

of health, and it is clear that the power to investigate and report does not embrace the power to take measures for the suppression and control of disease, vested in the board of health as a board. The statute does not appear to give the health officer any discretionary power concerning the prevention, suppression, and control of the disease, but simply imposes on him the duty of investigating the circumstances attendant on the appearance of the disease, and making report. Whether the health officer could in any case bind the town by the employment of a physician to aid him in such investigation, the court does not now decide. The board, it says, is authorized to take such measures as may be deemed necessary for the prevention, suppression, and control of the disease, and this involves the exercise of discretion, which the statute wisely vests in the board, and which was not intended to be given to the health officer for obvious reasons. The power to charge a town with the expenses of a physician in the prevention, suppression, and control of a dangerous and contagious disease, if it exists in any case, is vested in the board of health, and not in the health officer without the approval of the board, and the physician employed is bound to know at his peril that the action of the health officer in that regard is subject to the approval of the board. A health officer has no power to employ a physician to treat smallpox patients and furnish them with medicine. Again, it was contended in this case that the failure to secure the approval of the board of health does not relieve the town from liability, where the health officer takes such measures as in his judgment are necessary to prevent the spread of disease. But the court does not so understand the statute. It says that the power to investigate and report is given to the health officer without limitation, but the power to take measures for the prevention, suppression, and control of the disease is vested in the board, and can not be exercised by the health officer without approval of the board. Whether this legislation is wise or otherwise, and whether more extensive powers should be given to health officers, are not questions for the courts. Furthermore, under the statutes of Wisconsin, Section 1416 of which provides that the charge shall be against the person so taken care of, or against any other person who may be liable for his support, the court says that it is at least very doubtful whether the board of health has any power to charge a town with the expenses of medical services and medicine furnished to a person infected with smallpox, especially when such person is not a pauper, but well to do, and amply able to pay for such services and medicine.

Current Medical Literature

AMERICAN.

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

American Medicine, Philadelphia.

May 13.

- 1 *Surgical Intervention in Cases of General Peritonitis from Typhoid Fever and Acute Gonococcus Infection. J. Price. Philadelphia.
- 2 *Diphtheria Antitoxin in Cerebrospinal Meningitis. A. J. Wolff, Hartford, Conn.
- 3 *Gallstone Obstruction of the Bowel; Report of a Case; Removal of One Stone from the Bowel and a Second from the Gall Bladder; Recovery. A. C. Wood, Philadelphia.
- 4 The Alleged Destruction of Red Blood Corpuscles in the Spleen. E. T. Williams, Boston, Mass.
- 5 Pancreatic Cyst; Report of a Case. M. J. Karpeles, Philadelphia.
- 6 *McGraw Elastic Ligature for Gastroenterostomy Secondary to Murphy Button; Operation with Description of Technique. R. J. Christie, Quincy, Ill.
- 7 *Gunshot Wounds and Their Treatments. J. R. Cook, Fairmount, W. Va.

1. **Surgical Intervention in Typhoid and Gonococcus.**—Price states that typhoid and other perforations are always followed by peritonitis, local or general. The possibility of its remaining local or circumscribed by adhesions should not be considered if the diagnosis of perforation has been made. In more than 75 per cent. of the cases recorded, general septic peritonitis has been found with escaping bowel contents, gas and feces, foul pus, and free exudate in considerable quantity. The perforations are quickly and easily found near the ileocecal valve and are rarely multiple or ragged. Whether of

large or small caliber, fine pure silk is the safest suture material; the lumen of the bowel can be safely reduced to one-half. The interrupted suture gives the best result and less risk of strangulation. If the margins of the ulcer are ragged they should be trimmed. A resection is an unjustifiable and dangerous procedure; simply anchor the ragged ulcer and disorganized bowel with catgut sutures on the opening between drains, forming an artificial anus or fecal fistula, which is a much safer procedure and is commonly followed by spontaneous closure. If this result does not follow, the fistula can be easily remedied after convalescence. The irrigation or wash toilet, so long practiced, has unquestionably given the best results. It should be a thorough cleansing with sterilized water of the entire surface, both visceral and parietal peritoneum. Price believes irrigation with hot normal salt solution is harmful by irritation. Curetting or wiping dirty points with gauze is followed by good results. The gauze pack, so commonly and recklessly used, is a dangerous procedure, favoring too many acute and chronic obstructions by pressure. Unless the operator understands how to place gauze drains or coffer dams in and about filthy surfaces, he would better fill the peritoneal cavity with hot salt solution and close.

2. **Diphtheria Antitoxin in Cerebrospinal Meningitis.**—Wolff asserts that when the gross lesions of the disease have made extensive onslaughts on the vital centers a cure can not be effected. To be effective, the antitoxin must be used early in the course of the disease and in large amounts.

3. **Gallstone Obstruction of the Bowel.**—Wood reports the case of a woman, aged 58, operated on for intestinal obstruction, due to a gallstone in the ileum, six inches above the valve. The stone weighed 11.6 gms. and measured 9.3 cm. by 8 cm. in circumference. A second stone, weighing 9 gms., was removed from the gall bladder. Brief notes of 21 additional cases, collected from the literature of the past five years, are appended. Of these 22 cases, 12 patients recovered and 10 died; mortality, 47 per cent. But two of the number were men. The ages ranged from 31 to 73. The average age of the women was 59.85 years. One-half of all the cases occurred in the sixth decade. The site of the obstruction was: Duodenum, 1; duodenojejunal junction, 1; jejunum, 2; "small intestine" (probably ileum), 1; ileum, 11 (probably 15); ileocecal valve, 1; colon, 1; not stated (probably ileum), 3. In one case the stone was in a mass of adhesions in the gall-bladder region and caused obstruction by setting up a local peritonitis.

6. **McGraw Elastic Ligature for Gastroenterostomy Secondary to Murphy Button.**—Christie reviews the development of gastroenterostomy, gives credit to American surgeons for its present state of perfection, relates the pathogenic conditions which may be relieved by the operation, classifies cases which are best done with the Murphy button, describes the technic of the elastic ligature operation as a secondary procedure, and gives the history of a case.

7. **Treatment of Gunshot Wounds.**—Cook says that if the Roentgen rays are not available to aid in locating the bullet, in wounds of the leg, arm or body, the best method is to wash out the tract and to await developments. He especially emphasizes the importance of drainage in all operations for gunshot wounds.

Medical Record, New York.

May 13.

- 8 *Tuberculosis Situation in Penal Institutions, with Especial Reference to the State Prisons at Sing Sing, N. Y., and Columbus, Ohio. S. A. Knopf, New York.
- 9 *Dermatitis Seborrhoica and Its Relations to Alopecia and Other Conditions. L. D. Bulkley, New York.
- 10 Prostatectomy. R. Harrison, London.
- 11 Importance of Early Recognition of Suppurative Ear Disease. A. G. Bryant, New York.
- 12 *Treatment of Epidemic Cerebrospinal Meningitis by Injections (Chiefly Intraspinal) of Diphtheria Antitoxin. G. L. Peabody, New York.
- 13 *Case of Long-Standing Major Hysteria Characterized by a Paroxysmal and Fixed Pain, Mental Depression, Confusion, Delirium with Delusions, and Hallucinations Terminating in Sudden Recovery. T. Diller, Pittsburgh.
- 14 *Case of Menstrual Urticaria. D. J. M. Miller, Philadelphia.

8. **Tuberculosis Situation in Penal Institutions.**—Knopf, after a visit of inspection of the state prisons at Sing Sing

and Columbus, makes the following suggestions: All prisoners detained in jails should be subjected to careful medical examination, and all tuberculous individuals should be isolated. Having arrived at the penal institution, tuberculous prisoners should be assigned to the sort of labor best suited to their condition, and the temperature of the work rooms should be carefully regulated to prevent overheating, while proper dust consumers should also be installed. All prisoners should receive periodical medical examinations. Rules against expectoration should be strictly enforced, and the use of stationary and pocket cuspidors is advised, suitable types being illustrated. Tuberculous prisoners should always have separate cells, and all inmates should have a chance to exercise in the open air several times a day. Whenever possible those predisposed to tuberculosis and those in the earlier stages of the disease should be assigned to agricultural work. The more advanced cases should be treated in special wards and should be required to wear mouth masks to prevent infection. The indiscriminate pardoning of far-advanced cases is to be deprecated, as their families are often too poor to provide for them and they easily become sources of infection to others. Prisons should be constructed so that there is plenty of light, air and ventilation on soil that is dry and porous. These conditions do not exist in Sing Sing prison, which is notoriously damp, and the author suggests some temporary improvements, including the substitution of paint for white-wash on the cell walls, which would make it more sanitary, until an institution can be erected in a more suitable situation. The cells of the Ohio prison are, if anything, worse than those at Sing Sing, and the conditions existing in the work shops, particularly in the tobacco rooms, are highly insatitary.

9. **Relations of Dermatitis Seborrhoica to Alopecia.**—Bulkley says that this is an eruption that forms about one-tenth of the cases which come to the dermatologist. Both sexes are affected in about equal proportions, and, though observed at all ages, from 1 year to 89 years, it is mainly a disease of middle life, almost 53 per cent. of the cases occurring between the ages of 20 and 40. Combining the statistics of alopecia and dermatitis seborrhoica, it appears that in 557 out of 880 cases, or 63 per cent., the loss of hair was due to the latter condition. Dermatitis seborrhoica in all its forms is more or less contagious, and its development is undoubtedly favored by the various elements which lower the vitality and render the skin more susceptible to operation of such local agencies. The differential diagnoses from psoriasis, ringworm, pityriasis rosea, syphilis and eczema is discussed. Bulkley's treatment consists mainly in the application of various combinations of resorcin, sulphur, salicylic acid, carbolic acid, formalin, etc. In this connection he says that proper local treatment is all essential, but for the best results a certain amount of reconstructive treatment is necessary.

12. **Treatment of Epidemic Cerebrospinal Meningitis with Diphtheria Antitoxin.**—Peabody gives the results obtained in 22 cases of the disease treated in this way by himself and Jacobi in the Roosevelt Hospital. In all but one the diagnosis was proved by finding the meningococcus in the spinal fluid. Of the 22 patients, 4 received the antitoxin subcutaneously, 7 received it at different times both subcutaneously and intraspinaly, and 11 received it only intraspinaly. In only one case did it seem to cause any unpleasant effect. The mortality of the 22 cases, while still uncertain, will go well beyond 50 per cent., and the percentage of recoveries to date is a little over 9. There does not seem to have been any influence for either good or evil ascribable to the antitoxin treatment.

13. **Major Hysteria.**—Diller reports the case of a married woman of 35, who for over two and a half years presented a picture of serious illness, of which uterine hemorrhage, severe autointoxication, mental depression, delirium, elevation of temperature, dyspnea and a great local tenderness and pain in the left lower abdominal and inguinal regions were different phases. No organic basis for the clinical condition could be detected, and one day, during a consultation, it was suggested that an exploratory incision be made through the tender abdominal muscle. From that day the patient began to im-

prove, and three weeks later she was discharged, apparently in the best of physical and mental health.

14. **Menstrual Urticaria.**—Miller epitomizes the literature of this condition and describes its occurrence in a girl of fifteen, who menstruates regularly and whose attacks of urticaria make their appearance seven or eight days before and cease two to three days before each period. Occasionally the urticaria persists until the flow begins, rarely during the first day or two of its course. During the intervals between the periods the patient is quite free from attacks and she is perfectly healthy in other respects. The urticaria is of the ordinary type.

Medical News, New York.

May 13.

