

is to be preferred. On the contrary, on a swollen surface, from the aggregation of several lupus nodules, the application of the electric needle causes in a few hours the disappearance of the swelling. Electrolysis acts very gently, destroying the tubercle by the combination of scarification with its hystochemic action. In cases of lupus where small tubercles are scattered, especially on the face, I find it the preferable method. It leaves a small and scarcely perceptible scar; I use a salve consisting of salicylic acid, grains 20, creosote, drops 30 in 1 ounce of vaselin; with this application the crusts fall off and the tubercles show plainly as whitish points. Each of the tubercles are then treated with electrolysis, continuing the application of the salve. When the necrosed tissue has sloughed off and the granulation commences the sites of the tubercles are touched every alternate day with a 5 per cent. solution of nitrate of silver, covering the surface with a salve of zinc, or boric acid, until recovery.

With this method I obtained perfect success in five weeks in the case under consideration. Two more cases are at present under treatment with similar results, showing that electrolysis is to be considered as a most valuable agent in the treatment of lupus vulgaris.

A CASE OF SYPHILIS IN A YOUNG GIRL; PROBABLY ACQUIRED FROM HER MOTHER.

Read in the Section on Dermatology and Syphilography, at the Forty-seventh Annual Meeting of the American Medical Association held at Atlanta, Ga., May 5-8, 1896.

BY HENRY A. PULSFORD, M.D.

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I. M., came to me in November, 1893, to be treated for a large ulcer on the front of the left leg. She was then an undersized, sallow-skinned girl of 13 years, who had not menstruated. The ulcer, situated just external to the crest of the tibia, four or five inches below the patella, was fully two inches in diameter and had all the characteristics of a broken down gumma. The bone was not affected. At the same time there was found upon the left labium majus a suspicious group of superficial ulcerating papules. Except for a slight general enlargement of the lymph nodes there were no traces of previous syphilitic lesions. At the time, no satisfactory history of the case could be obtained. Under the combined influence of mercury and iodid of potassium the ulcer healed rapidly and the genital lesions disappeared.

In the course of the two years following, the patient again came under my care first for a subacute periostitis of the lower extremity of one tibia, then for a similar affection of the other, and finally for a gumma, probably subperiosteal, of the vertical portion of the frontal bone. All of these manifestations rapidly disappeared under treatment, their appearance being separated by comparatively long periods of good health. Since the disappearance of the last lesion, some six months ago, the girl has improved wonderfully in her general condition, having added several inches to her height, become plump, lost her sallow color and began to menstruate.

Notwithstanding the absence of the classical confirmatory signs, I at first considered the case as one of hereditary syphilis. The history, however, seems to make it probable that the disease was acquired in childhood.

The father of the girl is perfectly healthy, denies all

venereal diseases, and has no evidences of syphilis. The mother was healthy at the time of the patient's birth, two years before which time she bore her first child, a healthy girl now alive and well. One healthy child born two years later died in infancy. There is no history of abortions or miscarriages. The patient in early childhood was perfectly healthy, photographs of the two children and the testimony of intelligent observers proving that up to the age of 4 or 5 years the younger child was as robust and almost as well developed as her older sister. About this time the mother began to be loose in her sexual habits, becoming estranged from her husband in consequence. Soon after this she contracted syphilis. The disease was neglected in its early stages, and probably was not recognized until four or five years later, when she entered the Orange Memorial Hospital for treatment of severe tertiary lesions. A year or two later she died. The failure in the child's health began about the time her mother acquired the disease; and although I could get no satisfactory evidence of an initial lesion or of early eruptions, the child was so thoroughly neglected at that time that such manifestations might easily have escaped attention. At the age of 7 or 8 years she suffered from an ulcerated sore throat which was called diphtheria, but might very well have been either the primary lesion of the disease, or a severe angina accompanying one of the early eruptions.

In conclusion, then, the facts that the father escaped infection, that three apparently healthy children were born at intervals of about two years, and that there were no abortions or miscarriages, seem to prove that the mother could not have been syphilitic during the uterine life of the patient, while there is every reason to conclude that she was infected some five years later. That the child was infected probably by her mother, but possibly by one of her mother's paramours, is by no means satisfactorily proved; but taking into consideration the woman's ignorance, her neglect of her own disease, and the dissolute life she was leading at the time, it is less incredible that one child contracted syphilis, than that the other was so fortunate as to have escaped infection.

DO GRAPE SEEDS CAUSE APPENDICITIS?

BY EDMUND ANDREWS, M.D.

CHICAGO.

The laity of Chicago have become infected with the idea that grapes are a dangerous fruit. They have received from some of our best physicians an opinion that grape seeds cause many, or perhaps nearly all of the cases of appendicitis occurring among us, and the occasional discovery of a seed in or near a perforated appendix adds to the alarm.

Nearly all the grapes consumed in this city are eaten in the months of August, September, October and November. If they cause any large number of cases of appendicitis, we would expect that disease to be most frequent during the grape eating season, or at least within a reasonable period after its close.

To settle this question, I have obtained statistics of the disease in Chicago for every month during the last fourteen years. My friend, Mr. Tracy H. Clark, a medical student, has been kind enough to examine the records of Mercy Hospital, of the County Hospital and of the City Health Office, and to tabulate the results.

Some difficulty was at first encountered in conse-

quence of conflicting terms used by different recorders to designate the same disease; but by the exercise of some care it was found entirely possible to correct these errors.

The cases of appendicitis thus collected number 3,709, and appear in the following table:

Table showing 3,709 cases of appendicitis occurring in Chicago during fourteen years; arranged by months. Taken from the records of Mercy Hospital, of Cook County Hospital, and of the City Health Office.

