. McGraw Elastic Ligature.**—Tiefenthal commends the elastic ligature, as his experimental tests with it were all pre-eminently favorable.

**52. Bronchoscopy and Pneumotomy.**—Schefold relates that a young man who presented some of the symptoms of tuberculosis was treated in a sanatorium and referred to a hospital with the diagnosis of abscess in the lung. Bronchoscopy revealed a shirt stud in the lung. The stud was removed by operation, but recovery was delayed by empyema. The bronchoscope rendered valuable services during evacuation of the abscess.

#### Deutsche medizinische Wochenschrift, Berlin and Leipsic.

- 54 (XXX, No. 52, December 22.) \*New Method of Obtaining Antibodies.—Ueber ein neues Verfahren zur Gewinnung von Antikörpern. F. Loeffler.  
 55 \*Beitrag zur Frage der appendicularen Perforations-Peritonitis nach Trauma. Henning.  
 56 \*Wearing Out of Nervous Apparatus Without Due Repair.—Die Aufbrauchkrankheiten des Nerven-Systems. L. Edinger.  
 57 Influence on Action of Sunlight by Sea Water.—Ueber die Beeinflussung der Sonnenlichtwirkung durch Meerwasser. H. Leo.  
 58 Die Elektrotherapie der Herzkrankheiten in Verbindung mit der Nauheimer Kur (in heart disease). P. C. Franze.  
 59 \*Protection of Wounds by Zinc Chlorid Eschar.—Schutz der Chlorzinkschorf aseptische Wunden gegen eine Infektion mit virulenten Bakterien? P. Bröse.  
 60 Antikörper des Streptococcen- und Pneumococcen-Immuns. (antibodies). E. A. Wright (London).  
 61 Zur Kenntnis und Behandlung des Gallensteinleidens (biliary lithiasis). H. Kober.  
 62 Patents of Interest to Physicians.—Technische Neuheiten aus den Gebieten der Medizin, öffentlichen Gesundheitspflege und Krankenpflege. Kalckhoff.

**54. New Technic for Obtaining Curative Sera.**—Loeffler's new method for obtaining antibodies was described in an editorial in *THE JOURNAL*, page 221.

**55. Appendiceal Perforation Peritonitis After Trauma.**—Henning found two fecal concretions in an appendix removed on account of peritonitis following perforation of an ulceration. The patient had been kicked in the abdomen by a horse a few days previously. The fecal concretions in the appendix were evidently old ones, the lumen between them and proximal to both being entirely obliterated, showing their age, and yet they had never caused symptoms. These fecal concretions might never have caused trouble if it had not been for the trauma.

**56. Wearing Out of Parts of Central Nervous Apparatus Without Normal Repair.**—In this third article Edinger considers the wearing out of predisposed nerves from mere functional use. The postsyphilitic affections are analyzed in detail. The anatomic lesion in these seems to be the simple disappearance of the nerve tracts and their substitution by neuroglia. This functional using up of the true nerve substance might be expected in these cases to affect principally the nerves which have most functional demands made on them, and this is what is observed in reality. Sleeping or waking, the spinal cord is constantly receiving impressions from bones, muscles, joints and skin, and the spinal cord suffers first and most. Excessive functioning can be traced in nearly every case of ataxia. It seems difficult to recognize this when a tailor, for example, suffers from ataxia of the legs, but it will probably be found that he lives in an upper story and for years has had to climb several long flights of stairs several times a day. In one instance a syphilitic had had no symptoms of ataxia, but a pedestrian tour, during which he carried a satchel, brought them on, the arm carrying the satchel being first affected and then the legs. After complete rest he recovered, but any over-exercise caused a recurrence of the ataxia. Writers have described cases of

tabes without ataxia, but the subjects were women or men with sedentary occupations, none exposed to overexertion. Excessive functioning would probably bring it on in these cases also. The same is true of the postsyphilitic motor symptoms, the pupil reflexes and the disturbances in the eye muscles. Bone and joint affections are also observed from this same wearing out of the nerves without normal repair, and in this respect must be noted the possibility of mechanical destruction of the tissues, which have lost their sensitiveness from the lack of the normal protecting nerve reflexes. In confirmation of this assumption that a connection between the spinal cord and the bones is indispensable for the normal maintenance of the latter, he cites Goltz' experiments. At different sittings long stretches of the spinal cord were resected at intervals of several weeks. At each succeeding operation the vertebrae were easier to cut, until at the last they could be cut with ordinary scissors.

**59. Protection of Wounds with Zinc Chlorid.**—Bröse's researches were conducted on rabbits and demonstrated convincingly that a wound cauterized with a 50 per cent. solution of zinc chlorid is protected against infection. Even with extremely virulent infection, and when an interval of a minute had elapsed between the wound and the cauterizing, the animals were absolutely protected. Notwithstanding this his researches failed to show that zinc chlorid can be regarded as a disinfectant, even in the strongest solutions. His researches further demonstrated that the results of infection differ accordingly as the germs come in light contact with the wound or are driven forcibly into it.

#### Jahrbuch f. Kinderheilkunde, Berlin.

Last indexed page 510.

- 63 (LVIII, No. 5.) \*Infantile Gastrointestinal Catarrh.—Studien über Magen-Darmkatarrh bei Säuglingen. C. E. Bloch.  
 64 \*Ueber Pollakiurie und Enuresis im Kindesalter (in childhood). O. Reinach.  
 65 \*Ueber Spondylitis mit bes. Berücksichtigung des späteren Verlaufs derselben (later course). A. Hugelshofer.  
 66 (No. 6.) Zur Kenntnis der Cerebrospinal-Flüssigkeit in einem Fall von chron. Hydrocephalus. L. Langstein.  
 67 Zur Lehre von der Rachitis. F. Siegert (Strasburg).  
 68 \*Die Hysterie im Kindesalter (in children). Bruns (Hanover).  
 69 \*Ibid. M. Thiemich (Breslau).