- 15 *Physiology the Basis of Clinical Medicine. Suggestions as to Courses in Applied Physiology. J. M. Taylor, Philadelphia.
- 16 *Hypodermic Use of Adrenalin Chlorid in the Treatment of Asthmatic Attacks. D. M. Kaplan, New York.
- 17 Principles Governing the Technic of Roentgen Ray Therapy. E. G. Williams, Richmond, Va.
- 18 *Common Causes of Gynecologic Disease, with Some Remarks on Prophylaxis. G. G. Ward, New York.
- 19 *Remarks on Treatment of Fulminating Appendicitis. J. M. Inge, Denton, Texas.
- 20 *Gonorrheal Arthritis. H. W. Frauenthal, New York.
- 21 Case of Sudden Death in a Newly Born Infant Due to Suprarenal Apoplexy. R. E. Pick, New York.

15. **Course in Applied Physiology.**—Taylor discusses the value of possessing a thorough knowledge of practical physiology, and points out the deplorable lack of such knowledge by many in the profession. In this connection, he asks whether the teaching in our medical schools is such that all who graduate have secured opportunities to learn the most important principles by which clear reasoning can be consistently achieved. If not, wherein is the chief deficiency? Appended to the article are letters, or quotations from letters, pertinent to the subject under discussion written by prominent teachers of physiology in all parts of the country. They are unanimous in advocating the more extended teaching of applied physiology.

16. **Adrenalin in Asthma.**—Kaplan reports on the use of adrenalin in the Montefiore Hospital for checking the attacks of asthma, and reports several cases. He says that it is safe to say that the contraindications to the use of adrenalin are generally overstated. Although relieving the paroxysms with greater promptness and certainty than most of the other drugs at our command, the hypodermic use of adrenalin chlorid is in no sense curative of the disease as such, and equally useless are prophylactic injections.

18. **Causes of Gynecologic Disease.**—Ward is of the opinion that a large proportion of these diseases are preventable, and that if the causes and etiologic factors were given more prominence in the teaching of gynecology, the physician would be influenced to avoid these pitfalls, and thus save many a woman from an operation or from chronic invalidism. Prophylaxis means prevention, and in order intelligently to prevent the occurrence of any disease, it is important that we understand the cause. Prophylaxis in gynecology is largely dependent on the proper conduct of a labor or an abortion. Disregard of the importance of antepartum examination, and the cultivation of diagnosis by abdominal palpation, thus reducing the amount of vaginal manipulation during labor; the too ready resort to the forceps and their unskillful use, especially in regard to their application through an undilated cervix, the lack of inquiry as to whether the uterus has involuted properly during the puerperium, the neglect immediately to repair injuries to the pelvic floor, the failure to recognize the importance of gonorrhea in its earlier manifestations, and the popular methods of treating abortion, are all common factors that go to make gynecology a specialty.

19. **Fulminating Appendicitis.**—Inge's paper is largely a discussion of the methods of treatment advocated by Ochsner and Morris, with a report of two cases.

20. **Gonorrheal Arthritis.**—The subject is discussed in general by Frauenthal. Incidentally, he remarks that if the same zeal be displayed in seeking for gonococci as a cause of arthritis as there is for looking for uric acid and urates, possibly more cases of gonorrheal arthritis will be found.

New York Medical Journal.

May 13.

- 22 *Influence of Cobra Venom on the Proteid Metabolism. J. Scott, Edinburgh.
- 23 Principles of Manual Therapy. Its Application by the Physician. J. P. Arnold, Philadelphia.
- 24 *Urethroplastic Dislocation. C. Beck, New York.
- 25 *Skiagraphy of the Future. J. Rudis-Jicinsky, Cedar Rapids, Iowa.
- 26 When and How Should the Tuberculous Patient Be Treated? F. M. Pottenger, Monrovia, Ga.
- 27 Addition of Calcium Salts to Nutrient Broth. A Reliable and Convenient Method for Growing the Pneumococcus, Meningococcus and Certain Other Bacteria. C. Bolduan, New York.
- 28 Case of Digitalis Poisoning with Very Low Temperature Without Collapse—Recovery. W. N. Johnson, Philadelphia.
- 29 Immediate Abdominal Section. D. Lewis, Chicago. (Continued.)

22. **Influence of Cobra Venom.**—An extended series of observations has been carried on by Scott with reference to the effect of cobra venom on proteid metabolism. Dogs were used for this investigation. When the animal came into nitrogenous equilibrium, sublethal, and in some cases lethal, doses of cobra venom were injected subcutaneously. Scott found that practically no change in the rate of proteid metabolism was induced by the injection, in spite of well-marked local reaction. A slight decrease in the proportion of urea nitrogen, quite insignificant compared with that produced by diphtheria toxin and various drugs, was observed. A slight rise in the proportion of ammonia nitrogen occurred. There was a slight rise in the proportion of nitrogen purin bodies. The nitrogen in other compounds showed no constant change. The P_2O_5 excreted showed no constant change, but in two experiments there was a slight rise. The change produced in the proteid metabolism is, therefore, small, and as such is the case, being in the directions of decreased elaboration of urea and increase in the proportion of nitrogen excreted as ammonia, it seems to indicate a slight toxic action on the hepatic metabolism rather than a general action on the proteid changes; and tends to confirm the view that the poison acts chiefly on the nervous system.

24. **Urethroplastic Dislocation.**—The procedure described by Beck, known as urethroplastic dislocation, is carried out as follows: After the patient is brought into the lithotomy position, a medium-sized metal catheter is introduced and is gently pressed against the entrance of the strictured area. If firmly held by an assistant, it will serve as a landmark. The indurated area is now exposed by a three-inch incision made in the raphe. The tissues are divided step by step until the urethra is reached. The sclerotic area generally extends into the neighboring perineal muscles. After its length is ascertained, the urethra is grasped with toothed forceps, raised and carefully freed from the surrounding tissues. After isolation is perfect, and not until then, the indurated portion is excised at its central as well as its peripheral ends. The urethral stumps are now caught with silk ligatures so that they can be pulled forward and further mobilized until they can be placed in apposition. If mobilization of the central end offers any technical difficulties, a large catheter is introduced and serves as a handle during dissection. After the mucous membranes of both urethral ends are united with the fine catgut sutures, a large rubber catheter, provided with a shield, is introduced and fastened at the top of the glans. A row of periurethral sutures is then added, and the skin wound is closed with interrupted silk sutures. No wound drainage is used.

25. **Skiagraphy.**—This paper is essentially a description of improved technic. The apparatus described is the author's protector, a home-made combination of a protective screen and shield, mask, and a lead box, with diaphragm and a metal cylinder and specula for precluding the diffused x-rays. The device may be used with great advantage in therapeutic work, in diagnosis, in fluoroscopic examination and in skiagraphy, giving most excellent results not obtainable without it. During the whole exposure of a patient the tube may be observed in action anteriorly and posteriorly, without disturbing the patient. In this way the patient and operator are protected in prolonged exposures. A burn is not possible. Any tube of a good make works with this attachment more steadily, the spreading of the rays when the tube becomes high in vacuum

is avoided, and so-called concentration becomes possible, giving the illumination of the part exposed only. The illumination can be regulated at will. The whole arrangement and accessories to the protector weigh only about one pound and one ounce, and are easily portable with the tube, and in the same compartment, or the same box without other attachment.

Boston Medical and Surgical Journal.

May 11.

- 30 Infections of the Respiratory Tract with Influenza Bacilli and Other Organisms; Their Clinical and Pathologic Similarity and Confusion with Tuberculosis. F. T. Lord, Boston.
- 31 *Perforated Duodenal and Gastric Ulcers; a Report of Two Cases; Operation; Recovery. C. L. Scudder, Boston.
- 32 *Suggestions in regard to the Diagnosis of Seminal Vesiculitis. H. Cabot, Boston.
- 33 Report of a Case of Exstrophy of the Bladder, with a Consideration of Operative Treatment. H. G. Spooner, New York.

31. **Perforated Duodenal and Gastric Ulcers.**—Scudder records two cases of ulcer of the gastrointestinal canal. One case was an ulcer of the stomach. The other case was an ulcer of the duodenum. Both ulcers perforated, causing acute peritonitis. The first patient was operated on four hours after the initial sign of perforation. The second patient was operated on forty-eight hours after perforation. It was thought previous to operation that the patient had an appendicitis and a general peritonitis. Both the ulcers were closed by sutures. The peritoneal cavity in each instance was quickly cleansed by salt flushing and wiping. Cigarette and tube drains were used for a few days only in each case. Both patients recovered. In each case at a subsequent time a posterior gastrojejunostomy was done. The anastomosis was made close to the ligament of Treitz. Both patients recovered from the second operation, and are well to-day.

32. **Diagnosis of Seminal Vesiculitis.**—The technic adopted by Cabot for the purpose of demonstrating the presence or absence of pus in any noticeable amount in the cavity of the vesicle is as follows: Patients are instructed to come with a full bladder, and this is first emptied, in order to obtain a general idea of the amount of pus in the urethra. The urethra is then irrigated with boric acid solution, and 4 or 5 oz. allowed to run back into the bladder, which is then emptied. In this way the urethra is rendered as clean as possible. The bladder is then again distended with boric acid or salt solution, and the prostate massaged, leaving the region of the vesicle undisturbed. A varying amount of prostatic fluid can be expressed so as to flow from the meatus, but this is not to be regarded as the whole expressed contents, as a certain amount will flow back into the bladder, depending, probably, on the condition of the posterior urethra. If, now, the patient empties the bladder, as much has been done as possible to eliminate contamination from neighboring organs. The bladder is then a third time distended and the vesicles massaged, expressing the contents as thoroughly as possible. By this massage, a variable amount of vesicular contents is expressed so as to come out at the meatus, but in many cases the major portion of it runs back into the bladder and is passed when that viscus is emptied. By using this routine an approximately accurate idea of the contents of the vesicle can be obtained and it is obtained moderately free from contamination.

Lancet-Clinic, Cincinnati.

May 6.

- 34 *After-Treatment in Abdominal Operation. H. J. Whitacre, Cincinnati.
- 35 Treatment of So-called Incurable Chronic Disorders by the Physiologic Method. J. H. Kellogg, Battle Creek, Mich.
- 36 Death Through Misadventure. W. W. Vinnedge, La Fayette, Ind.
- 36½ Urethrorrhea. E. Harlan, Cincinnati.

34. **After-Treatment in Abdominal Operation.**—The chief points made by Whitacre are: 1. The importance of the face mask as an additional safeguard. 2. The prevention of post-operative vomiting by the stomach irrigation. 3. The avoidance of shock by minimizing the injury. 4. The high value of salt solution per rectum in re-establishing kidney function and in contributing to the comfort of the patient. 5. A prolonged period of convalescence will restore the patient most promptly to a normal state of health.

Memphis Medical Monthly.

May.

- 37 Facts Versus Theory in the Treatment of Pneumonia. J. L. McLean, Memphis.
- 38 Lobar Pneumonia and Its Sequelæ; Report of Cases. W. T. Black, Memphis.
- 39 Further Remarks on the Etiology of Blackwater Fever. J. B. McElroy, Memphis.
- 40 Ulceration of the Cornea in General Diseases. E. C. Elliott, Memphis.
- 41 Cough from Causes Outside of the Lungs. J. W. Price, Memphis.
- 42 *Technic of the Operation for Appendicitis. J. E. Johnson, Memphis.