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Total.
1882	9	6	11	10	8	14	8	12	5	9	7	11	110
1883	14	10	9	11	13	15	9	2	5	13	6	6	112
1884	5	9	11	15	8	13	11	11	12	12	6	10	123
1885	12	8	7	10	14	6	16	11	13	11	6	13	127
1886	11	12	12	10	5	11	15	16	15	10	11	8	136
1887	20	16	23	8	14	12	15	21	14	8	12	17	180
1888	25	25	21	14	20	13	18	25	10	14	12	14	211
1889	10	8	10	11	19	17	12	17	11	14	12	22	163
1890	13	19	31	25	13	13	13	27	9	25	20	23	241
1891	20	19	33	26	39	21	29	27	29	24	31	27	335
1892	24	32	49	35	34	28	56	36	40	41	34	36	445
1893	25	35	40	42	54	41	56	57	53	39	27	46	515
1894	54	42	43	45	43	51	46	37	37	36	24	23	480
1895	42	46	62	48	52	51	53	35	42	33	35	32	531
Total	283	287	362	310	336	306	356	334	305	289	243	298	3,709

Statistics of this class do not afford conclusions of unerring certainty but they are sufficient to show that in over 3,700 cases extending over a period of fourteen years there was no increased frequency during the four grape eating months. In fact, there was a slight diminution, due possibly, to the fact that in these fruit consuming months there is on the average, less constipation and impaction of the colon than in other parts of the year.

There is a mechanical reason why it is difficult for a seed or other foreign body to enter a healthy appendix. This organ is by no means a "functionless" one as White and others have asserted. Though small, it is richly supplied with muciparous glands, which secrete a pretty large supply of a tenacious mucus like that of the fauces and of the rectum. Its use is to lubricate the cecal pouch so as to facilitate the gliding on of the fecal mass, and prevent its impaction in the head of the colon. As long as the appendix is in a healthy condition, this tough mucus is slowly moving forward into the cecum, and it is difficult for seeds or any other small foreign bodies to enter in opposition to its movement; but if a perforation occurs the motion is reversed. The mucus now flows into the abscess or peritoneum, drawing with it any seeds, bits of fecal matter, or other foreign bodies presenting themselves. I suppose this accounts for the occasional presence of these bodies when found in operations and autopsies. The foreign bodies rarely cause the perforations, but they merely follow the reversed current after the perforation has occurred.

Where a chronic fistula follows the attack it not unfrequently continues to transmit such objects for years, just as occurs in fistulae in ano, and in fecal fistulas of various other locations.

It is a pity that this popular delusion about the danger of grape seeds has gotten possession of so many minds in Chicago, for it causes large numbers of our citizens to deprive themselves of the healthiest and most agreeable of all our fruits.

The majority of authors, while not denying the possibility of appendicitis being induced by foreign bodies, yet think this cause is a rare one. They believe that catarrhal inflammation is the origin of most cases, and that in others perforating ulcers occur from typhoid disease, from tuberculosis, from dysentery,

from calculi of the canal and from other maladies. A few writers, however, believe in the frequent influence of foreign bodies. The following list of opinions shows the conflicting character of professional thought on the subject.

Helferich of Greifswald, says that catarrhal inflammation is the usual cause of the disease, and that foreign bodies do not ordinarily have anything to do with it.

Fowler holds a similar opinion. He reports 200 laparotomies of which only two showed any true foreign bodies.

White of Philadelphia, thinks appendicitis is caused by the organ being a "functionless structure of low vitality."

Pilliet of Paris, on the other hand, finds by microscopic study, that it is rich in glandular structure, which in a state of inflammation resembles that observed in follicular pharyngitis.

J. C. Lange of Pittsburg, thinks the disease arises from catarrhal inflammation, and not from foreign bodies.

W. Schell of Terre Haute, attributes many cases to typhoid infection. He says that of perforating typhoid ulcers, 10 to 30 per cent. are located in the appendix.

Forty-five years ago, when this disease was still called typhlitis, Favre of France, proclaimed with the positiveness which men were accustomed to assume at that time, that perforations of the appendix were always due without exception to foreign bodies.

Six years ago, Lewis A. Stimson asserted that in ten cases of excised appendix only two showed any foreign bodies or fecal matter of any consequence, and in neither of them is it alleged that the foreign material caused the disease.

Jules Simon thinks the appendix is liable to ulceration from dysentery, typhoid fever, or tuberculosis, but that foreign bodies, bits of ill-digested food and fecal matter have some connection with the condition.

Jalaguier of Paris, thinks typhlitis (which is usually appendicitis) is due in the immense majority of cases to the inflammation caused by the impaction of feces in a constipated colon, and very rarely to foreign bodies in the cecum. He seems to confound typhlitis and appendicitis together, as was common a few years ago.

It is a hopeless task to try to reconcile all these contradictory opinions, but the following conclusions are reasonable and mainly true.

1. The appendix is not a "functionless" organ. It produces every day a quantity of tenacious mucus to lubricate the cecum, and by thus facilitating the fecal movement prevents impaction in the head of the colon.

2. The current of this tough mucus is toward the gut, hence seeds and other foreign bodies can not enter the appendix in opposition to the movement as long as the organ is in a healthy condition.

3. From various causes perforations may occur in the appendix. The current of mucus is then reversed and flows outward, and small bodies in the colon may thus be drawn into the appendix, or even carried through it into the abscess or the peritoneum without being the cause of the perforation.

4. There is no scientific proof that grape seeds are any more dangerous than the hundreds of other small objects which we daily swallow with our food.

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