**63. Gastrointestinal Catarrh in Infants.**—The findings in the cadavers of 10 infants indicated that the inflammation in the intestinal mucosa had been mainly restricted to the ileocecal valve. It rarely extended into the small intestine and then but a short distance. In the large intestine the inflammation spread more. In a few cases there was slight inflammation in the duodenum, but, as a rule, the small intestine was free from any decided inflammation. The superficial epithelium and the glands were generally in good order. Bloch's study of the subject is illustrated and the details of his material are carefully sifted.

**64. Enuresis and Pollakiuria in Children.**—When these conditions have no organic cause, Reinach refers them to a neurosis on a psychic basis as the single cause in the majority of cases. Even when hysteria is not evident in the child it can usually be traced—or alcoholism—in the parents. The enuresis may be the only symptom of hysteria, as in children this is apt to be limited to one or two symptoms. There may be merely a latent tendency to hysteria and some inciting cause may arouse it. The nervous centers that control the evacuation of the bladder seem to be especially unstable during childhood. When measures directed against hysteria fail, the condition is probably more of the neurasthenic order, and weak electric currents, hydrotherapy, tonics and country air will gradually put an end to the trouble. Local measures, such as massage from the rectum, raising the foot of the bed, etc., have not proved very successful in his hands.

**65. Later Course of Spondylitis.**—Hugelshofer observed abscesses in two-fifths of the cases of spondylitis at the Children's Hospital at Basle. There was paralysis later in 10 per cent. As this occurs predominantly in cervical spondylitis, and as two-thirds of the cases terminated fatally, this must be regarded as the most dangerous type. Amyloid degeneration

eration occurred in about one-tenth, and tubercular complications in two-fifths of all the cases. Complete recovery was attained in only 31.3 per cent. The definite results were satisfactory so far as function was concerned, but the deformity persisted. His material includes 215 children with tuberculous spondylitis, but the final outcome could be learned only in 68. He gives the history and findings in 35 patients whom he personally examined many years after their treatment in the hospital.

68-69. **Hysteria in Children.**—Thiemich has been impressed with the number of cases of hysteric manifestations in children which are relics of a past organic affection, perpetuated by autoimitation. The manifestations are mostly the involuntary, constipation, diarrhea, anal prolapse, coughing, or something of the kind, persisting from sheer autoimitation long after the original morbid condition had been restored to normal. Hysteria in these cases is apt to be overlooked. The cure by suggestion reveals the hysteric nature of many cases of enuresis, etc. Bruns has observed 144 cases of hysteria in children in the course of seventeen years of practice as a neurologist. They form 2 per cent. of his total clientèle, and about one-fifth of his total of hysteria patients. Neither he nor Thiemich admit the possibility of hysteria in infants. His youngest patients were 3 years old. The hysteria was always more severe in boys. Only 60 per cent. of the total 144 cases were in city children. The more severe types were all in country children. In his practice, which embraces a large country district, neurasthenia is not rare, especially among farm hands. Severe hypochondria is much more frequent than in the cities and melancholic conditions are often encountered in small, remote villages. Attacks of chorea major are almost specific for hysteria in children. He has had 13 such cases and 15 of astasia-abasia. The manifestations of hysteria are generally more severe than in the hysteria of puberty or of adult life, but the classic stigmata of adult hysteria are seldom present. Cutaneous anesthesia was noted only in 3 of the children, and they were from 13 to 15 years old. In fact, these stigmata are absent in adults so often that he does not attribute so much importance to them now as formerly. The grouping of the symptoms is characteristic of hysteria, as it so frequently contradicts our knowledge of the anatomy of the parts and their relations. Any unusual or dubious morbid manifestations should suggest the possibility of hysteria whether the patient is an adult or a child. Eighty-five out of 95 children were cured. In 7 the condition persisted unmodified, and in 3 it was improved. This is a proportion of 90 per cent. cured—a much larger percentage than is obtained in the hysteria of adults. He mentions parenthetically the almost absolutely unfavorable prognosis of traumatic hysteria. In treatment he speaks of the "antihysteric atmosphere" that prevails in the establishment in his charge. The "hysteria bacillus" soon succumbs in that unfavorable environment, its downfall aided by "systematic neglect" or what he calls "*Ueberrumpelung*," that is, taking by surprise. The latter is applied in the paralytic cases, and consists in making aggressive suggestion, hurrying the child along, giving him no chance or time for morbid ideas or memories. One rebellious case of paralysis in an intelligent girl was cured by suspension in a Sayre's sling which the assistants allowed to fall at a given signal. The girl, taken by surprise, forgot her paralysis, and he exclaimed: "See, you can stand all right; now walk!" which she did. Others were cured by a cold douche, others by electricity suddenly applied. The main point is to act rapidly, to follow up the first gain at once, and to complete the cure in a single sitting. If the child is to be used for demonstration, it is wiser to defer treatment until afterward, so as to condense all the necessary measures into a single sitting, not allowing the little patient any time to think things over. The final measures may be entrusted to an assistant.

#### Münchener medicinische Wochenschrift.

70 (LI, No. 52, December 27.) \*Therapie der Ischias (sciatica). J. Lange.