42. **Operation for Appendicitis.**—The technic prescribed by Johnson is very nearly that used by Morris. After the usual preparation, he begins by taking up a fold of skin and fat between the thumb and index finger, and divides it down to the external oblique. The points of the closed scissors are now pressed through the external oblique, and by opening, split the muscle (aponeurosis in this location) to correspond with the opening of the skin. The internal oblique and transversalis are treated in the same way as the external oblique. The peritoneum is divided between the two forceps, and a strand of No. 2 catgut is passed through one end of the incision and tied. This suture is to be used for drawing up the peritoneum and for closing. The appendix is now tied off close to the bowel and removed; the stump is touched with carbolic acid. The cuff of peritoneum is sutured by what is practically a double Lambert suture. This suture is tied and the ends used as a retractor, while a pouch-string suture is introduced, by beginning half an inch from the appendix, and including part of the peritoneal covering of the bowel, all around. The space between this suture and the suture already tied is scarified with a needle. The ends of the suture in the cuff are now cut off, and as the pouch-string suture is tightened, the stump is pressed back into the bowel. The exposed portion is washed with salt solution and returned to the abdomen. This method of handling the stump has several advantages over simply tying a ligature around and cutting off the appendix, viz., it prevents leaking; there is less appendix left, which might slough; if it does slough, it is inside of the bowel; the peritoneal surfaces are directly together, and do not have to depend on pressure atrophy to bring them together; the peritoneal surface of the bowel, half an inch from the appendix, is brought over the stump; there is no exposed stump to cause adhesions. The closure is begun by drawing back the muscles with tenacula and with a curved needle, and the catgut, already tied into the peritoneum, closes the peritoneum, using a continuous suture. Tie and cut off the suture. With the tenaculum draw the two outer muscles toward the median line and begin the suture in the transversalis, allowing the muscles to come toward the outside as the suturing continues. By retracting in the direction of the split that is being closed, the opening can be kept over the part of the incision that is being sutured, thus giving plenty of room. The muscles move freely over each other and can be retracted for a considerable distance. The internal and external oblique are sutured in like manner, using plain No. 1 catgut. The skin is closed by a subcuticular suture of plain No. 1 catgut and covered with collodion. The advantages of this incision are self-evident. No muscles are cut, they are split. There is no cicatrix binding all of the muscles together and acting as a splint, as in the straight through cut. There is less risk of hernia; there is less pain; the healing is quicker; the scar is hardly noticeable. The patient is allowed to turn over at will, from the first, and may be allowed to leave the bed in from five to seven days.

Brooklyn Medical Journal.

May.

- 43 *Surgical Treatment of Cirrhosis of the Liver. R. S. Fowler, New York.
- 43½ Clinical Study of Abscess of Lung. W. H. Rankin.
- 44 Case of Esophageal Pouch. W. C. Wood.
- 45 Purulent Ophthalmia. J. C. Hancock.
- 46 Pelvic Condition of Primipara When They Are Discharged from the Physician's Immediate Care. A. M. Judd.
- 47 "Growing Pains" Fallacy. R. W. Westbrook.
- 48 Report of Two Cases of Maternal Impression. R. E. Coughlin.

43. **Surgical Treatment of Cirrhosis of Liver.**—The operative procedure employed by Fowler is as follows: After the usual preparation of the patient for anesthesia and abdominal

section, the abdomen is tapped some hours before the time set for the operation, preferably the night before, and as much fluid as possible drawn off. This relieves the respiratory embarrassment and so conduces to a safer anesthesia. The patient having been anesthetized, the abdomen is opened by a median incision, reaching from the ensiform cartilage to halfway between the umbilicus and the pubes. The edges of the wound are widely retracted and the peritoneal cavity is thoroughly dried. Every particle of fluid is sponged away. This is not done gently, but roughly, with large, coarse laparotomy pads. The peritoneum is scrubbed with a crash sponge. The upper portion of the liver is scraped with a scalpel, as is also the peritoneum covering the diaphragm. The freshening of the surfaces is completed by going over them roughly with a small piece of crash toweling grasped in a stick sponge holder. The surface of the spleen is likewise abraded, but not as roughly as the liver surface. The next step consists in shortening the round ligament of the liver by taking pleats in it and suturing it to the parietal peritoneum and rectus muscle. This holds the liver in closer apposition to the diaphragmatic peritoneum. To make the approximation more complete, the anterior edge of the liver is sutured to the parietal peritoneum. All sutures are interrupted and of chromic catgut in round needles. Following this, one edge of the wound is widely retracted, and the omentum is sewn to the parietal peritoneum in a line across the abdomen and up to the wound margin. The same procedure is carried out on the opposite side. The first sutures placed are those furthest from the wound. The peritoneum is again dried, and the wound closed with cross sutures of silkworm gut, fastened through rubber bolsters. The skin is sutured with a continuous chain-stitch of silk. The subsequent dressing and treatment is that usually employed in laparotomy cases in which the intestinal canal has not been invaded.

New York State Journal of Medicine, New York.

May.

- 49 Prostatic Hypertrophy. W. B. Jones, Rochester, N. Y.
- 50 *Alexander Operation: Its Results, Immediate and Remote. J. E. King, Buffalo, N. Y.
- 51 *How and When to Use Antitoxin in Diphtheria. C. G. Kerley, New York.
- 52 Gynecologic Importance of Prolapsed Kidney. A. H. Goelet, New York.
- 53 Passing of the Old Physician. E. Lester, Seneca Falls, New York.
- 54 Diarrhea and Bowel Troubles in Infants and Adults. B. W. Stearns, Binghamton, N. Y.
- 55 Infantile Cerebral Palsy in Its Relation to Epilepsy. E. Sharp, Katonah, N. Y.
- 56 Symptoms of Cerebrospinal Meningitis. G. H. Fish, Saratoga Springs, N. Y.
- 57 Observations on the Use of Forceps. E. M. Scofield, Jamestown, N. Y.
- 58 Clinical Features and Treatment of Epidemic Cerebrospinal Meningitis. F. Huber.

50. **Alexander Operation.**—A word is said in favor of this procedure by King, who believes that recurrence of the pathological condition for the relief of which the patient is operated on by this procedure should be very rare, if the technic of the operation be varied according to what in the judgment of the surgeon seemed to be the requirements of the case, as determined by the size of the ligaments. When all is said and done, concludes King, it must be admitted that the Alexander operation has a prominent place in the treatment of uncomplicated retroversion.

51. **Antitoxin in Diphtheria.**—Kerley emphasizes the fact that the dosage of antitoxin is not fixed by the age of the patient, but by the severity of the infection and the duration of the disease when first seen. One child may require three thousand units of the antidote; another, 30,000 units.

American Practitioner and News, Louisville.

May.

- 59 William Osler—An Address. J. W. Irwin.
- 60 Syphilis. J. M. Morris.
- 61 *Cystitis. S. S. Prather.
- 62 *Cesarean Section for Myoma-Uteri Obstructing the Entire Pelvic Outlet. F. W. Samuel.
- 63 *Observations and Conclusions in Obstetrics. W. A. Keller.
- 64 *Points on Surgery of the Gall Bladder. L. P. Spears.

61. **Cystitis.**—In acute cystitis, Prather advocates no irrigation, soothing drinks, antiseptics, sedatives, hot applications to the pubes and rest in bed. For chronic cystitis, irrigation, stimulation, antiseptics and moderate exercise.

62. **Cesarean Section for Myoma Uteri.**—Samuel's paper is a review of this subject, with the indications and limitations as to treatment, and the report of one case.

63. **Observations in Obstetrics.**—Attention is directed by Keller to a few points in connection to the practice of obstetrics that bear frequent repetition. He says that the more the obstetrician follows nature, the better will be his results. Assist nature as much as possible without interference. More times harm has been done by trying to do too much than by not doing enough. In applying forceps, be sure of an empty bladder, and the position of the fetus; or get some one to put them on that does know the position. It is imperative to examine the perineum after all deliveries, and it is always well to give the patient a dose of ergot after the third stage of labor.

64. **Surgery of the Gall Bladder.**—For the treatment of cholelithiasis, Spears advocates cholecystostomy as the only conservative procedure in these cases, except where empyema or subsequent rupture and infection have taken place, in which case cholecystectomy is the best procedure, allowing that the common duct is not obstructed. Four cases are reported.

Milwaukee Medical Journal.

April.

- 65 *Treatment of Retro-Displacements of the Uterus. C. A. Stewart, Duluth, Minn.
- 66 Juglandin. W. F. Waugh, Chicago.
- 67 Diagnosis of Extrauterine Pregnancy. J. Bruess, Milwaukee.

65. **Retrodisplacements of the Uterus.**—Some modifications of the methods generally practiced for the relief of retrodisplacements of the uterus have been made by Stewart, which simplify the procedure, and at the same time secure permanency of results. After breaking up adhesions the uterus is replaced in position and each round ligament is caught by a uterine tenaculum at a distance of from one to one and one-half inches from the uterus, depending on the amount of slack that the replacement of the uterus leaves in the ligament. Gentle traction is then made, sufficient to make the ligaments taut, when it will be seen that the vesico-uterine peritoneum has been lifted up so that it forms a sulcus. The sides of this furrow are overlapped and stitched together with a fine catgut suture which, as it approaches the round ligaments, tends to draw them together so that when it is completed the two ligaments are in close juxtaposition. The loop formed by the slack in the round ligaments is then stitched together with chromic catgut, after which they are folded over toward each other, fastened together and to the anterior aspect of the uterus. A reasonably extensive experience has convinced Stewart that his method possesses certain points of excellence that entitle it to consideration, such as ease and facility of execution, the certainty of securing equable support to the uterus by the uniformity of traction on each round ligament, and the added element of strength afforded by stitching the folds of peritoneum together so that they are able to aid in giving support to the replaced organ.

St. Louis Medical Review.

May 6.

- 68 Diagnosis of the Pneumonias. L. Litchfield, Pittsburg, Pa.
- 69 Pathology of the Pneumonias. J. C. Lange, Pittsburg, Pa.

Vermont Medical Monthly, Burlington, Vt.

March 25.

- 70 Epidemic Influenza in the Etiology of Certain Diseases. W. N. Bryant, Ludlow.
- 71 Hysterectomy for Fibroid Tumor of the Uterus; Recovery. A. L. Smith, Montreal.
- 72 Febricula. W. F. Waugh, Chicago.
- 73 Cancer of the Uterus. C. E. Chandler, Montpelier, Vt.
- 74 Treatment of Menstrual Disorders; with Special Reference to Cases in Women Suffering from Mental Diseases. G. S. Walker, Staunton, Va.

Detroit Medical Journal.

March.

- 75 Cancer and Sarcoma as Affected by Locality. T. A. McGraw, Detroit.
 - 76 General Vibratory Massage. C. Sandzen, Kansas City, Mo.
 - 77 Facial Erysipelas. G. W. Spohn, Elkhart, Ind.
 - 78 Deformities of the Feet Corrected by Elastic Screw and Solid Pressure. V. L. Smith, Detroit, Mich.
- April.
- 79 Hackley Hospital—A Model for Small Cities. F. W. Garber, Muskegon, Mich.

- 80 Case-History Clinic. R. C. Cabot, Boston, Mass.
- 81 Differential Diagnosis and Treatment of the Chronic Non-Tubercular Joint Diseases. W. E. Blodgett, Detroit, Mich.

Journal of Advanced Therapeutics, New York.

May.

- 82 Certain Theoretical and Practical Considerations on the Use of High-Frequency Currents. M. W. Brinkmann.
- 83 Report of the Committee on Current Classification and Nomenclature. W. J. Jenks and C. I. Clark.
- 84 Consideration of Some Electrical Modalities with Cases Bearing Thereon. J. H. R. Bond.
- 85 Contribution to the Knowledge of the Radio-Activity of the X-Ray Tuber. O. Juettner.

