

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

(309) Cyclic Albuminuria.

LACOUR records an interesting example of this condition occurring in several members of one family (*Journal de Méd.*, July 25th, 1897). A girl, aged 13, suffered from scarlet fever in the year 1888, and had a notable degree of albuminuria, which disappeared entirely by the thirtieth day. The following year, the general health being impaired, the urine was examined and 0.4 cg. albumen per litre was discovered, but only in the morning. Three hours afterwards none could be found. It reappeared, however, the following morning. This continued for seven years regularly, notwithstanding that there was complete restoration to health. The idea of examining the urine of the other children of the family was conceived, with the result that two out of four showed albuminuria, one being a boy, aged 17, who in 1890 showed albuminuria, but who has since enjoyed perfect health; he shows, however, albuminuria three hours after rising in the morning, which disappears completely. At present he is well grown, strong, and healthy-looking; there is no polyuria, palpitation, cardiac hypertrophy, or increase of pulse tension. The other child, now aged 14, also showed albuminuria at the same time (1890), but in her case the quantity is somewhat greater. Otherwise, the characteristics are the same, except that in her case a saline purgative will cause the albumen to disappear for a day or two. During the last six years this child has enjoyed perfect health. The father of these children suffers from obesity and eczema; the mother is neurasthenic. The author is strongly of opinion that the underlying element in these cases and many others is gout.

(310) Epileptiform Paralysis.

HIGIER (*Neurol. Centralbl.*, February, 1897) reports a case of paralytic Jacksonian epilepsy in a boy 6 years old. The illness began with a typical epileptic fit. The succeeding attacks, however, consisted of a sudden sensation of pricking in the right leg, accompanied by intense weakness of the limb, causing him to fall sometimes, and disappearing in about fifteen seconds; occasionally the upper extremity also was affected; there was no loss of consciousness. Higier considers that there are several varieties of epilepsy which manifest themselves as transient paralyses: (1) In cases of typical epilepsy, abortive attacks occur with loss of consciousness and relaxation of the muscles, unaccompanied by any convulsions; (2) similar paralysis may occur with Jacksonian epilepsy either after the attack or synchronously with it; (3) partial sensory epilepsy may show itself as temporary

deafness or blindness; (4) *migraine ophthalmoplégique*, with its transient paralysis of eye muscles, is certainly epileptic in character; (5) paralytic chorea may be considered as the paralytic variety of a continuous epilepsy with remittent convulsions.

(311) Diphtheria with unusual Complications.

MAX BJORKSTEN (*Finska Läkaresällskapets Handlingar*, xxxix, No. 6, June, 1897) reports the case of a little girl, aged 3 years, who contracted diphtheria from her sister, and showed some unusual complications in the progress of the malady. The attack was a sharp one, and was accompanied by oedema, hepatic enlargement, albuminuria, and a systolic murmur over the cardiac apex; but after about four weeks the patient began to recover, the temperature fell, the murmur disappeared, the albuminuria and oedema diminished, and the general condition improved. Injections of anti-diphtheria serum had been given. Suddenly, however, and during the night, incontinence of urine supervened; this was followed by aphasia, right-sided hemiplegia, paralysis of the right facial nerve and of the soft palate. She ultimately recovered. The paralysis of the palate the author regards as due to a peripheral neuritis, but looks upon the other nervous symptoms as cerebral in origin and probably the result of an embolus.

(312) The Cerebral Complications of Actinomycosis.

BOURQUIN AND DE QUERVAIN (*Rev. Méd. de la Suisse Rom.*, March 20th, 1897) report a typical case of cervico-facial actinomycosis in a man aged 61. At first localised in the region of the left inferior maxilla, where it was mistaken for periostitis from dental caries, it invaded later the upper part of the neck and the temporal region. Here it caused a subperiosteal abscess, which, spreading to the sphenomaxillary fossa and the back of the orbit, finally infected the meninges through the sphenoidal fissure. A secondary infection by a slender bacillus produced an abscess in the left temporal lobe containing foetid pus. This abscess burst into the lateral ventricle, which was considerably dilated, and produced coma and death about seven months and a-half after the appearance of the first symptoms. During the first few months nothing pointed to actinomycosis, and the painful second molar was removed and the swelling painted with iodine. Abscesses were opened as they formed, and after a brawny oedema which obscured the limits of the disease had subsided under iodide of potassium, which had an almost specific effect in reducing the swelling of the tissues, a thorough scraping was performed under ether. In spite of this operation, however, cerebral symptoms set in a month later. Clinically the true diagnosis was made about a month after the man was first seen, but the characteristic fungus was not found, though repeatedly sought for, either in the pus from abscesses or in the tissue removed, by scraping until