71 Zur physikalischen Diagnostik der Pleura Exsudate. v. Tabora.

- 72 Akzidentelle Vakzination der Nasenschleimhaut (nasal mucosa). Lublinski.
- 73 Zur Kasuistik der Littréschen Hernie. P. Pfähler.
- 74 Die Radikal-Behandlung des Rhinophymas durch Galvanokaustik. P. Bloebaum.
- 75 Die Verwendung des Balsamum peruvianum bei der Wund-Behandlung (in treatment of wounds). R. Petretto.
- 76 Stereoscopic Radiograms of Lumbar Vertebrae and Sacrum.—Die stereoskopische Aufnahme der Lendenwirbelsäule und des Kreuzbeines mittelst Kompressionsblende. Wiesner and Dessauer.
- 77 Zur Frage der Häufigkeit homosexueller Vergehen (statistics of frequency of homosexual practices). Bumke.
- 78 (LII, No. 1.) Die Behandlung der Skoliose durch die aktive und passive Ueber-Korrektur. F. Lange.
- 79 Weitere Bemerkungen zur Trachom-Frage und zur Therapie chronischer Konjunktival-Erkrankungen. A. Peters.
- 80 \*Endemisches Auftreten von myeloider Leukämie. L. Arnsperger.
- 81 Importance of Pawlow's Work for the Clinic of Digestive Diseases.—Die Forschungen Pawlows und ihre Bedeutung für die Klinik der Verdauungskrankheiten. E. Stadler.
- 82 Behandlung des Morbus Basedowii mit Antithyreoidin-Serum (Möbius). H. Hempel. Ibid. K. Thienger.
- 83 Eine neue Methode zur Diagnose und Therapie der Nasenerkrankungen (nasal affections). Sondermann.
- 84 Beitrag zur Operation des Kieferhöhlen-Empyems (maxillary sinus). F. Kretschmann.
- 85 \*Ueber neuere medikamentös-therapeutische Bestrebungen. H. Hildebrandt.
- 86 Fall von traumatischer Lungenhernie ohne äussere Verletzung (without external injury). Cahen.
- 87 Surgeon's Case and Sterilizer.—Operation-Besteck mit Einrichtung zur Sterilisation von Instrumenten und Verbandstoffen. H. Küttner (Marburg).
- 88 Karl Koester. Obituary.

70. **Treatment of Sciatica.**—Lange describes a modification of the injection treatment of sciatica which has given surprisingly fine results in his hands. To date he has applied it in only 11 cases, but the results have been so favorable that he does not wait for further confirmation. In one case a patient during seven weeks of frantic pain had been able to sleep only under the influence of morphin. Since a single injection by the technic described he has had no trace of the sciatica. One patient was a working man who for four months had suffered from sciatica and atrophy of the leg, and was only able to limp with a cane. In less than forty-eight hours he was entirely relieved and walked normally. The results were similarly perfect in 6 cases. Four other patients were essentially improved, and there was only one entire failure in the list. The latter case was distinguished by the sudden onset and severity of the attacks of sciatic pain. The technic consists in the injection of from 70 to 100 c.c. of a solution of 1 per 1,000 beta eucain in 8 per 1,000 salt solution. The needle is inserted through the muscle down to the sciatic nerve at its point of emergence from the sacro-sciatic foramen. There is no pain as the needle passes through the muscle, but the patient jumps the moment the nerve is touched. The pain is instantaneously deadened by the eucain injected. The patient is told not to lie on that side for a few hours. Except for a slightly painful sense of pressure, the sciatic affection is banished at one stroke in some cases, but a second injection may be required in others. Notwithstanding the small amount of eucain used—not more than from .1 to .15 gm.—sometimes slight, transient signs of intoxication were manifested. There was slight nausea and in one case transient loss of appetite for nearly three days. Lange also noticed that the taste was dulled for from one to three hours in some instances. No alarming symptoms of any kind were apparent in any case. In a few cases he observed distinct rise of temperature, never above 38.9 C., with a chill in one neurasthenic subject. He ascribes this temperature to an aseptic reaction to the mechanical lesion. He advocates trial of this method after failure of other measures. Its simplicity and harmlessness commend it for general adoption. The eucain is probably soon swept away and the permanent benefit derived must be due to the changes in the condition of the parts induced by the injected fluid, similar to the benefit derived from stretching the nerve.

80. **Endemic of Myeloid Leukemia.**—Arnsperger writes of 11 cases of myeloid leukemia which all occurred within a few years in a small district of six villages along the Enz river. One of the cases was observed at Pforzheim, a little farther down the river. One village had 3, two had 2 and the others 1 each. No family antecedents could be discovered, except in

one case, in which a younger sister had died of leukemia. The subjects were 5 women, 4 men and 2 children, some of the men farmers, others factory hands. Direct contact could not be demonstrated in any case. The district has had several epidemics of typhoid, but the sanitary conditions have been improved of late years. Spring water is used in the villages, but not the same spring by any of the families affected. A history of typhoid was established in 3 cases, and in one the enlargement of the spleen had not subsided. In another case death followed rupture of the spleen, although the symptoms of the rupture had entirely subsided. Five of the cases were very carefully observed, all in 1903 or 1904. The others are known only from the communications of the attending physicians. The latter group was distinguished by the excessively large spleen.