Medical Fortnightly, St. Louis.

May 10.

- 86 Conservative Treatment of Chronic Middle Ear Suppuration. F. R. Packard, Philadelphia.
- 87 Eradication of Syphilis and Gonorrhea. J. H. Adams, Paoli, Pa.
- 88 Thorns Among the Roses of a Specialist's Life. A. L. Benedict, Buffalo.
- 89 Anatomic Eponyms. R. S. Gregg, Chicago.

Buffalo Medical Journal.

May.

- 90 Traumatic Tetanus. C. Bentz, Buffalo, N. Y.
- 91 Pendulous Abdomen. J. P. Creveling, Auburn, N. Y.
- 92 Quarantine. F. H. Savers, Rochester, N. Y.

Louisville Monthly Journal of Medicine and Surgery.

May.

- 93 Symptoms of Surgical Lesion in the Upper Right Abdomen. H. Grant, Louisville.
- 93½ Cesarean Section, Ectopic Gestation, Desmoid-Sarcoma and Uterine Fibroid. L. Frank, Louisville.
- 94 Tension—Its Relation to the Physical Organization. J. Glahn, Owensboro.

Cleveland Medical Journal.

May.

- 95 Anti-Tuberculosis Movement in Cleveland. J. H. Lowman, Cleveland.
- 96 Nutrition in Tuberculosis. J. P. Sawyer, Cleveland.
- 97 Mental Side of the Consumptive. G. H. Fitzgerald, Albuquerque, N. Mex.

California State Journal of Medicine, San Francisco.

May.

- 98 Thirty-Fifth Annual Meeting of the Medical Society of the State of California. F. L. Adams, Oakland.
- 99 Notes on Recent Progress in the Surgery of the Ear and Brain. A. Barkan, San Francisco.
- 100 Use of Benzoylvinyl-Diacetone-Alkamine (Beta-Eucalin) Lactate in Eye, Nose and Throat Work. H. B. Ellis, Los Angeles.
- 101 Case of Primary Carcinoma of the Lung. H. Herbert, Los Angeles.
- 102 Tendon Transplantation. F. Lange, Munich.
- 103 Nephrotomy for Stone in the Kidney. C. M. Cooper and W. I. Terry, San Francisco.
- 104 Osteomalacia. C. S. Stoddard, Santa Barbara.
- 105 Fractures of the Anatomic Neck of the Humerus. T. L. Loofburrow, Eureka.
- 106 Recurrent Eclampsia. O. B. Spalding, Yreka.

Journal of Experimental Medicine.

April.

- 107 Study of the Changes in the Blood and Blood-Forming Organs Produced by Cytotoxic Sera, with Special Reference to Hemolymphotoxin. H. Woltmann.
- 108 Artificial Anastomosis Between the Portal Vein and the Vena Cava Inferior—Eck's Fistula. J. E. Sweet, New York.
- 109 A Second Coagulation of the Blood Due to a Substance That Is Not Identical with Fibrinogen and Is Coagulable by Saturation with Neutral Oxalate. E. T. Reichert.
- 110 Comparative Statistics of Antitoxin Horses. A Study of the Records of One Hundred Horses Immunized to Diphtheria Toxin, with Composite of Curves. W. R. Hubbert, Detroit, Mich.
- 111 Observations on Endothelial Separation in the Smaller Arteries and Veins. C. G. Farnum.
- 112 Study of the Protective Action of Snake Venom on Blood Corpuscles. H. Noguchi.
- 113 Method for Obtaining Mass Cultures of Bacteria for Inoculation and for Agglutination Tests. P. H. Hiss, Jr.

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.

May 29.

- 1 *Etiology of Carcinoma. G. T. Beatson, M.D., Edinburgh.
- 2 *Malignant Disease of the Fundus Uteri. A. J. Cleveland and D. D. Day.
- 3 *Points of Incidence Compared in Cancer, Leucoderma and Scleroderma. G. L. Cheate.
- 4 Cinnamic Salts in the Treatment of Cancer. L. Drage, Hatfield.

- 5 *Case of Cancerous Disease of the Stomach. W. M. Stevens, London.
- 6 Grafting of Completely Separated Skin Flaps in the Treatment of Contractures Due to Cicatrices. R. Kennedy.
- 7 Recurring Torsion of the Spermatic Cord, with an Account of Five Cases. J. W. Dowden, Edinburgh.
- 8 *Investigation on the Regeneration of Nerves. B. Kilvington.

1. **Etiology of Carcinoma.**—In this article Beatson reiterates his views as to the germinal or reproductive tissue theory of cancer first enunciated by him nine years ago and offers additional evidence which he believes is in favor of this method of causation of cancer.

2. **X-Ray in Malignant Disease of Fundus Uteri.**—For the purpose of controverting the opinion generally held that the treatment of all but quite superficial malignant growths by the x-rays is useless, Cleveland and Day cite one case of cancer of the fundus uteri which was treated successfully by this means. The diagnosis was not confirmed microscopically, the clinical symptoms all pointing toward a malignant growth. The tumor was treated through the abdominal wall with a moderately high tube excited by a mica-plate static machine, applying the rays directly over the pelvis for fifteen minutes at a time, three times a week, the tube being about six inches distant from the skin. The treatments were given at intervals, 12 or 13 at a time, because of severe dermatitis. Seven months after the treatment was begun no tumor could be found, the uterus was freely movable, and there was no discharge; menstruation was normal and the patient was enjoying good health.

3. **Incidence Compared in Cancer, Leucoderma and Scleroderma.**—The points of incidence in which the cancer process begins on the skin are discussed by Cheatle, and attention is drawn to the fact that the point of incidence must have an important etiologic bearing on the actual genesis of cancer. The author believes that the observations made by him strengthen the opinion which he previously expressed that the incidence of cancer may be due to direct or indirect nervous influences of the area in which it occurs, as is now believed to be the case in leucoderma and scleroderma. This nervous influence, if present, is probably either peripheral or a peripheral modification of central influence, and not only segmental. The spread of rodent ulcer on the trunk, as it does on the head and face, appears, on the whole, to resemble the spread of scleroderma and leucoderma, and hence the spread, as well as the incidence of rodent ulcer on the body, is under a nervous influence which is peripheral.

5. **Cancer of Stomach.**—The case reported by Stevens is of especial clinical and pathologic interest, being one of latent carcinoma of the stomach, in which he was able to make an early and correct diagnosis by discovering the presence of glandular enlargement in the left supraclavicular region, and in which postmortem examination showed extensive cancerous affection of the stomach and liver, associated with marked cancerous disease of the thoracic duct and localized infection of the above mentioned glands. The entire duration of the symptoms was seventeen months, during the last five of which the patient was unable to work. There was an entire absence of gastric symptoms until the latest stages. The most prominent symptoms were marked edema of the legs and scrotum, with shortness of breath due to pressure on the veins. This case demonstrates the following points: (a) The marked edema which may be due to intra-abdominal disease; (b) the latency in some cases of cancer of the stomach; (c) the absence of typical signs or symptoms of cancer of the liver; (d) the transference of infection by the thoracic duct; (e) the significance of glandular enlargement above the left clavicle.

8. **Regeneration of Nerves.**—According to Kilvington, it is possible to functionate two opposing groups of muscles by a single nerve which previously supplied one group only; or, to put it in another way, it is possible to innervate fairly completely muscles with a much smaller number of motor horn cells than usually bring about this effect. When the central end of one nerve is joined to the peripheral ends of two nerves there are many more fibers in the peripheral nerves than in the central nerves, so that the nerve fibers in the proximal trunk divide on going to the distal trunk. In some cases, at

least, some of the branches from one nerve fiber go to supply one set, and others the opposing set of muscles. This may prevent very delicate movement being restored. In infantile paralysis there is a loss of power in certain muscles as the result of destruction of a certain number of motor ganglion cells in the anterior horn of the spinal cord. Kilvington's experiments show that a certain number of these motor cells can be dispensed with and yet all the functions of the limb be efficiently retained. This suggests the idea that it is probable that a good result could be obtained by suturing the nerve supplying the paralyzed muscles on to the cut surface of the proximal end of an adjacent healthy nerve. The healthy nerve may be cut partly across and the paralyzed one fixed in the gap so formed. This has the advantage that some of the muscles are never cut off from their nerve supply, but the healthy nerve may be cut completely across, and its own peripheral end, as well as the peripheral end of the paralyzed nerve, sutured to the central end. This has several advantages; in the first place, it gives all the fibers in the proximal nerve the chance of branching (for this seems impossible without dividing a fiber) and supplying a greater number of muscle cells. In the second place, the innervated muscles are liable to shorten and develop a contracture before regeneration in the divided nerves has taken place. Lastly, it is possible that the mechanical interposition of the paralyzed nerve may prevent some of the branches of the peripheral end of the healthy nerve receiving any fibers. Kilvington thinks nerve crossing would be specially applicable in the common form of infantile paralysis where the extensors of the toes and the peronei are affected. There are two classes of cases where it is probable that this procedure would be useless. First, in those cases where a large amount of recovery takes place with a limb fairly useful, but still not so strong as its fellow, it is very doubtful if we could hope for a better result from nerve suture than would occur naturally. Secondly, in very severe cases, where only a small group of muscles remains intact (as, for example, a case where the peronei alone retain their function), it is very questionable if the fibers of the musculocutaneous nerve could innervate at all efficiently the muscles supplied by the anterior tibial and large internal popliteal. Several objections may be raised against this procedure. It is impossible to tell for a considerable time how much recovery will take place naturally, and during this delay fatty degeneration and atrophy of the muscle fibers is going on.

The Lancet, London.

April 29.

- 9 *Nutrition and Malnutrition. W. H. Allchin, London.
- 10 *Two Cases of Cerebrospinal Meningitis. J. A. Ormerod.
- 11 *Case of Excision of the Rectum for Carcinoma Recti. F. C. Wallis.
- 12 Absence or Marked Diminution of Free Hydrochloric Acid in the Gastric Contents in Malignant Disease of Organs Other Than the Stomach. B. Moore.
- 13 *Effect of Certain Baths and Forms of Electricity on the Blood, Blood Pressure and Metabolism. W. Bain, W. Edgecombe and H. Franklin, London.
- 14 Case of Extensive Cutaneous Diphtheria, with an Examination of the Nervous System. C. Bolton and D. Brewer, London.
- 15 Tumor of the Right Caudate Nucleus and Frontal Lobe. D. McCay and E. O. Thurston, England.
- 16 Latent Pneumothorax. B. C. Stevens.
- 17 *Two Cases of Tetanus Treated by Antitetanic Serum. R. A. Stoney.

9. **Nutrition and Malnutrition.**—In this lecture, the first of the series, Allchin considers the structure and composition of the bioplasm, the essential characters of the ingesta needful to maintain the living being in structural integrity and functional capability, with the active relation of these factors to one another, and how the bioplasm deals with the food and the outcome thereof.

10. **Cerebrospinal Meningitis.**—The first of Ormerod's cases was a tuberculous meningitis affecting both the brain and the spinal cord; the second was a purulent meningitis of uncertain causation, affecting chiefly the cord and setting up abscesses elsewhere, one of which perforated into the peritoneum. The history of each case and a necropsy report are given in detail.