a week before death. After death the ray fungus was found everywhere in the pus except in that in the above-mentioned cerebral abscess. The authors have collected eleven other reported cases of actinomycosis with cerebral complications. In all these the cerebral disease was secondary to actinomycosis elsewhere, except in one reported by Bollinger, where there was a primary nodule in the third ventricle and nowhere else, the symptoms being those of cerebral tumour. The disease may affect the brain either by metastasis (seven cases) or by direct extension (four cases). In eight the cerebral affection was caused by the ray fungus itself, in two by a secondary infection by another organism, and in two (including the authors') by a mixed infection, the meninges by actinomycosis and a cerebral abscess by non-actinomycotic organisms. The metastatic form is met with chiefly in cases of a pyæmic character with multiple metastases. Of seven cases in this class the cerebral lesions were caused by actinomycosis itself in five, and by other organisms in two. Direct extension has been observed to pass through the occipital foramen in one case, through the foramen lacerum posterius in three cases when the jugular vein and transverse sinus may become thrombosed. The principal entrance one would expect to be the sphenoidal fissure as being nearest the usual site of actinomycosis. Lastly, the disease may perforate the bones directly. There may be localised pachymeningitis, or a gelatinous tissue between the dura and pia mater, or typical purulent meningitis, the latter being caused by secondary infection. Very much the same applies to the varieties of encephalitis. The prognosis is very grave, worse than in tuberculosis or cerebral abscess, since all known cases have died. The treatment of the cerebral lesions must be limited to large doses of iodide of potassium, unless there are distinct localising signs. If these are present and the abscess is opened the pyogenic membrane must be destroyed by the cautery or by chemicals, since it contains the disease germs.

(313) Bremer's Reaction in Diabetic Blood.

MARIE AND LE GOFF (*Sem. Méd.*, May 5th, 1897) confirm the discovery made by Bremer, of St. Louis, that the red blood corpuscles which stain with acid stains normally in diabetes require basic dyes. Bremer's reagent is prepared as follows. A watery saturated solution of eosin is mixed with a saturated solution of methylene blue, free from zinc (Lépine, however, prefers it with zinc); the resulting precipitate is collected on a filter, a little eosin and methylene blue added, and the whole dissolved in alcohol. A fresh solution must always be used, and added to water just before use. Cover slips smeared with a layer of blood are left in this solution in the warm for five minutes. The red corpuscles of normal blood are stained violet, of diabetic greenish. Lépine, however, has shown that this reaction is

not absolutely characteristic in diabetes, since it may occur in leukæmia. Bremer's latest method is simpler. He stains the smeared cover glasses for from two to five minutes in the incubator in methyl blue or Congo red (acid stains), and then washes them in water. Normal blood is deeply stained blue or red, diabetic blood only slightly or not at all. With Biebrich's scarlet an opposite effect is obtained, the diabetic corpuscles being stained, while the normal are not. In fact, it is found that almost any histological stain will serve to differentiate normal from diabetic blood, provided that, according to its chemical constitution, it has an affinity either for normal or for diabetic red corpuscles. The later method has not yet been tried in leukæmia.

SURGERY.

(314) Perforating Hard and Soft Sores.

COIGNET AND CADE (*Lyon Méd.*, September 5th, 1897) observed perforation in a case of true hard sore. The patient was a hard-worked and rather intemperate factory hand, aged 27. He had a tight congenital phimosis. Two months after contracting gonorrhœa a chancre developed on the dorsum of the prepuce. This sore, a few days later, began to ulcerate. On the third night after the process of ulceration had commenced the glans protruded through the hole thus made in the prepuce. Characteristic secondary symptoms soon appeared. The prepuce was removed, and the patient placed under antisyphilitic treatment. In another case, where the patient was 22, the prepuce became swollen ten days after infection. A week later he noticed that there was a hole in the foreskin. It enlarged, and at the end of another week the glans protruded entirely through it. Over two months after infection Coignet and Cade examined the patient. The edges of the perforating soft sore were nearly healed, apparently without treatment; there were cicatrices of old soft sores on the glans. In the right groin were two small enlarged glands. No secondary symptoms developed, nor had the patient ever suffered from them. The prepuce was removed.