85. **Efforts in the Line of New Drugs, Organ Extracts, Etc.**—Hildebrandt is privat docent for pharmacology and forensic medicine at Halle, and in this opening lecture he reviews some of the tendencies of the day in pharmacology. He refers to the evils of proprietary medicines, the custom of rebaptizing old remedies with new names, and the various devices of manufacturing chemists to protect their products. The idea of having all new remedies tested in a government institute before they are allowed to be offered in the market was discussed at the Naturforscher Congress in 1901, but met with strenuous opposition. The experts employed by the manufacturing chemists in Germany are under contract not to publish anything without its passing through the "office." Consequently any unfavorable features in their reports in regard to the drugs they are testing are liable to be struck out before the report reaches the public. The lecturer urges physicians to write in their prescriptions the scientific name of the substances as given in the pharmacopeia, for example, "theobromin, natrio-salicylic," instead of the same substance under its protected name of diuretin. The price of the patented article is much higher than that of the former. The German authorities have long recognized this, and have ordered physicians in their practice among the poor and the sickness insurance societies (*Krankenkassen*) to prescribe medicines by their scientific name, not the proprietary articles. Hildebrandt wants to have more of the proprietary drugs included in the pharmacopeia under their true scientific name. He advocates that the protection of a patented name should be granted only to those drugs that are made by a patent process. A pharmaceutical preparation should never be given a patent. Another point which he mentions is that the experts testing the proposed new drugs are liable to be compelled to use certain animals for their tests which react more favorably to the proposed drug than others. He mentions a specific instance of this from the history of theocin. Cats were used for the tests and the results published to demonstrate the harmlessness of the drug. Not until after two patients had been seriously injured by its use did Allard give the drug a thorough test on rabbits last year, with the result that the effect on these animals was the same as on his patients—convulsions, hemorrhages and ulcers in the stomach.

#### Wiener klinische Wochenschrift, Vienna.

*Last indexed XLIII, page 2004.*

- 89 (XVII, No. 48, December 1.) Inkazeration einer Zwerchfells-Hernie (hernia of diaphragm). J. Stein.
- 90 \*Mutual Dependence of Certain Properties of Feces.—Zur gegenseitigen Abhängigkeit einzelner Koteigenschaften. F. Oefele (Neuenahr).
- 91 Modifikation bei der Herstellung der Gipschanschleie (hemp plaster casts). H. Nettel.
- 92 Protection for Physician and Patient in Röntgen Treatment.—Schutz für Arzt und Patienten bei Röntgen-Behandlung. R. Stegmann.
- 93 \*Zur Behandlung der Kolpitis mit Hefe (yeast). K. Czerwenka. (Concluded.)
- 94 (No. 49.) \*Therapie der Gelenkstuberkulose (of joints). Mosetig-Moorhof.
- 95 Heilversuche an sublimatvergifteten roten Blutkörperchen. Ein weiterer Beitrag zur Kenntniss der Sublimat-Hämolyse. L. Detre und J. Sella.
- 96 Zur Aetiologie halbseitiger Störungen der Schweisssekretion (Hyper- und Anhidrosis unilateralis). E. Urbantschitsch.
- 97 Should Operations on External Genitalia Be Done During Pregnancy?—Darf man während der Gravidität am äusseren Genitale operieren? R. Volk.

- 98 (No. 50.) \*Von den Armstellungen beeinflusste Differenzen der Radialispulse bei schrumpfenden Prozessen im Thoraxraume. J. Sorgo.
- 99 \*Untersuchungsmethoden der Leber und Gallenblase bei Cholelithiasis (examination of liver and gall bladder). F. Fink.
- 100 \*Ein Fall von Trichobezoar im Magen. E. Ranzi.
- 101 \*Die Radikaloperation bei tuberkulösen Ileocecaltumoren. H. Fröhlich.
- 102 \*Ueber die verschiedenen klinischen Formen der Prostatahypertrophie und über ihre Behandlung. G. Nicolich.
- 103 \*Die medizinische Radiologie als selbständiger Zweig der medizinischen Wissenschaft. G. Holzknecht und R. Klenböck.
- 104 (No. 51.) \*Ueber die operative Therapie des Mammakarzinoms und deren Dauererfolge (permanent results). T. Melbl.
- 105 Ueber das Quinquaudsche Phänomen. A. Levienik.
- 106 Ueber Prophylaxe des Radiologen gegen Beschädigung beim Beruf (protection of radiologist). R. Klenböck.
- 107 \*Langsamstes Narkotisieren (slowest anesthetization). O. Effertz.
- 108 (No. 52.) \*Pathologie und Therapie der Fibromyome des graviden Uterus. E. B. v. Fernwald.
- 109 Ueber postoperative Parotitis. G. A. Wagner.
- 110 \*Die Malaria-Assanierung der Aussenwerke der Seefestung Pola. O. Lenz.
- 111 (XVIII, No. 1.) Theory of Heredity.—Assimilation und Vererbung. (Eine energetische Vererbungstheorie.) F. Hamburger.
- 112 Ueber spezifische Agglutination von Streptokokken aus Scharlachanginen und extrabukalem Primäraffekt. E. Rossiwall und B. Schick.
- 113 \*Zur Therapie der operativen Verletzungen des Ductus thoracicus. E. von Graf.
- 114 (No. 2.) \*Zur Aetiologie des Frühjahrskatarrhs der Conjunctiva (spring catarrh). F. Dimmer.
- 115 Influence of Tubercle Bacillus Toxins on Other Bacteria.—Ueber den Einfluss der Tuberkelbazillengifte auf Wachstum und Giftigkeit anderer Bakterien speziell des Bacterium coli commune. L. R. v. Korczynski.
- 116 \*Grundlagen aus der modernen Verdauungslehre zur praktischen Verwertung der Koprologie. F. Oefele.
- 117 Recurring Euphorism in Case of Brain Tumors.—Ueber anfallsweise auftretende euphorische Stimmung bei Hirntumor. A. Pick.