11. **Carcinoma of Rectum.**—The growth in this case was situated mainly in the posterior wall of the rectum, but extended also on to the anterior wall. It commenced about

three and a half inches from the anus and was freely movable. A skin incision was made from the fourth sacral spine to the tip of the coccyx, and all structures were divided down to the bone. The coccyx was removed, but the sphincters were left untouched, and a portion of the sacrum was taken away by bone forceps. The rectum was freed above and below the growth, the peritoneum being freely opened. A stout silk ligature was passed round the bowel above the growth, and the rectum was divided and turned down and again divided below the growth, about three inches of bowel being removed. The two ends could not be united, but one or two sutures approximated the cut surfaces anteriorly, and then the upper end was sutured to the sacral opening. The remainder of the incision was closed with silkworm-gut sutures after the wound had been thoroughly irrigated and packed with iodoform gauze. A large tube was passed into the bowel and packed round with iodoform gauze. The patient made a good recovery and he has now, to all intents and purposes, a normal rectum with perfect sphincteric control and is in excellent health. The wound was irrigated twice daily after the first 48 hours with either saline or boric solution; as few stitches as possible were applied to the approximated edges in order that drainage might be as free as possible; the greatest care was taken to divide the bowel well above the growth, when possible well below it, and to avoid infecting the wound from the bowel (this was avoided by ligatures and guards); the patient sat up in bed as soon as possible for better drainage from the wound. The fact that perfect control and practically normal sensation were obtained after such an operation is particularly interesting.

13. Effects of Bath and Electricity on Metabolism, Blood and Blood Pressure.—Bain and Frankling summarize the results of their investigations as follows: The physiologic action of the high-frequency current in its general application tends to confirm its use in cases of nutritional disorders, such as chronic gout, chronic rheumatism and obesity, by reason of the changes effected in blood pressure and the stimulus given to metabolism, as shown by the plus heat production, the plus excretion of urea, of uric acid and of CO₂ and the loss of weight. The rise produced in the hemoglobin value of the corpuscle points to its use in the above cases when anemia is a prominent symptom and also as a useful adjunct in cases of simple anemia and chlorosis. The distinct contraction of unstriated muscle fiber excited by the effluve indicates a trial of the method in cases of atony of the hollow viscera, and may also account for the striking results sometimes observed in the shrinking and disappearance of hemorrhoids after repeated applications. The evidence of its real value in cases of diabetes and phthisis does not appear to rest on a sufficiently large number of cases to carry conviction as to its superiority over other modes of treatment. With regard to its action in local affections of the nerves and skin, results offer no evidence for or against. Electric immersion baths are used largely to induce restoration of contractile power in cases of muscular weakness or atrophy resulting from nerve lesions or essential muscular dystrophy, and in cases of neurasthenia and the latent form of hysteria. They are also useful as a general tonic measure in cases presenting no definite disease, but suffering from slackness and want of tone. The results obtained on metabolism are not sufficiently striking to justify the frequent employment of these baths in cases of chronic gout unless the slight increase in elimination of urea and uric acid which followed the constant current may be considered an indication in this direction. The striking results obtained on the hemoglobin value of the blood with the light and ozone bath point to its use in cases requiring sweating baths, in which anemia is present, and further tend to show that the daily breathing, for a stated time, of air highly charged with ozone may be a useful auxiliary measure in the treatment of intractable cases of chlorosis and secondary anemia. Peat baths are largely used in cases of chronic pelvic disorder of an inflammatory nature. Their action, which resembles that of a widespread poultice, materially aids in the absorption of effused products. They are also used for cases of chronic intractable rheumatism and gout and in local manifestations of these disorders, such as

lumbago or sciatica. The results obtained are not conclusive enough to indicate strongly in which direction they are likely to be of service. Thermal sulphur baths are largely used at Harrogate in the treatment of gout, rheumatism and functional derangements of the liver and also for their local action on the skin in cases of skin diseases. In the former, as well as in the latter, experience shows that they are of undoubted value, though their mode of action is by no means clear. Apart from their marked effect on blood pressure, which has been previously shown, this investigation proved nothing conclusive as to their influence on metabolism.

17. Serum Treatment of Tetanus.—Stoney's cases present a marked contrast to one another. In both the incubation period was long—in the first case 17 days and in the second case probably 18 days. In both the temperature was normal on the first appearance of the symptoms, in the second case it remained normal throughout the course of the disease; but in the first case after a preliminary fall it rose rapidly to 102 F. in 20 hours. In both cases the treatment was the same—i. e., injection of serum and the administration of large doses of bromid of potassium and chloral hydrate by the rectum. In the one case death occurred within 60 hours of the onset of the first symptom, whereas the second patient recovered. In the first case, the spasms were both frequent and severe, while in the second only one was observed. The only conclusion to be drawn from these two cases is that the result was due to the degree of infection and was not materially altered by the treatment.

Presse Médicale, Paris.

- 18 (No. 30, April 15.) L'ankylostomiasse cutanée. W. Dubreuilh.
- 19 Drinking.—La boisson qualitativement et quantitativement envisagée chez les malades et les gens bien portants. H. Labbé.
- 20 *Un sou dans l'esophage. A. Broca.
- 21 (No. 31.) Le rôle du sucre dans l'alimentation (sugar). G. H. Lemoinne.
- 22 Traitement électrique de la sciatique. C. N. de Blois (Trois-Rivières, Canada).
- 23 (No. 32.) Circulaire de propagande du Congrès International de la Tuberculose de 1905.
- 24 Amélioration spontanée survenue dans un cas d'ostéomalacie masculine arrivée aux déformations les plus extrêmes avec complications de lithiase vésicale et rénale. Berger.
- 25 *Traitement du mycosis fongioïde par la radiothérapie. J. Belot.

20. A Coin in the Esophagus.—Broca rather ridicules the complicated measures advocated for the extraction of a coin that has lodged in the esophagus. He thinks a penny can be readily extracted with the Graefe extractor, a little basket swinging on a crossbar at the end of a whalebone. He shows by four illustrations what to do and what not to do, and states that he has extracted more than a hundred coins in this way with only one mishap, which occurred at the beginning of his practice. He inserts his left forefinger to guide and to bend the extractor as it enters the throat. When he begins to withdraw the instrument he pushes his finger down to meet it, and if it has caught the coin he works his finger over the coin until it fits into the space between nail and pulp of his finger. He then withdraws the extractor and the coin comes out safely without the slightest injury to the walls of the esophagus. The penny usually lodges at an accessible point in children at the penny-swallowing age.

25. Radiotherapy of Fungoid Mycosis.—The illustrations before and after show the complete objective cure of a severe case of fungoid mycosis of long standing. The patient was a woman of 39 and she was given daily exposures to the Roentgen rays, never surpassing the dose of 9 H unities for a single tumor at a sitting. For more than a year she thus absorbed from 5 to 7 H units a day, or a total of 1,200, without inconvenience of any kind, and with the final retrogression of all lesions, and no recurrence since her return home in August, 1903. The tormenting pruritus ceased almost at once after the exposures, within three days at latest.

Berliner klinische Wochenschrift.

- 26 (XLII. No. 14, April 3.) *Dropsy of Renal Origin.—Experimentelles über die Nierenwassersucht. P. F. Richter.
- 27 *Beitrag zur Behandlung der Ankylostomiasis anämie und der Tropen-Anämien. O. Liermberger.
- 28 *Beziehungen der Balneologie zur Chirurgie (relation between). F. Krause. (Concluded.)

- 29 Notwendigkeit und Art der Desinfektion der Krankenbeförderungsmittel (transportation of the sick). G. Meyer.
- 30 (No. 15.) *Digestive Affections and Balneology.—Verdauungskrankheiten und Balneologie. C. A. Ewald.
- 31 *Intoxication with Calcium Sulphid.—Ueber Vergiftung mit Schwefelalkalien. E. Stadelmann.
- 32 *Blunders in Water Cures.—Missgriffe bei Wasserkuren. Winternitz.
- 33 Ueber experimentelles Hydrannion bei Nephritis. E. Bibergeil.
- 34 *Aims and Limits of Balneotherapy at Home.—Ziele und Grenzen der Balneotherapie in den Wohnorten der Patienten. F. Frankenhäuser.
- 35 Untersuchungen über das Dysenterie-Aggressin. Y. Kikuchi.
- 36 *Ueber Röntgen-Diagnostik und Therapie innerer Krankheiten. R. v. Jaksch (Prague). (Commenced in No. 14.)
- 37 *Die diagnostische und therapeutische Verwendung der Probepunktion in der internen Medizin (exploratory puncture.) O. de la Camp.
- 38 (No. 16.) Balneologie und Ohrenkrankheiten (and ear affections). Passow.
- 39 *Die Kombination der Radiotherapie mit der Organotherapie. A. v. Pöchl and Prof. Prince J. v. Tarchanoff (St. Petersburg).
- 40 Ueber Echinokokken der Schilddrüse (of thyroid gland). O. Ehrhardt (Königsberg).
- 41 Zur Pseudo-Leukämie-Frage. K. Nowack.
- 42 The Minimum of Sanitary and Hygienic Requirements at a Watering Place.—Die gesundheitlichen Mindestforderungen an Badeorte. H. Ruge.
- 43 Aetiologie und allgemeine Therapie der Arteriosclerose. O. Burwinkel.
- 44 Die therapeutische Verwendung der Licht-Wärme-Strahlen (light-heat rays). A. Laqueur.

26. **Experimental Research on Dropsy of Renal Origin.**—Richter's experiments were made on rabbits injected subcutaneously with .0075 gm. uranium nitrate. He found that the amount of dropsy was about the same on the same amount of water ingested, whether salt were added to it or not. He thinks that this speaks against the importance recently ascribed to retention of salt in the etiology of dropsy. The main point in the production of dropsy is the intake of water. On a salt-free diet, the subject is not so thirsty, and consequently takes less water, so that he is thus indirectly benefited by the "dechloridation." Richter is inclined to believe that this is the only benefit derived. His experiments further showed that fluids in the form of milk or mineral waters are subject to the same laws. Intake of fluids in any form does not sweep out the waste matters, nor open the sluices of the kidneys. The fluid merely accumulates in the body and increases the tendency to dropsy.

27. **Treatment of Tropical and Ankylostoma Anemia.**—Liermberger practices at Levico, in Southern Tyrol, where there are famous arsenic-iron springs. He describes the symptomatic cure of a number of cases of tropical and ankylostoma anemia by the use of these waters. The systematic use of the Levico waters restored the patients to health, the blood findings becoming normal, even before other medication was attempted. His experience has further shown that tropical anemia, especially the malarial type is promptly curable with the Levico waters, sustaining their traditional reputation in this respect.

28. **Relations Between Balneology and Surgery.**—Krause remarks that when a man of character wills to recover the full use of his limbs and his working capacity after some surgical affection, it is astonishing how effectual the balneologic measures prove. Results are obtained in a short time such as are unrealizable by others under like conditions or only after months of torment. These balneologic measures have been applied on an extensive scale in the army sanitarium at Wiesbaden, which has had 19,939 inmates since its foundation in 1871, the average each year ranging from 177 to 886. About 62.3 per cent. of the inmates since 1894 suffered from surgical affections. The average stay in the sanitarium was thirty days. The chronic stage that follows the acute phase in infectious osteomyelitis was very favorably influenced by the prolonged or continuous thermal baths.

30. **Affections of the Digestive Apparatus and Balneotherapy.** Ewald's article was read as an address at the recent German congress of balneology. He reviews the action of the various mineral waters on the digestive apparatus, remarking that dogs with a Pawlow fistula would be useful subjects for study of the action of mineral waters. He advises against any relaxation of strict dietetic regulations. The patients are usually those who "live too well" all the year around, and need the traditional restrictions accompanying the water

course. He classifies the indications for the employment of the various groups of mineral waters, adding that empiricism speaks the last and decisive word in the matter. A personal knowledge of the spas is a great advantage for the physician. The annual "medical study trips" have proved very valuable institutions for this purpose in Germany and France.