(315) Non-Septic Paralysis of Intestines after Abdominal Section.

ENGSTRÖM (*Centralblatt f. Gynäk.*, No. 36, 1897) finds that fatal paralysis of the intestine is not always due to sepsis. Four cases died with this condition on the 3rd, 7th, 8th, and 10th days respectively, after the abdominal operation. In not one was there a trace of peritonitis, which Engström observes would have been the case had sepsis existed, considering that death occurred relatively late. In the last case, the contents of the peritoneal cavity were examined for bacteria and found to be sterile. Engström finds that free nourishment and judicious stimulation of the patient are the best means of warding off fatal results when the bowels are paralysed.

(316) Large Fibro-sarcoma of the Abdominal Wall successfully Treated by Extirpation.

DRUON (*Journ. d. Sc. Méd. de Lille*, No. 34, August 21st, 1897) records the case of a woman, 24 years old, who at the fourth month of her third pregnancy noticed a tumour, the size of a hen's egg, a little above the level of the right inguinal region. After her confinement the tumour grew rapidly, but it did not interfere with the general health, nor was it painful, and the patient suckled her infant. About a year after its first appearance the growth, which had reached a great size, was extirpated. During the operation the peritoneal cavity was opened into, for the fibroma was widely adherent, and the patient lost a great deal of blood. Nevertheless, the patient made a good recovery. The tumour weighed more than 5 kilogram; it was slightly flattened posteriorly, while anteriorly it was divided into two lobes by a median groove. Histologically it was a fibro-sarcoma rather than a true fibroma.

(317) A Case of Congenital Genu Recurvatum.

BILHAUT (*Ann. de Chir. et d'Orthopéd.*, x, No. 9, p. 257, September, 1897) records a case of genu recurvatum which he met with ten years ago and has seen again recently. When first seen, the patient—a male infant, born with difficulty after a labour in which the liquor amnii was markedly scanty—showed an abnormal state of the left knee. The usual projection indicating the patella was replaced by a depression, and in straightening the limb the leg had to be brought from before backwards instead of from behind forwards. The patella was present, but was deeply seated in the groove formed by the flexion forward of the tibia. The usual popliteal space was represented by a smooth surface. There was a certain degree of dislocation forward of the tibia. This Bilhaut reduced, and fixed the leg in an attitude of as complete flexion as possible. Every eight days the fixation was renewed till the infant was taken to the country at the age of 2 months. Now, after ten years, the patient shows scarcely any trace of the original malformation. It is argued, therefore, that early treatment is correct; that it does not necessitate any important traumatism; that it is easily graduated and well borne; and that it puts an end at once to trophic disturbances.

(318) Congenital Hypertrophy of the Sublingual Glands.

J. BRAQUEHAYE AND J. SABRAZES (*Rev. Mens. des Mal. del Enf.*, xv., 429, Sept., 1897) describes a case brought to them as an instance of double tongue. It was that of a boy, aged 6 months, the fourth child of healthy parents. A brother had congenital talipes equinovarus, and a sister was stillborn with hydranmios. A few days after birth a double tumour was noticed under the boy's tongue, which increased in size and interfered with lactation; he also suf-

fered from a double inguinal and an umbilical hernia. At the age of six months the growths were excised, as the infant was passing into a state of athripsia. Histological examination showed that they were hypertrophied sublingual glands, in which some of the *culs-de-sac* were atresic, but in which there was no well-marked interstitial inflammation. The excretory ducts were not blocked. The authors regard it as a true congenital malformation by excess.

(319) Dorsal Nipple in a Man.