#### 90. Mutual Dependence of Certain Properties of the Feces.

—Oefele believes that his experience of 1,200 different analyses of feces justifies him in making certain sweeping assertions. He publishes two tables, one of which shows the mutual relations between the solids in the feces and the content in the substances that can be extracted with ether, that is, the percentage of ethereal extracts. In the second table he shows the similar relations between the solids and the thiosinamin extract. The latter includes the albumin and allied coagulatable substances. These mutual proportional relations form a basis for the further development of scientific study of the feces, or "coprology," as he prefers to call it. His tables are based on so many hundreds of examinations that two general laws become evident from them. One is that the proportion of ethereal extract keeps within narrow limits when the proportion of solids is high, while the figures vary widely with a low proportion of solids. This occurs still more noticeably with the thiosinamin extract. The percentage of this extract, which includes the coagulatable substances, ranged from 2 to 50 per cent. in the feces with less than 10 per cent. solids, while the range grew less and less as the proportion of solids was higher. The average may be traced on the tables as 7.5 per cent. albumin for 10 per cent. solids, and .5 per cent. with 50 per cent. solids. The average for the ethereal extract is about 21 per cent. with 21 per cent. solids.

#### 93. Yeast in Local Treatment of Gonorrheal Vaginitis.

Czerwenka states that 22 were favorably influenced by the applications, but only 10 were cured, and only 4 were cured by yeast in its pure state. The majority of the cures were in cases of gonorrhea.

#### 94. Treatment of Tuberculous Joints.—Mosetig

claims that he was the first to inject iodoform into a tuberculous knee. This was in 1879. He emphasizes that the only true healing of a tuberculous joint process consists in the substitution of osteoid substance for the focus. This aim is artificially realized by excision of the diseased tissue and plugging the cavity with iodoform filling. He has had occasion since 1899 to treat 537 cases of tuberculous affections of the joints, and has followed this technic in all except the cases that were past all relief. The details have been given in THE JOURNAL as Mosetig-Moorhof has published them. Mutilating operations were done in 137 cases, as they were

seen too late for conservative treatment. In 29 of the patients the process was too advanced for any intervention. About 371 patients were treated with resection followed by pouring his iodoform filling into the cavity. This list includes 67 children under 10. All were cured and dismissed in a relatively short time with completely healed wounds and usable limbs. Owing to the infectious nature of the tubercular focus, the danger of its spread should impose its prompt removal as the only rational means of treatment. (See 16 above.)

**98. Significance of Differences in Radial Pulse as Arm is Raised.**—Sorgo is physician in chief to the sanatorium at Alland. He noted in certain of the inmates that the radial pulse in one arm differed from that of the other as the arms were raised or lowered. Comparison of the findings with the known anatomic and physiologic conditions has shown that this difference is due to some pathologic process involving the apex. In a case of endothelioma of the pleura the radial pulse was much stronger on the sound side when the arms were hanging, but this difference vanished as both arms were raised above the head. This vanishing of the difference as the arms are brought into certain symmetrical positions excludes the possibility that the phenomenon is due to anything abnormal in the origin or course of the vessels involved. He has examined 398 patients for this sign, and 31 were found who showed these differences in the radial pulse influenced by the position of the arm. In 10 patients, the difference was marked, but vanished as the arms were raised. In one patient the radial pulse became stronger as the arms were raised above the head, strongest on the left side. In 10 patients there was no difference in the radial pulse as the arms hung down, but a difference became evident as the arms were raised. In 6 there was no difference as the arms hung down, but when they were raised the pulse became very weak, and showed a great difference. In 5 others the difference was marked all the time, but became still more pronounced as the arms were raised vertically. It was instructive to see in some of the cases how this difference in the radial pulse developed under the physician's eyes as the pathologic process in the lungs progressed. The difference noted is probably due to adhesion of the pathologic apex to the subclavian artery. As the arm is raised, the traction on the vessel from the adhesions is corrected as the parts are brought into other positions, and the pulse becomes alike in both arms. A difference in the pulse, therefore, in a case of tuberculosis may be accepted as a sign that retraction of the lung is commencing or has continued for some time.

**99. Physical Investigation in Cholelithiasis.**—Fink's experience at Carlsbad has shown that 66 per cent. of gallstone cases are accompanied by icterus. This emphasizes the necessity for examination of the liver in such cases. Better information is derived when one hand is placed at the back and the liver is pushed up from below toward the palpating fingers of the other hand applied to the liver in front. The hand underneath should not exert an even pressure on the liver, but should push it up in a series of light, gentle upward movements. The special ways to hold the fingers and to take advantage of all the possible findings, even in very corpulent subjects, are described in detail.

**100. Hair Ball in Stomach.**—Ranzi recently had occasion to remove a concretion of hair, threads and rubber bands from the stomach of a young woman. The concretion nearly filled the stomach and duodenum down to the ascending portion, and when removed presented a perfect cast of these organs, weighing after drying, 440 gm., and measuring 22 cm. in the stomach and 44 cm. in the duodenum or 66 cm. in all, about 24 inches. He has found in the literature 15 similar cases, 11 of which were operated on, with the recovery of all but one of the patients. The symptoms in the present case were referable to the stomach, and there was a history of the passage by rectum of a hair ball four years before, and a habit of swallowing hairs, threads, etc., since childhood. The movability of the tumor also aided in the differentiation. One surgeon removed a hair ball through a lumbar incision.

**101. Radical Operation for Tubercular Ileocecal Tumors.**—Fröhlich has removed an ileocecal tumor in 3 cases, with recovery of 2 of the patients. In one case the affection was evidently primary; in the others it probably originated from swallowed sputa, the primary lung process not being very far advanced. Complete removal of a primary tumor is urgently indicated, and, even in the secondary cases, it is indicated likewise, as the primary focus is liable to heal. This was the satisfactory result in one of his cases. In the fatal case, death resulted from gangrene of an adjacent loop of intestine, after the resection of the tumor.