31. **Intoxication with Calcium Sulphid.**—A young woman took internally some powder sold to apply as a paste for use as a depilatory. The symptoms were delirium, clonic convulsions, vomiting, cyanosis, small pulse, greenish-black formed stools and grayish-brown urine. The patient gradually recovered. The depilatory is sold under the name of "*Haarfeind*," hair enemy. It eats off the hair, leaving the spot as smooth as if shaved. Stadelmann frequently uses it to prepare animals for experiments. It is made, probably, by introducing sulphuretted hydrogen into quicklime, and these combine to form calcium polysulphid or hepar sulphuris.

32. **Blunders in Hydrotherapy.**—Winternitz remarks that mistakes are liable to occur in estimating the amount of stimulation from the thermic and mechanical stimuli applied, in the behavior afterward, and in guiding and controlling the reaction. In applying cold baths in fever their effect on the nerves, vessels, heart, blood, tissues and intraorganic metabolism must be borne in mind. It is a mistake to apply very low temperatures, very slight mechanical stimuli and only for a short period. Such applications raise the temperature instead of reducing it; the innervation, metabolism and oxidations are whipped up instead of being checked. Long, cool, not cold baths, rather intensive mechanical stimuli, tranquil rest under adequate covering after such a bath, and its repetition at the proper time, are the necessary factors. By paying attention to the temperature alone, the physician is apt to err by too frequent and too cold baths in the severe infectious diseases. Winternitz has seen cases in which serious nervous disturbances were the result of this error (*febris nervosa, versatilis* in the aged). Longer intervals, slightly warmer water and longer baths, generally banish these frequently threatening complications. In typhoid, a very dicrotic and rapid pulse is more important as an indication for repeating the baths than a high temperature. Very rapid pulse with still vigorous heart calls for wet packs, repeatedly changed, which in case of a slow pulse and signs of weakness on the part of the heart would be a serious blunder. The behavior of the vessels is the guide for the choice of the temperature, and for the length and degree of the mechanical stimulation. When the vessels display a paralytic tendency, as in severe scarlet fever, the most energetic thermic stimulation is demanded, with avoidance of much mechanical stimulation of the skin. Brief dips and douches of quite cold water are often surprisingly effectual. In measles the indications are for powerful mechanical with only slight thermic stimulation. Rubbing down with a fine linen cloth wrung out of quite cold water responds to the indications in measles. The delayed eruption frequently appears at once after this procedure, and threatening symptoms vanish. The most prominent signs of collapse and heart weakness are the high temperature in the mouth and rectum (with clammy extremities, etc.). This condition calls at once for application of heat to the periphery and abstraction of heat from the trunk. Cold packs to the trunk and heat to the extremities have saved many a patient who would have been irremediably lost without such energetic and persevering applications. The water applied to the trunk should be as cold as possible and that applied to the periphery should be as hot as possible. In anemia, in chlorosis, and in convalescence, the error is in using too hot or tepid temperatures, forgetting that the aim is to stimulate all the sources of body heat to a powerfully increased function. Vigorous, brief thermic and mechanical stimulation of the nerves, following a preliminary thorough warming—these are the principles for such cases. In taking a sitz bath, the unimmersed parts of the body must be carefully covered to prevent loss of heat. Otherwise the effect of the bath is entirely annulled in treating intestinal affections. Usually in hydrotherapy the cold should follow hot applications, never the reverse. The physi-

ologic action of hydrotherapeutic measures should be better studied, and a well-conducted clinic for hyriatic treatment is a necessity, he thinks, in every medical school.

34. Balneotherapy at Home.—The classes of persons who most need this balneotherapy are chlorotic girls, weakly children and men with rheumatic muscular and joint affections, unable to afford a course at a watering place. Frankenhäuser suggests for such persons in large cities the establishment of some central station where mineral waters to drink and for baths can be obtained at a minimal price or a substitute therefor in packs and other hydrotherapeutic procedures, using mineral instead of ordinary water. The baths should be tepid, and the course should be preceded by a protracted bath in tepid water without soap to aid in the absorption of the mineral waters. After the course is begun, the patient should not bathe again in ordinary water to avoid washing off the salts. Certain German cities send the children into the country for the day during vacation, under the supervision of teachers, and mineral waters might be supplied for them to drink at these times. This article was read at the recent congress of balneology, with a special appeal to the resident physicians at the watering places to devise some means by which the advantages of the mineral waters can be supplied to the poor of the cities at a minimum price.

36. Roentgen Diagnosis and Treatment of Internal Affections.—Twelve cases of pneumonia were examined repeatedly with the Roentgen tube, and the course of the disease was traced, with marvelous exactness. In the majority of the cases, before the physical findings show any change, beginning resolution is shown by the Roentgen findings. This method further has disclosed that resolution generally begins in the center of the lobe. The Roentgen shadow of the infiltration is considerably larger than the percussion outline. It also showed in some cases a centrally located pneumonia. The lungs should be examined with the patient reclining and the rays should be applied in the ventro-dorsal direction. Roentgology, as yet, is not a reliable, independent method of investigation. It reveals the presence of certain changes more accurately than any other means at our disposal, but gives no information as to the nature of these changes. Its findings have to be studied by the light of observation at the bedside, bacteriology and chemistry, etc. It will bear fruit in internal medicine only in the hands of the trained clinician, not in the hands of the Roentgen specialist. In regard to Roentgen treatment of internal affections, von Jaksch has no success to record. The most he can say is that certain cancers of the stomach, thus treated, when examined anatomically, showed pronounced destructive processes, and increased suppuration, and thus by the falling away of parts of the tumor the pyloric opening was cleared, and the symptoms of stenosis were relieved. Cancerous glands retrogressed under Roentgen treatment, but adjacent glands constantly proliferated with greater intensity, so that he is absolutely skeptical as to any therapeutic value of these rays in internal medicine.

37. Exploratory Puncture.—Every puncture is a surgical intervention and it should be used as little as possible in internal medicine. When the needle is withdrawn, germs from the focus within may be sown along the needle path, or the puncture hole may prove a nidus for germs from the skin afterward.

39. Combination of Radiotherapy and Organotherapy.—The writers report that they have succeeded in impregnating cotton with the emanation from a solution of radium bromid. The solution is in a Wulff glass jar with two ends of a long tube passing through the stoppers of the jar. A glass cylinder, loosely filled with cotton, is introduced into the tube and also a double air bulb, farther along. Pressure on the air bulb drives the emanations from the radium solution along through the tube into the cotton, whence they pass through the air bulb back into the jar. The cotton thus charged retains its radioactive strength for three or four days, and is proving very useful in treatment of rodent ulcers, etc. The

emanations of the radium behave like a gas, and it has been found possible to transfer them from the radioactivated cotton to fluid organ extracts or physiologic salt solution, which thus become radioactivated in turn in from fifteen to thirty minutes after the cotton has been put to soak in them. The organ preparations made by von Poehl are colloids, and recent research has established that organic colloids in suspension become precipitated under the action of various salts. It is possible, he remarks, that the specific action of the organ preparations is due to the fact that as they circulate in suspension after subcutaneous injection, they become precipitated when they reach the corresponding organ, as they there come under the influence of specific precipitating substances. It is possible also that the specific action may be due to the permeability for the organ cells in question. Be this as it may, if the organ preparations act specifically on certain organs, which experience has established to be the fact, then a radioactivated organ extract will carry the radioactivity to the exact specific point where it is needed. Properly made organ preparations are *per se* harmless, and further work in this line may lead to interesting results.

Centralblatt f. Chirurgie, Leipsic.

Last indexed page 1648.

- 45 (XXXII, No. 14.) *Ueber eine Vereinfachung der Technik der Transplantation nach Thiersch. L. Isnardi.
- 46 (No. 15.) *Die Behandlung von Darmlähmung (paralysis of intestines). K. Dahlgren.
- 47 *Eine neue Methode der Sterilisation von Catgut. W. Bartlett.
- 48 (No. 16.) *Der ektopische Testikel. Lanz.

45. Simplified Technic for Thiersch Flaps.—Isnardi has had eight years of experience with the use of the Thiersch flaps applied without the preliminary freshening of the granulations which the original technic called for as indispensable. He has thus treated 140 patients, and the results have been better than when the granulations were scraped or rubbed. His cases embrace all kinds of lesions and operations, and he always made a point to keep the granulating surface intact as far as possible. The method proved effectual even for extensive varicose ulcerations, the touchstone of transplanted flaps. The granulations must be small, pink, hard, healthy, and aseptic. The parts around the lesion must be frequently cleansed and all bleeding when the dressings are changed must be carefully avoided. The flaps are applied with a spatula just passed through a flame or with the fingers in freshly boiled rubber coats. A taut layer of coarse gauze over the flaps is fastened around the edges with collodion, the ends brought around and fastened together at the back of the limb or trunk. He applies a dressing of gauze, cotton and rubber over this, moistened with 3.5 per cent. boric acid, changing the dressings every twenty-four hours, or twelve hours in case of suppuration, not disturbing the immobilizing layer of gauze below. The exudate is cautiously dabbed away, and if blisters are noted the spot is scarified with fine scissors and the exudate dabbed off. Gauze and all are removed on the eighth day, the surface dusted with powder and smeared with lanolin, with dry gauze and cotton to keep it warm.

46. Treatment of Paralyzed Intestines.—Dahlgren describes his method of treating extensive suppurative peritonitis which has resulted in the cure of 8 out of 15 severe cases, a proportion of 53 per cent. recoveries. Four of the cured patients were treated by what he calls "milking" the paralyzed intestine. The aim is to evacuate the contents of the intestine as completely as possible. The operating table is slanted toward the left, and the distended small intestine is drawn out on a waterproof cloth covered with a towel. An incision from 1 to 1.5 cm. long is made across the bowel and held open with forceps. The intestine is then stroked with the thumb and forefinger, as in milking, and the contents are forced out through the incision. The milking is carried constantly farther along, 20 to 30 cm. at a time, upward to the duodenum and downward to the ileocecal valve, until the intestine has been emptied so that it can be readily replaced. To prevent the escape of gases backward, he sometimes uses an instrument for the milking which acts more

perfectly than the fingers. It consists of two thin-walled metal cylinders about 4 cm. in diameter by 7 cm. long. They are connected by a wire a few inches long which is crossed just above the cylinders, thus acting like a weak spring to hold them in contact. He has recently been surprised at the remarkable efficacy of atropin in certain serious cases of ileus not due to mechanical obstruction. One case was in a man of 81. The operation showed the intestine to be distended with commencing peritonitis, no peristalsis, no mechanical obstacle. Four injections of 1 mg. of atropin sulphate each caused a movement of the bowels and, after the fifth, abundant stools. The ileus recurred a few days later, but was again conquered by the same measures. These experiences impelled him to try these large doses of atropin in the paralysis accompanying perforation peritonitis when an operation had shown that the ileus was not due to mechanical obstruction. One patient was a young man with diffuse suppurative peritonitis, pulse 140 and fever 39.7 C., with albuminuria. The operation was followed by marked improvement, but ileus developed. A fistula was made in the cecum and atropin injected, with restoration of the bowel movements and recovery. These four patients received each from 5 to 7 mg. of atropin sulphate in from twelve to fifteen hours, and tolerated it without mishap.