GUÉNIOT (*Bullet. de la Soc. Anat. de Paris*, May-June, 1897) observed this condition in a man, aged 48. The nipple lay a hand's breadth internal to the posterior fold of the left axilla, over the scapula, not far from its inferior angle. It was prominent and surrounded by a dark areola about as large as in the normal male nipple; this areola bore long hairs. There were no other supernumerary nipples. The man was very hairy, not only on the thorax and in unusual places, but also on the back. There were long tufts of hair in the median line of the loins and sacrum, and similar lateral tufts over the lumbar region. Guéniot traces a relation between supernumerary nipples and free growth of hair in unusual regions. The latter, like the former, may be reversion to ancestral types.

(320) Elephantiasis (Œdema of the Lower Limbs.

E. ALBERT WEIL (*France Méd.*, August 20th, 1897) records the case of a washerwoman, 57 years of age, who suffered from great œdema of the lower limbs, which had begun at the age of 20, and had gradually and passively increased. There had been no inflammation and no pain. There was also marked obesity. The condition was attributed to the wearing of very tight garters, and to long standing in the upright posture; it was a mechanical œdema, therefore, of the firm type. The constant electric current was used with good effect in the treatment of the case; a current of about 50 milliamperes was employed, and each galvanisation was followed by compression with a bandage. The result of six sittings was decidedly encouraging.

MIDWIFERY AND DISEASES OF WOMEN.

(321) Apoplexy of the Ovary.

MARTIN (*Centralbl. f. Gynäk.*, No. 28, 1897) not long ago demonstrated at the Berlin Obstetrical Society a specimen which gave rise to active discussion. He interpreted it as a hæmatoma of the ovary due to torsion of the pedicle. The ovary was deeply stained by old and recent blood clots. There was a parovarian cyst as big as a plum on the same side, which may account for the twisting. Olshausen denied the correctness of Martin's theory. The recent clot in the ovary could not be explained as the result of a torsion of the pedicle, which, if it ever happened, was by no means recent. He thought that the

ovary looked on section as though it was infected with a new growth. Winter denied that there was any positive evidence that the pedicle had become twisted. Martin insisted that sections of the ovary as seen under the microscope showed no sign of sarcoma or carcinoma, and every sign of infiltration with old and recent clot.

(322) Rupture of Abdominal Wound from Coughing.

SVITALSKY (*Monatsschr. f. Geburtshilfe u. Gynäk.*, April, 1897) reports this case, where it must above all be remembered that he closed the wound with catgut sutures, in three layers, it is true, but nothing stronger than catgut was used, even for the muscular layer. The patient was aged 33; diseased tubes were removed; there was much coughing during, and more after, the operation. Nevertheless the patient did well till the dressings were seen to be stained pink with a serous exudation on the ninth day. When the dressings were removed, intestine was seen prolapsed outside the wound. It was carefully washed with an antiseptic solution, separated from adhesions to the edge of the wound and adjacent coils, and reduced. The margins of the layers of the wound were vivified and united with deep silk sutures, the skin with finer silk separately. The patient made a good recovery. It is noteworthy that there were no subjective symptoms when the bowel had prolapsed; pulse and temperature were both normal, nor were any signs of obstruction observed.

(323) Peritoneal Symptoms in Breech Presentation.

CROUZAT AND LOP (*Annales de Gynec. et d'Obstét.*, June, 1897) were called to see a multipara suffering from severe symptoms. For a fortnight she had been troubled with incessant vomiting, great abdominal tenderness, dry tongue, profound debility, and the facies of peritonitis. The temperature was subnormal, the pulse 140. Lops succeeded in effecting version by external manoeuvres. At once all the bad symptoms disappeared, and the patient was delivered normally at term. Grynfeldt, in discussing this case, remarked that undoubtedly such grave complications were not the rule in breech presentation, but admits that the treatment proposed by Lop and Crouzat had not been thought of before. Budin knew of a case of breech presentation where hypochondriac pain caused by the foetal head was overlooked, an imaginary pleurisy being treated with promptness and vigour.

(324) Labour Impeded by a Tumour of Foetal Arm.