**102. Treatment of Hypertrophied Prostate.**—Nicholich's success in treating a case of complete retention from hypertrophied prostate was described, with his technic, on page 2,005 of the last volume of THE JOURNAL. He has only one patient still alive and healthy out of 10 prostates operated on by other technics; all the others succumbed to acute or chronic pyelonephritis. His new technic consists in trans-vesical prostatectomy, after which the bladder is distended with a large amount of iodoform gauze packed in and left for two or three days. This prevents too rapid retraction of the bladder, compresses the walls and thus prevents hemorrhage, while it ensures antisepsis and drains away the urine as soon as it accumulates. He here reports a second case operated on by this technic. The patient's bladder reached above the umbilicus, and he was rapidly restored to health by the operation described.

**103. Medical Radiology as a Separate Branch of the Medical Sciences.**—This article was presented by Holzknecht and Kienböck to sustain their plea for a separate chair for radiology in the medical faculty. Their request was granted, and Vienna is the first city to have special instruction in medical radiology. The two authors were duly appointed instructors in the new branch.

**104. Operative Treatment of Mammary Cancer.**—Meissl reviews the 247 cases of mammary cancer operated on at von Eiselsberg's clinic at Vienna. About 18 per cent. of the patients were permanently cured. The comparative value of the various methods of operating can be determined only by reference to the stage in which the operation was undertaken. As a measure for comparison, he suggests that the percentage of patients who succumb to internal metastasis after an operation, without local recurrence, might prove useful as a criterion for determining the actual comparative value of various technics. The proportion of permanent cures with the Volkmann technic was much higher than with the Heidenhain, and approaches closely that obtained by Halsted.

**107. Slow Chloroforming.**—Effertz has observed in Mexico a mode of administering chloroform which was free from the slightest trace of the stage of agitation and nausea. A few drops of chloroform were poured on a cloth and held at a distance of about four inches from the patient's face. The chloroform was renewed from time to time, and the patient was ready for the operation in two or three hours. This length of time was required before the narcosis was complete. Nearly ten ounces of chloroform were used in each case.

**108. Fibromyomata in Pregnant Uterus.**—Fernwald analyzes his results and the findings in 6 cases of pregnancy in a myomatous uterus. In one instance a living child was extracted with forceps, notwithstanding the existence of a myoma as large as a child's head. The mother recovered. In another case conservative myotomy during the third month did not interfere with the normal course of the pregnancy. In 2 others, good results were obtained by supravaginal amputation of the myomatous uterus during the fourth month. In the 2 others, the mothers recovered with living children after conservative cesarean section with myotomy at normal term. He discusses the views of other writers on the subject, and the indications offered in individual cases.

**110. The Stamping Out of Malaria at Pola.**—Lenz con-

tinued last year his efforts to stamp out malaria at certain points on the Austrian shore of the Adriatic, described in these columns a year ago. The results confirm the possibility of eradicating the disease in a protected zone in the midst of a hotbed of malaria, and keeping that zone free from its reimportation.

**113. Injuries of Thoracic Duct.**—Graff calls attention to the fact that 75 per cent. of the 26 cases of operative injury of the thoracic duct on record resulted in recovery when the duct was ligated, with or without suture. On the other hand, only 19 per cent. recovered out of those treated by tamponing alone. A ligature can be thrown around the thoracic duct in the neck without the slightest injurious consequences for the organism in general.

**114. Etiology of Spring Catarrh of the Conjunctivae.**—Kreibich reported last year several cases of summer eruptions in which the eyes showed the condition of spring catarrh at the same time as the skin developed the summer prurigo or *hydra vaccini-forme*. He proclaimed then that the findings in the eyes suggested the probability that they were due likewise to the action of sunlight. Dimmer treated a recent severe case on this assumption. The patient was a young man, a miller, who presented a typical bulbar catarrh, with exacerbations during the summer, not entirely subsiding through the cold months. One eye was covered with a black bandage, and under this the eye recovered its normal aspect in two weeks, except for a slight congestion of the bulbar conjunctiva. Special spectacles were then worn which protected the eyes completely against sunlight while not interfering with the lids or access of air, and the patient has since been permanently cured. Dimmer reviews the literature to determine the geographical distribution of spring catarrh. It seems to harmonize with the assumption of the importance of sunlight in its etiology, or, at least, does not contradict it.

**116. Modern Theories in Regard to Digestion.**—Oefele's previous communications on the scientific analysis of the feces have been mentioned in these columns. (See 90 above.) He here comments on the multiplicity of the processes that occur on the long route from the mouth to the anus, the action of teeth, mouth, throat, gullet, stomach, etc., and the secretions of the various glands and organs on the way. In our study of these various processes we must not forget to study the digestive function as a whole. Coprology must learn the composition of the feces under all kinds of normal conditions, and study all the influences which are liable to disturb its average composition, before it is possible to detect the pathologic conditions and base treatment on their indications.

#### Correspondenz-Blatt f. Schweizer Aerzte, Basle.

Last indexed XLIII, page 230.