47. **New Method of Sterilizing Catgut.**—Bartlett's method consists in drying the catgut, placing it in liquid paraffin until it becomes transparent, about twelve hours, then heating to 160 C., and then setting aside in a 1 per cent. methyl alcohol solution of iodine. A year's experience and countless tests, he states, have proved the superiority of catgut sterilized by this simple, inexpensive technic.

48. **Ectopic Testicle.**—Lanz reviews his experience with 51 operations on account of retained or ectopic testicle. The testicle was retained in two brothers in one family. He has never noticed any indications of peritoneal adhesions suggesting fetal peritonitis. He removed the retained testicle in a fifth of the cases as it was atrophied, or impossible to transplant. In one case, the testicle was apparently normal and active spermatogenesis was evident. In 2 cases, he found a clump of atypical glandular epithelial elements in the testicle, corroborating the assumption of a tendency to malignant disease on the part of ectopic testicles. In 8 cases of retention, he applied elastic extension. He passed a thread up through the scrotum, around the gubernaculum at the lower pole of the testicle, including the tunica albuginea, and brought the thread down and out, fastening it to the inside of the thigh with adhesive plaster or to a crossbar between the thighs, held in a plaster cast. He used an elastic band for the thread, and has been well pleased with the constantly favorable results of this elastic extension of the ectopic testicle.

Centralblatt f. Gynäkologie, Leipsic.

Last indexed page 1648.

- 49 (XXIX, No. 14.) Blood-Forming Organs in Pregnancy and Childbirth.—Die blutbildenden Organe während der Schwangerschaft und dem Wochenbett. F. Varaldo.
- 50 (No. 15.) Instrument und Methode Bossi. H. v. Bardeleben.
- 51 Lack of Oxygen or Carbonic-Acid Poisoning.—Sauerstoffmangel oder Kohlensäurevergiftung. A. Schücking.
- 52 *Myotomie in der Schwangerschaft (pregnancy). C. H. Stratz.
- 53 (No. 16.) Zur Dienst'schen Eklampsie-Theorie. W. Liepmann. See ab. 83, page 1649.
- 54 Comparative Study of Pelvis and Childbearing in Whites and Blacks.—Eine vergleichende Studie über die Becken von Weissen und Negeren mit Berücksichtigung der Grösse des Kindes und ihre Beziehung zur Kindslage und zum Geburtsverlauf bei beiden Rassen. T. C. Riggs (Baltimore).
- 55 Fall von Endometritis post abortum bei einem 11 jährigen Mädchen (in girl of 11). Schütze (Königsberg).

52. **Myoma and Pregnancy.**—Stratz has become convinced that in by far the largest majority of cases, the myoma can be left until delivery. Myotomy during pregnancy is indicated only in the rarest cases.

Deutsche medizinische Wochenschrift.

- 56 (XXXI, No. 14, April 6.) *Early Diagnosis and Early Treatment of Tabes.—Bemerkungen zur Frühdiagnose und Frühbehandlung der Tabes dorsalis als einer "Aufbrauchs-krankheit." Determann.

- 57 Simple Maneuver to Determine Position of Head in Small Pelvis.—Ein einfacher Handgriff zur Bestimmung des Tiefstandes des kindlichen Kopfes im kleinen Becken. W. Thomass.
- 58 *Ueber abdominelle Totalexstirpation des Uterus mit sagittaler Spaltung des Cervix-Stumpfes bei Cervix-Myom. K. Kelnicke.
- 59 Bactericidal Action Not a Factor in Flinsen Treatment.—Ueber die bakterizide Wirkung des Lichtes bei der Flinsen-Behandlung. V. Klingmüller and L. Halberstaedter.
- 60 Changes in Walls in Suppurations in Bone Cavities.—Ueber Wandveränderungen bei Eiterungen in starrwandigen Knochenhöhlen. Gerber.
- 61 New Viewpoints in Bacteriology of Leprosy.—Neue Gesichtspunkte in der Leprafrage. Deycke Pasha and Reschad Bey. (Commenced in No. 13.)
- 62 *Prophylaxis of Infection from Communion Cup.—Uebertragung von Infektionskrankheiten bei der Abendmahlsfeier und Vorschlag zu einer Modifikation der Feier. A. Moeller.
- 63 Die neue sichere Epilations-Methode Kromayers und die Elektrolyse. W. Kuhn. Id. Kromayer.

56. **Early Diagnosis and Treatment of Tabes.**—Edinger recently advanced a theory that certain nervous affections are due to lack of normal repair of the nerves after functional use. His communications on the subject have been summarily reviewed in THE JOURNAL, the latest on page 994. Determann is convinced that this theory is extremely valuable as a basis for the diagnosis of incipient tabes. Treatment should aim to remove the underlying cause, generally a toxin. It should also aim to ward off not only all excessive functioning, but a large proportion of normal, ordinary functioning in order to prevent the spread of the process to the adjacent, still sound parts of the nerves. The third aim of treatment should be to regulate the nutrition of the affected nerves, and thus to bring them back to normal functioning in time. Determann has been treating tabes on these principles for some years, and has now a record of 130 cases in which the diagnosis was based on early symptoms before the classical syndrome developed. Edinger's theory supplies a scientific basis to his empiric success, which he recently described at length in a thesis (Freiburg), republished in the *Sammlung Abhandlungen a. d. Gebiete der Nerven- u. Geistes-Krankheiten*, 1904, Nos. 2 and 3. In 14 cases he was alone in thinking that the slight vague symptoms observed were the premonitory signs of tabes, but the course of the cases confirmed his diagnosis. He has treated 40 patients through several years by a combination of hygienic, physical, and dietetic measures and has had the satisfaction of keeping them in comparative health, and active members of the social or business world. As soon as the affection is suspected, the affected organ and all the parts of the body dependent on it are placed in conditions which will exclude as far as possible all functional demands on them. Nourishment must be supplied more abundantly to the affected cells. This is accomplished by a generous diet supplemented by measures to bring the nourishing fluids directly to the spot. This is done by application of stimuli to the periphery which attract the blood to the part and induce a series of reflex phenomena involving the innervation, the vasomotor processes, the distribution of the blood, and possibly also the metabolism and muscular activity. The entire habits of life should be regulated and everything avoided that tends to excess, physical overexertion, fatiguing journeys, the necessity for long standing, and irregularities of all kinds. "Catching cold" must be guarded against with extra care; the bladder should be emptied every hour or hour and a half, and very loud speaking should be avoided, as also all irritation of the gastrointestinal tract. Intercurrent diseases should be prevented and treated with exceptional care. Reclining in the open air is the best means of favorably influencing nervous affections if the circumstances are made to conform to make it an entertaining, agreeable and refreshing mode of passing the time with all disagreeables eliminated. This open air reclining seems to exert a specially favorable influence on the nitrogen metabolism, and thus directly aids the exhausted nerve cells. Several short graduated walks should be taken during the day, and hydrotherapy, carbonated baths, and other mild means of stimulation should be judiciously applied. Massage of the muscles, group by group, centripetally, will be found useful. The main point is to have the patient under supervision for two years at least, and to vary the measures and combinations to insure gentle exercise to fit the circumstances and case. Among his patients is an actor, still playing prominent rôles, who seven years ago presented symptoms

of incipient tabes and has been treated on the above principles. Four are merchants in a large city. They spare themselves all unnecessary functional demands on their nervous system, and occasionally return for a course of treatment. As examples of the early symptoms he mentions that the foot of an apparently healthy man began to swell after a long bicycle trip, and a typical tabetic arthropathy developed. Another robust man experienced difficulty in urinating and tendency to impotence after a long bicycle trip. Laryngeal crises were the first manifestations in an actor forced to strain his voice on the stage. A judge complained of difficulties in urinating and incontinence years before these symptoms were recognized as the heralds of tabes. The first symptom in another patient was a numbness in the feet after a cold footbath, and in another case, a feeling of heat in the feet after standing long in the snow. Headache, vertigo, congestion of the head, weakness of the eyes and tendency to photophobia were the first symptoms in a number of men mentally overworked.

58. Improved Technic for Removing Myoma of the Cervix.—The aim of Reinecke's communication is to show the great advantages offered by sagittal slitting of the stump of the cervix after removal of the body of the uterus in case of a myoma in the cervix. He describes a case in detail. There were a number of myomata, two on the cervix, and the uterus had contracted into hour-glass shape, and was held firmly in the pelvis. Owing to the impossibility of rendering the vagina aseptic on account of the presence of the myomata in the cervix, he did not wish to enter the vagina from the entrance, but easily enucleated the myomata after slitting the cervix through the abdominal incision. When the operation was concluded the posterior vaginal wall was incised for drainage, and the patient rapidly recovered.

62. Individual Spoons to Dip in Communion Cup.—Moeller is superintendent of the great Belzig sanatorium, and here relates bacteriologic tests of pieces of sterile cotton with which the edge of the communion cup was wiped after the communion service at the sanatorium (40 persons) and also in the city church (150 persons), also in a church in Berlin, where several hundreds had participated, and also in the city of Eupen. The wine left in the cup was also used for the tests. He mentions that scraps of bread were found in the wine. The results of the tests were positive in regard to tuberculosis in only one out of the six guinea-pigs inoculated, but many other pathogenic bacteria were cultivated. He suggests as a simple, cleanly and practical means of avoiding the transmission of infection from this source to have each communicant bring a spoon-shaped small dish with which he can dip up the wine for himself, or the clergyman can take a fresh spoon for each person from a pile on the tray. The sexton could collect and boil these spoons afterward, ready for the next service, or they could be made of paper and burnt. This would remove every hygienic objection without sacrificing the spirit of the sacrament, and even the poorest congregation can well afford the expense of these small spoons or scoops.

Deutsches Archiv f. klinische Medizin, Leipsic.

Last indexed page 1649.

- 64 (LXXXII, Nos. 5-6.) *Ueber letale Anämien im Greisenalter (after 60). O. Kurpjuweit.
- 65 *Phosphor-Vergiftung und Autolyse (phosphorus intoxication). Waldvogel.
- 66 *Blood Pressure, Vessel Tonus and Work of the Heart in Relation to Hydrotherapy.—Ueber Blutdruck, Gefäßtonus und Herzarbeit bei Wasserbädern verschiedener Temperatur und bei kohlensäurehaltigen Soolbädern. J. Strasburger.
- 67 Paroxysmal Reduplication of Heart Rate.—Ueber anfallsweise auftretende Verdoppelung der Herzfrequenz. F. Lommel.
- 68 Zur Lehre von den Extra-Systolen. D. Gerhardt.
- 69 *Participation of Oxygen in Action of Fluorescent Substances.—Die Beteiligung des Sauerstoffs bei der Wirkung fluoreszierender Stoffe. A. Jodibauer and H. v. Tappeiner.
- 70 *Distribution of Blood Under Influence of Thermic Stimuli.—Ueber die Blutverteilung im menschlichen Körper unter dem Einfluss thermischer Reize. O. Müller.
- 71 Zur Frage des sogen. "Herzblocks" beim Menschen (condition due to stoppage of some of the auricular contractions at the auriculoventricular boundary). E. Finkelnburg.
- 72 Ueber "das absolute Sphygmogram." Sahl.
- 73 Ueber "durch das Tuberkulin-Fieber hervorgerufenen Eosinophilie." C. J. Fauconnet.
- 74 Zur kolorimetrischen Eisenbestimmung im Blute (tests for iron). A. Jolles.
- 75 *The Reversed Tuberculin Test.—Versuch einer neuen Serum-Diagnose der Tuberkulose. A. Brion (Strasbourg).

76 Behavior of Blood Pressure in Albuminuria of Puberty.—Verhalten des Blutdruckes bei der Pubertätsalbuminurie. M. Matthes.