EBERHART (*Centrablatt f. Gynäk.*, No. 25, 1897) reports a case of lingering labour, in which at length it was found that the left upper arm was the seat of a large tumour which extended to the thorax. The arm was disarticulated at the shoulder-joint, and the child was delivered. The new growth involved the whole circumference of the hume-

rus, being most developed on its posterior aspect; it reached to the olecranon, and was a cystic lymphangioma. Another tumour, as large as a small apple, lay on the ulnar and extensor aspect of the forearm; but the whole of the left half of the thorax was involved in the primary tumour, which in this region contained very large cysts, some as large as hens' eggs. The impediment to delivery was great, and there was, as might be supposed, considerable difficulty in diagnosing the nature of the dystocia. The tumour is rare in the foetus, especially on an extremity.

(325) Reel in the Uterus: Vesico-Uterine Fistula.

WALK (*Annales de Gynec. et d'Obstét.*, March, 1897) removed from the uterus of a woman, aged 30, a reel of cotton which had been left in the vagina for nine years as a pessary to support a prolapsed uterus. For nine months the patient had ceased to feel it in the vagina, whilst during the same period severe hypogastric pains set in. At length urine passed from the vagina. She applied for relief owing to constant pain and miserable discomfort. The reel was extracted. During the process a vesico-uterine fistula was detected.

(326) Labour in a Case of Elongation of the Vaginal Portion of the Cervix Uteri.

H. R. CROSTON (*Virginia Med. Semi-Monthly*, June 25th, 1897) has had the unusual experience of delivering a woman whose cervix uteri was external to the vagina. The patient was aged 25, and a 6-para. The cervix projected at least 2 inches external to the vulva, a state of affairs which had come about, the patient said, with the advent of the early labour pains. It was not simple uterine prolapse, for the fingers could be passed upwards into the vagina at the sides of the cervix. Forceps were applied and the child delivered in the R.O.P. position without perineal tear, although the head was still in the cervix when it had passed over the perineum and out of the vulva. There was a good recovery, and Croston hopes at a future date to amputate the hypertrophied cervix.

(327) Removal of Ovaries for Membranous Dysmenorrhœa.

PROCIDA (*La Gynecologie*, April 15th, 1897) has carefully summed up the pathology and treatment of this disease, in a thesis published last year in Italy. He admits that the disorder may become intractable and suggests removal of the ovaries when all palliative treatment has failed, and existence has become insupportable.

(328) Foetal Inclusion in an Infant aged 11 Months.

BERGKAMMER (*Centrabl. f. Gynäk.*, No. 14, 1897) relates that a tumour appeared in the hypogastrium of a child aged 10 months. No abnormality was observed at birth. On careful palpation two distinct swellings could be defined, the

anterior clearly cystic, the posterior semi-cystic. Urine was freely passed in a full stream. A month later abdominal section was performed; the anterior tumour proved to be a dilated, but otherwise normal, urinary bladder. The second was partly cystic and partly solid; it lay in the true pelvis between the bladder and rectum, and was enucleated from a capsule made up of connective tissue; finally a pedicle could be formed, which was tied and divided. The operation was tedious, lasting an hour and a-half, and the child died of convulsions on the next day. The tumour was a true teratoma, so that it was an example of *gastricus*, or *inclusio foetalis abdominalis*.

(329) Cystic Tumour of the Clitoris.

G. RESINELLI (*Annali di Ostetricia*, May, 1897) reports a case of cystic tumour of the clitoris in a woman, aged 42, who had passed the menopause five years previously. The swelling had been noticed by the patient eighteen years ago, but as it had caused her no suffering she had not consulted a medical man. There was now a prolapse of the uterus with hypertrophy of the supravaginal portion of the cervix and a degree of cystocele and rectocele. In the position of the clitoris was a soft elastic swelling 6 c.cm. in length and 10 c.cm. in circumference. The prolapse was operated on, and at the same time the tumour of the clitoris was excised, the dorsal artery requiring a ligature. The cyst was covered by mucous membrane, under which was a fibrous capsule, and it contained a pulsatious mass of a yellow colour with an alkaline reaction. Microscopically the contents consisted of pavement epithelial cells, cholesterine, crystals, and oil globules.

THERAPEUTICS.

(330) The Serum Treatment of Tetanus.