- 118 (XXXIV, No. 12.) Die pathogenen Trypanosomen des Menschen und der Tiere. A. Carini.
- 119 (No. 13.) \*Ueber funktionelle Nierendiagnostik (kidney tests). H. Wildbolz.
- 120 \*Elimination of Chloroform by Vomiting.—Ausscheidung von Chloroform durch den Brechakt. Gelpke.
- 121 \*Congenital Heart Affections.—Zur lehre von den angeborenen Herzkrankheiten. H. Müller. (Commenced in No. 13.)
- 122 (No. 14.) Die Identifizierung der Tuberkel-Bazillen bei Mensch und Tier. W. Silberschmidt.
- 123 Zur Kenntnis der primären Peritonitis im Säuglingsalter (in infants). E. Dobell.
- 124 (No. 15.) \*Zur Frage der chirurgischen Behandlung der chronischen Nephritis. Gelpke.
- 125 Beiträge zur Pathologie des Scharlachs (scarlet fever). II. Naegeli.
- 126 (No. 17.) Intervals in Infant Feeding.—Ueber grosse Pausen in der Säuglingsernährung. E. Dobell.
- 127 (No. 18.) Tests of Kidney Functioning.—Ueber den Harnscheider von Luys und die Ausscheidung von Indigokarmin durch die Nieren. F. Suter.
- 128 Significance of Albuminuria in Children.—Die Bedeutung der Albuminurie im Kindesalter. G. Rheiner. (Commenced in No. 16.)
- 129 (No. 19.) \*Behandlung der Varicen durch die Ligatur und die künstliche Thrombose. Tavel.
- 130 Die Prognose der traumatischen Neurosen. Huguenin.
- 131 Spontaneous Subsidence of Cancer on Neck.—Merkwürdiges Verschwinden einer krebsartigen Geschwulst im Halse. T. Zangger.
- 132 (No. 20.) Ueber das Wesen der Röntgenstrahlen und der Radioaktivität. E. Sommer.

**119. Functional Kidney Tests.**—In Wildbolz' experience, determination of the freezing point of the urine invariably gave

results which corresponded in every respect with those of other functional tests and with clinical experience. He describes the details of his most instructive cases. Catheterization of the ureters was always able to locate the site of the lesion, which it would have been impossible to determine by any other means at his command. The freezing point of the urine then revealed whether the other kidney was functioning normally. The results of the operation, both immediate and remote, invariably confirmed the findings.

**120. Elimination of Chloroform by Vomiting.**—It is Gelpke's practice to promote vomiting after most operations requiring chloroform narcosis. He is convinced that this is an important means of elimination of the chloroform. He has the subjects drink copiously of chamomile tea, and observes that the discomfort following the narcosis is much more fleeting when the vomiting is free and unchecked. In 22 cases in which the chloroform narcosis lasted from 20 to 60 minutes, the test for chloroform was always positive. He filters the vomitus and adds a drop of anilin and a little caustic soda, then heats to the boiling point. In the presence of chloroform, there is an unmistakable, pungent odor of isonitrit. This test was devised by Bunge of Basle, and is very accurate and sensitive. The vomitus must be kept in an airtight receptacle until the test is applied to prevent evaporation of the chloroform.

**121. Congenital Defect in the Septum of the Ventricles.**—Müller has had a case of congenital defect in the interventricular septum under observation for nineteen years. There has been apparently no disturbances from the defect, not even during a pregnancy. In 8 other cases, the subjects have been seen constantly at intervals for from three to twelve years. The defect in the septum was unmistakably apparent by the physical signs, but there was no cyanosis, and the general health of the subjects did not appear to suffer from this cause. In 2 cases, the diagnosis of persistent ductus arteriosus had been made during life, but examination after death revealed an opening in the interventricular septum. In all these cases the auscultation findings were characteristic, a long, loud, clear bubbling or blowing murmur which terminated with the diastolic sound without any interval. The murmur is characteristic of a jet being forced through a narrow opening under great pressure. A murmur of such loud, rough, rasping quality is never encountered in mitral incompetency nor in case of congenital pulmonary stenosis. It resembles more the murmur frequently heard in case of aortic stenosis. It never had a musical character, but was sometimes audible at a distance of several centimeters. Simultaneously with the murmur, the systolic sound is louder, heard when the ear is slightly raised from the stethoscope. The maximum of the murmur is heard over the left margin of the sternum, below the third rib, exactly over the defect in the septum of the ventricles. In 2 instances it was also loud in the right second interspace. As the murmur is so loud it is audible over the mitral and pulmonary or aortic areas, but its maximal point does not correspond with that of either of these. With a single exception, a fine systolic thrill was felt at the point where the murmur was the loudest. In one instance, the thrill was felt also in the second right interspace, in another above the sternum and along the right margin of the sternum below the third and fourth ribs. Another characteristic point is the long stationary persistence of the physical signs. Both sides of the heart are liable to become somewhat enlarged in the course of time. In one of his cases he was able to diagnose dilatation of the pulmonary artery, confirmed by radioscopy, but mistakenly accepted this as a sign of persisting ductus arteriosus. Dilatation of the pulmonary artery was found postmortem in 4 cases on record, and of the pulmonary artery and aorta in 2 others. Eight of his 9 cases were females, and all presented the aspect of good health. In 3 cases severe pulmonary disease developed, in the course of which pronounced cyanosis became manifest, as also in a case of a complicating heart affection. In his patients, the congenital defect was noted

at birth or soon after, and in none was there any record of preceding disease, either of the child or of the mother during pregnancy. The practical importance of a correct diagnosis is in regard to the prognosis. This form of congenital defect does not appreciably shorten life. His oldest patient is now 28 and perfectly healthy. A number of cases are on record in which the subjects were 40 or more, and Roger's one female patient, among his 5 cases, was a woman of 50, who had borne four children. The congenital heart defect had been recognized in her case almost immediately after birth.