64. Primary Fatal Chronic Anemia After Sixty.—Kurpjuweit describes in detail, with the postmortem findings, 2 cases of primary, chronic anemia in men of 62 and 68. In this type the anemia is moderate in degree and is accompanied by enlargement of the spleen, slight poikilocytosis of the red corpuscles and excessive leucopenia, as low as 660, without essential marrow elements. The affection progresses to a fatal termination in about six months, with variable moderate or high fever of a continuous or intermittent type. The signs of a hemorrhagic diathesis do not appear until late, and are not severe. The bone marrow becomes completely atrophied or shows signs of acute degeneration. The blood findings are not those of pernicious anemia, especially the leucopenia. The symptoms resembled those of what has been called "aplastic anemia," but he thinks that the findings in the bone marrow were of a different nature. His statements were discussed in an editorial in THE JOURNAL, on page 1534.

65. Phosphorus Poisoning and Autolysis.—Waldvogel relates experiments which suggest that the essence of phosphorus poisoning is in its inducing autolytic processes in the body.

66. Behavior of Vascular System Under Hydrotherapy.—Strasburger epitomizes the most important results from his extensive research in the statement that hot baths make considerable demands on the heart in every direction. Cool baths exercise the heart while at the same time they spare it. This is more pronounced—in a favorable sense—in carbonated saline baths than in any plain water baths. The carbonated saline baths exert their influence on the heart itself like a transient digitalis action. The latter, however, contracts the vessels, while the other expands them. It might be expressed thus: Carbonated saline baths exercise the heart under easier and more sparing conditions. The experiments in this research were all made on healthy subjects, and the conclusions apply to these only.

69. Oxygen and Action of Fluorescent Substances.—A long array of experiments is reported which throw light on the phenomena of fluorescence and on the action of fluorescent substances on bacteria, etc.

70. Distribution of Blood in Body Under Influence of Thermic Stimuli.—Müller announces that he has demonstrated that the vessels of the periphery react to thermic stimuli exactly contrary to the way in which the vessels of the interior react. Cold contracts and heat expands the peripheral vessels, while the reverse occurs in the visceral and intracranial vessels. He has devised a means to estimate these variations in the regional vascular apparatus by what he calls "partial weighings." Four ordinary household scales with dials are placed on a long narrow table, with the dials all facing the same way. The pan is unscrewed and a piece of wood, shaped something like a coat rest, is laid on top of the scales in place of the pan, the center pressing down on the scales, the ends projecting 6 cm. beyond the edge of the table on each side. A rope is tied to this crosspiece, fastening at each end and forming a swing, with a board seat, a few inches above the floor. There are thus four of these little swings in a row below the table, and the person to be tested lies down on them, one swing board under his neck and shoulders, one under his back, one under his hips and one under his legs below the knees. The arm is further supported on another scale standing on the floor. Experiments with persons lying on these scales, thus weighing the different parts of the body at the same time, showed interesting results when the legs were sprayed with carbonic acid or hot air or heat stimuli were otherwise applied. The results were strikingly harmonious on different subjects under like conditions. He also obtained interesting results from the plethysmograph applied to the crossed leg and arm with the stimuli applied to the crossed mates.

75. Reversed Tuberculin Test.—Brion had been studying the reaction that follows injection of human serum in a tuberculous guinea-pig when Merieux published a communication on the subject. (THE JOURNAL, page 726.) Brion's findings were less constant than those reported by Merieux. The reaction

did not occur with any regularity. Its presence or absence probably depends on the intensity of the infection in the animal. Hence, he does not believe that this reversed tuberculin test can be relied on for diagnosis.

Mitteilungen a. d. Grenzgebieten d. Med. u. Chir., Jena.

Last indexed page 1154.

- 77 (XIV, No. 4.) *Elimination of Iodin and Its Relation to the Thyroid Gland.—Ueber die Ausscheidung des Jods im menschlichen Harn und ihre Beziehung zum Jodgehalt und zur Verkleinerung der Strumen. A. Kocher (Berne).
- 78 Traumatic Rupture of Wall of Aorta.—Ueber traum. Aortenwandrupturen mit bes. Berücksichtigung des Mechanismus ihrer Entstehung. Revenstorf (Hamburg).
- 79 Chronic Suppuration in the Fingers with Deposits of Calcium Carbonate.—Chronische Eiterung an den Fingern mit Ablagerung von kohlensaurem Kalk. T. Dunin (Warsaw). Two cases.
- 80 Ueber congenitale Brust-Muskel-Defekte. W. Wendel. One case.
- 81 *Absorption in Intestines.—Experimentelle Beobachtungen über die Resorption im Dünn- und Dickdarm. B. Heile (Breslau).
- 82 Changes in Liver with Fat Tissue Necrosis, etc.—Ueber Leberveränderungen bei multipler abdominaler Fettgewebsnekrose und Pankreatitis haemorrhagica. J. Wiesel (Vienna). Four cases.
- 83 *Beiträge zur Symptomatologie der Carcinose des Rumpfskelettes. K. Petren (Upsala).

77. **Elimination of Iodin and Its Relation to the Thyroid Gland.**—Kocher has been making extensive investigations on this subject. His tests of persons with sound thyroid glands showed that the elimination in the urine of from .5 to 1 gm. of sodium iodid, ingested fasting, showed very little variation under like conditions. When the thyroid gland was diseased, however, there were wide variations in the proportions eliminated by various subjects and also by the same person at different times. Study of these variations demonstrated that they were due to differences in the histologic structure of the struma. The thyroid gland takes up the iodine and eliminates it rapidly again under normal conditions. The elimination is very much less rapid in thyroidectomized individuals. When the elimination proceeds rapidly in a case of struma, the gland will soon be found to have shrunk in size. Sometimes when the shrinking is very pronounced more iodine will be found in the urine than had been ingested. The specific parenchyma evidently becomes broken down in these cases. In certain others less iodine is eliminated than normally, and the struma does not shrink in size. This is the rule in the colloid goiter. The physiologic activity of the thyroid in this case is reduced. Further tests revealed that goiters which reacted to the iodid, with retrogression and increased elimination of iodine, undoubtedly took up an abnormal amount of iodine and worked it over in some abnormal manner, allowing it to get into the circulation and to induce symptoms of iodism or thyroidism. The practical conclusions are to the effect that iodine treatment should be commenced as early as possible in incipient goiter, with small doses every second day. If the struma is capable of recession, an unmistakable effect will soon become manifest, and small, periodical doses will suffice to keep it reduced to its smallest possible size. It is unnecessary to give large doses in these cases, as they expose to a needless danger of iodism; that is, of partially abnormal functioning of the gland. If a struma does not show signs of retrogression under these small doses, and if it is a diffuse or nodular colloid struma, a longer and more intensive iodine treatment should be instituted. There is no risk to the patient from such treatment, as the colloid takes up the iodine, and even large amounts are scarcely able to bring the proportion in the gland to the normal figure. On the other hand, even this iodine treatment is rarely successful.

81. **Absorption in Intestines.**—Heile's experiments were made on dogs with a fistula in the lowest part of the ileum, and on dogs and men after exclusion of the large intestine. A number of tables and curves of the findings are given which establish that the small intestine absorbs albumin as well as cane and grape sugar when the amounts correspond to the body's needs for nourishment. Amounts in excess of this are not absorbed, but are passed along into the large intestine, as is also the case when there are catarrhal conditions. Some of the digestion enzymes probably pass into the large intestine with the undigested food and aid in its digestion under favorable conditions. The large intestine is incapable of absorbing unaltered albumin (egg albumin or casein). The absorption

of water and of cane and grape sugar is very slight in the large intestine, much less than in the small intestine. The large intestine, however, absorbs the alkali which arrives with the fecal masses. Heile warns that in cases with an artificial anus or in which part of the intestine has been excluded the deprivation of alkali from the loss of this absorbing function of the large intestine may entail serious disturbances in metabolism.

83. **Symptomatology of Carcinosis of the Trunk.**—Petren analyzes 4 personal cases and also the literature on the subject, formulating the conclusions that carcinosis of the skeleton of the trunk is liable to follow cancer of the breast or prostate even years after its removal. The pains may be paroxysmal, with long intervals of calm, or they may be connected with movements of the trunk, or there may be merely a difficulty in moving or inability to walk. As a rule, the symptoms are restricted to the bones; that is, there are no root nor spinal symptoms.

Nordiskt Medicinskt Arkiv, Stockholm.

Last indexed page 1156.

- 84 (XXXVII, Surgery, No. 3.) Myopia in Colleges in Sweden.—Studien über die Myopie in den vollständigen höheren Lehranstalten für Knaben (högre allmänna läroverk) Schwedens. F. Ask.
- 85 *Zur Technik der Dickdarm-Resektion (of large intestine). J. Borelius.
- 86 Ueber die Angiotripsie in der allgemeinen operativen Chirurgie. E. S. Perman.
- 87 Frühzeitige Operation der akuten Appendicitis um septischer Peritonitis oder Allgemeininfektion vorzubeugen oder solche zu begrenzen (early intervention). F. Bauer.
- 88 Ueber die moderne Pankreas-Chirurgie. G. Naumann.
- 89 (Internal Medicine, No. 3.) Ueber die biologische Bedeutung der krankhaften Erscheinungen (biologic significance of morbid manifestations). A. Vestberg.
- 90 Lichtbehandlung im Krankenhaus St. Goran, Stockholm (experiences with phototherapy). M. Moller.

85. **Technic of Resection of Large Intestine.**—Borelius reviews his 20 cases of resection of part of the large intestine. They fail to show any superiority of the extraperitoneal method over others, or any advantages from operating in several sittings. The thickness of the walls forbids the use of the Murphy button, as a rule. Infection and death occurred in one case after side-to-side union, and pus escaped through the vagina in another. A fistula developed in one case of end-to-end union, but closed spontaneously. All the other patients recovered without mishap. The suture was end-to-end in 12, end-to-side in 1, and side-to-side in 7. The 13 patients treated without any kind of drainage all recovered, as also the 3 cases drained. In the 4 cases in which tamponing was applied one patient succumbed soon to infection, and symptoms of acute dilatation of the stomach developed in another the day after the tampon was removed. The two others made a smooth recovery. An important point in the technic is the careful ligating of the vessels in the mesocolon. This must be done for each separately. In one of his cases the vessels were ligated in a bunch. This careless technic resulted in hemorrhage later and development of a hematoma, which threatened the patient's life and delayed recovery for several weeks. The details of all his cases are given in tabulated form. The article is in German.

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.

CONCEPTO SANITARIO DE LAS ENFERMEDADES CUARENTENABLES, por el Dr. Federico Torralbas, ex-comisionado Medico de Cuba en Mexico durante la Epidemia de Peste Bubonica, Medico del Departamento de Sanidad de la Habana, etc. Paper. Pp. 208. Habana, Cuba: Imp. De Gutierrez Y Comp. 1905.

NOTES ON X-LIGHT. By William Rollins. Cloth. Pp. nearly 600. Fully illustrated. Published for the Author by the University Press. Cambridge, U. S. A.

ACUTE CONTAGIOUS DISEASES. By William M. Welch and Jay F. Schamberg, M.D. Illustrated with 109 Engravings and 61 Full-Page Plates. Cloth. Pp. 781. Price, \$5.00. Philadelphia: Lea Bros. & Co. 1905.

EIGHTEENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF OHIO for the Year Ending Dec. 31, 1903. Cloth. Pp. 569. Springfield, Ohio: The Springfield Publishing Co. 1904.