ENGELMANN, of Curschmann's clinic (*Munch. med. Woch.*, 1897, Nos. 32, 33, and 34), records 3 cases of severe tetanus all ending in recovery, 2 of which were treated by Tizzoni-Cattani's antitoxin and 1 by Behring's new serum. Case I occurred in a patient, aged 42. Seven days after a wound of the face the first symptoms appeared, and five days later spread to the trunk. Eight days after the onset the disease was fully developed; nine days later the first injection of serum was given, and improvement commenced at once. Five injections in all were given, containing 9 g. of the dried antitoxin. The prognosis was unfavourable, owing to the short incubation period, but the symptoms themselves did not develop very rapidly. Although large doses of the serum were given one after the other, no unfavourable effect was noted. Morphine, chloral, etc., were also used. The wound was, of course, dressed antiseptically. Case II occurred in a man, aged 21, apparently without a wound. The first symptom was a feeling of pressure in the back. Rigidity of the legs and trunk soon followed. Six days after the onset the patient pre-

sented the appearance of a most severe case of tetanus. On the thirteenth day the injections were commenced, and a subjective improvement followed at once. Five injections in all were given, containing 9g. of the dried powder. The comparatively rapid development of the symptoms, the extent of the tetanic spasm, the cyanosis and delirium, showed it to be a severe case with an unfavourable prognosis. The author concludes that although in these two cases of severe tetanus the serum treatment was begun late, yet a distinctly favourable effect was produced by it. Although spontaneous recovery was not absolutely excluded, yet it was extremely unlikely. Case III occurred in a girl, aged 22, who had run a splinter under her nail. The symptoms began on the ninth day, and six days after the onset the disease was marked. The splinter removed from the finger was inoculated into a mouse, which died of tetanus within twenty-four hours. It was only after large doses of Behring's serum had been injected that improvement ensued; 20g. of Behring's antitoxin were used without any unpleasant symptom. The author gives in tabular form the details of 34 recorded cases treated with Tizzoni-Cattani's antitoxin, among which were many unfavourable cases. In 17 cases the incubation period was from one to ten days, and only 5 died; the usual mortality in such cases is 90 per cent. Of the 12 recovering, only 5 showed an unfavourable prognosis as far as rapid development of symptoms was concerned. In the cases over ten days the prognosis was more favourable, but in several the rapid development of symptoms and the presence of severe symptoms showed the disease to be very serious. In 21 cases improvement rapidly followed the serum treatment, but in 3 it was only temporary. In 5 cases only was there no improvement at all, and these ended in death. In 3 of these fatal cases the tetanus neonatorum was complicated by sepsis. Thus in 36 cases in all treated by the Tizzoni-Cattani serum, only 8 ended fatally, 3 of which were complicated by septic processes, 4 had insufficient doses given them, and the remaining case died a few hours after coming under treatment. The earlier the treatment is begun the better. The author then analyses 18 cases treated by Behring's serum, the last 5 receiving the new serum. Of the first 13, 6 died and 7 recovered. The author thinks that it may be concluded that owing to the marked effect produced in 3 of the cases recovery was attributable to the large quantities of the serum used, and that the slight effect of the entire absence of it was due to the small quantities used. There is no reason against using large doses. Of the 5 cases treated with the new serum only 1 died, and here death occurred five hours after the treatment was commenced. Of the 4 cases, 1 was severe and 3 of medium severity. The author concludes that (1) both the Tizzoni-Cattani and Behring's latest serum can favourably influence the disease; (2)

large doses are harmless; (3) it is desirable to use them early in doses corresponding to the severity of the disease; and (4) no distinction can really be drawn between the Tizzoni-Cattani and Behring's antitoxins.

(331) Intestinal Obstruction Treated by Electricity.