**124. Surgical Treatment of Chronic Nephritis.**—Gelpke describes a case in which he applied to chronic nephritis the same principles which underlie the Talma operation for cirrhosis of the liver. This was in October, 1901, and he had heard nothing of Edebohls' work in this line at the time. He adds that Sahli ten years ago proposed surgical treatment for a case of chronic nephritis, and the operation was done by Kocher, under his directions. The results were negative. Gelpke proceeds differently from Edebohls, his idea being to imitate the Talma technic of omentopexy, removing the capsule and supplying new vessels for the circulation over the entire surface of the diseased kidney. The attempt is made to supply a continuous free channel for the circulation of the blood. The omentum was used to make a new envelope for the kidney. The idea was suggested by the conditions noted in case of torsion of an ovarian tumor. The arrest of the circulation by the torsion causes alarming symptoms, but these subside as the peritoneum becomes adherent to the tumor and ample circulation thus becomes ensured. The results in the case thus operated on were excellent, as also in a second, quite recent case. Research on the cadaver and on dogs further corroborated the benefits to be derived from this operation, and its comparative harmlessness. In his last case, the albuminuria has dropped from 5 per 1,000 to .5 per 1,000 already. He adds that if we are able to cure by surgical interference even from 30 to 40 per cent. of the cases operated on, we should regard this as a great achievement in Bright's disease. It is especially indicated in certain cases of contracted kidney, and above all, in the severe congestion with oliguria entailed by certain cardiac defects.

**129. Treatment of Varices by Ligature and Artificial Thrombosis.**—Ligature of the saphena, with or without resection of the vein, has a record of one death from embolism in 500 cases, besides a number of cases in which thrombosis occurred. The latter is regarded as a disagreeable complication by most authors, and advice is given how to avoid it. Tavel takes the opposite view, and asserts that thrombosis should be promoted, as it is an effectual barrier against recurrence later. He advises applying the ligature high on the limb, above the knee when the leg alone is involved, and near the junction with the femoral when the varices are on the thigh. The ligature is only the preliminary, the essential feature of the treatment being the obliteration of the vein by the spontaneous or the induced thrombosis. Double ligature and resection of the vein are superfluous, unless subcutaneous ligature is impossible for any reason, such as great corpulence. Search should be made for a parallel vein, which is frequently encountered, and this should be likewise ligated. After application of the ligature, if there are no signs of spontaneous thrombosis by the end of two days, he proceeds to induce artificial thrombosis by injecting 1, 2 or 3 syringefuls of 5 per cent. solution of carbolic acid into the segment of the vein which it is desired to obliterate. By the next day thrombosis has occurred. Several points can be treated at once. In one of his cases he made 39 injections in the course of eighteen days. He first treats all the varices visible when the patient reclines. In a week or two he makes a few injections in the varices which become visible in the erect position. The reaction is merely local, never febrile. The injections can be made every two or three days or daily if the inflammation is not very severe. The patient can be allowed to get up much earlier than with other technics, and there is no necessity for elastic stockings or other devices

afterward. The injections sometimes are painful for a minute or two, but not in every case. He gives the details of 4 cases thus treated, and in conclusion recommends ligature of the saphena as the best means of treating phlebitis. In 4 cases of phlebectasia the patients were rapidly cured by this means, the ligature being always applied above the lesion. Embolism need not be feared as the ligature obviates danger from this source.

## Books Received.

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interests of our readers.

**BACTERIOLOGY AND SURGICAL TECHNIC FOR NURSES.** By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill. Second Edition, Thoroughly Revised and Much Enlarged. By Frederick R. Griffith, M.D., Surgeon, Fellow of the New York Academy of Medicine. Fully Illustrated. Cloth. Pp. 278. Price, \$1.50 net. Philadelphia, New York, London: W. B. Saunders & Co. 1905.

**MANUAL OF GYNECOLOGY.** By Dr. Berry Hart, M.D., F.R.C.P.E., F.R.S.E., Lecturer on Midwifery and Gynecology, School of the Royal College, Edinburgh, and A. H. Freeland Barbour, M.A., B.Sc., M.D., F.R.C.P.E., F.R.S.E., Lecturer on Midwifery and Diseases of Women, School of the Royal Colleges, Edinburgh. With 12 Lithographs and 359 Woodcuts. Sixth Edition. Cloth. Pp. 736. Price, \$6.00. Chicago: W. T. Keener & Co. 1905.

**ATLAS AND EPITOME OF OPERATIVE OPHTHALMOLOGY.** By Dr. O. Haab, of Zürich. Edited, with Additions, by George E. de Schweinitz, M.D., Professor of Ophthalmology in the University of Pennsylvania. With 30 Colored Lithographic Plates and 154 Text Cuts. Cloth. Pp. 377. Price, \$3.50 net. Philadelphia, New York, London: W. B. Saunders & Co. 1905.

**PRINCIPLES OF PHYSIOLOGICAL PSYCHOLOGY.** By Wilhelm Wundt, Professor of Philosophy in the University of Leipzig. Translated from the Fifth German Edition (1902) by Edward Bradford Titchener, Sage Professor of Psychology in the Cornell University. Vol. 1. With 105 Figures in the Text. Cloth. Pp. 345. Price, \$3.00. New York: The Macmillan Co. 1904.

**AN INTRODUCTION TO PHARMACOGNOSY.** By Smith Ely Jelliffe, Ph.D., M.D., Professor of Pharmacognosy and Instructor in Materia Medica and Therapeutics in the Columbia University (College of Physicians and Surgeons), New York. Fully Illustrated. Cloth. Pp. 265. Price, \$2.50 net. Philadelphia, New York, London: W. B. Saunders & Co. 1904.

**TWENTY-SEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF CONNECTICUT, for the Year 1904, with the Registration Report for 1903 Relating to Births, Marriages, Divorces and Deaths.** Printed by Order of the Legislature. Cloth. Pp. 296. New Haven: The Tuttle, Morehouse & Taylor Co. 1905.

**LIFE INSURANCE EXAMINATIONS. A Manual for the Medical Examiner and for All Interested in Life Insurance.** By Brandreth Symonds, A.M., M.D., Medical Director Mutual Life Insurance Co. of New York. Cloth. Pp. 213. Price, \$1.00. New York and London: G. P. Putnam's Sons. 1905.

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