MINGOUR AND BERGONIE (*Arch. d'Elect. Méd.*, 1897, No. 52) record the case of a child, aged 5½ years, which was the subject of habitual constipation, and which eventually developed the signs and symptoms of intestinal obstruction with faecal intoxication. For seven days purges and enemata were administered without result, and the patient became wasted and collapsed, with a weak pulse and a tympanitic abdomen. The face was sunken and the tongue foul; an inguinal hernia which had been present for four years was found normal and not strangulated. The diagnosis of intestinal obstruction by impacted faeces was made. The child's condition being serious and the bowels not having been open for a week, recourse was had to electricity. A large indifferent electrode was placed on the abdomen and used as the positive pole. Into the rectum about a pint of salt solution was injected, and a rectal sound, 4½ in. long, introduced as the negative pole. The current was gradually raised to 20 milliampères and after three minutes to 23; one or two interruptions having been made, a rush of faecal matter, amounting to about 3 pints, followed, and was succeeded by the immediate recovery of the patient. He has been kept under observation ever since, and has had several further attacks, only one of which necessitated electrical interference. The case is a rare one, and the success of the electrical method after the failure of all other means very noteworthy. The child was injudiciously brought up and fed on an innutritious diet; before its first attack it also indulged immoderately in wine. This latter habit was subsequently broken off, and, indeed, the patient suffered much less from thirst after than before the attack.

(332) Painless Cauterisation with Nitrate of Silver.

E. SAALFELD (*Therap. Monats.*, September), recommends a solution of nitrate of cocaine in cases where local anaesthesia is necessary, for example, for instillation into the urethra (Guyon). Its effect is as satisfactory as that of the hydrochlorate, and it forms no precipitate with the silver salt.

PATHOLOGY.

(333) Microbes in Acute Rheumatism. SINGER, of Vienna (*Berl. klin. Woch.*, 1897, No. 31) has examined 92 cases of acute rheumatism, and in a great number of patients has ascertained the presence of staphylococci and streptococci. He has examined the blood, urine, synovial effusion, and various complications during life. In three necropsies he was twice able to find the same microbes that he found during

life; in one of them the synovial effusion was sterile, though the walls of the synovial cavity contained bacteria; in the third case there were hæmorrhages in the periarticular tissue, and in these hæmorrhages he found groups of streptococci. Singer considers that the necropsies explain why arthritic effusions in cases of acute rheumatism are found often to be free from microbes; in such cases the bacteria probably have their seat in the periarticular tissues only. Singer believes that these microbes are the actual cause of acute rheumatism, which shows its pyæmic nature by its relations to erythema multiforme, sorethroat, etc. He therefore does not accept the view that the action of salicylates is actually specific.

(334) Sulphate of Potash and Hepatic Cirrhosis.

LANCEREAUX (*Bull. de l'Acad. de Méd.*, September 7th, 1897) having been struck by the absence of drunkenness in the subjects of cirrhosis, has investigated the influence of various alcoholic liquors in the production of cirrhosis. In 210 cases of cirrhosis examined by him in thirty-five years, 68 had drunk wine alone to excess, in 126 wine in combination with brandy, rum, or absinthe, in 12 wine and beer, and in 4 wine and cider, had been taken in large quantities. These figures clearly show that, in Paris at any rate, wine, and not alcoholic drinks generally, must be considered the antecedent of cirrhosis. Conversely in Brittany and Normandy, where little wine but much brandy is drunk, cirrhosis is rare. In Hayti, where a great deal of rum and arrack is consumed, hepatic cirrhosis is almost unknown. Lancereaux finds that the poisonous body in wine is sulphate of potash; in Paris plastered wines contain 4 to 6 grammes of this salt per litre, and three litres per diem was the average quantity taken by the cases he investigated. That sulphate of potash alone gives rise to cirrhosis he proved by feeding rabbits, guinea-pigs, and dogs with it. After surviving for six to eighteen months they died, and presented typical venous cirrhosis. While the general consensus of opinion expressed by those who have given alcohol experimentally to animals is that it sets up fatty degeneration in the liver cells, but does not produce cirrhosis. It appears that there is some body other than alcohol in alcoholic drinks which gives rise to cirrhosis, and this Lancereaux believes is the salts of potash, especially the sulphates. Unfortunately an accurate chemical analysis of the stimulating drinks of various countries and of their adulterations is wanting. But it is not improbable that in Germany and England, where beer gives rise to cirrhosis, this beverage contains sulphate of potash. If it were not for its familiarity, the term "alcoholic cirrhosis" should be replaced by "drinker's cirrhosis," inasmuch as there is no reason to incriminate alcohol *per se* as the cause. To prevent the occurrence of cirrhosis, the "plastering" of wine ought to be forbidden by law.