- Faure, J. L.: Anomalie la situation du Cecum et de l'Extrémité de l'Ileon. *Bull. Soc. anat. de Paris*, 1895, lxx, 9-11, 1 fig.
- Fawcett, E.: An Unusually Large Terminal Vermiform Appendix, with Recurved Small Conical Cecum; accompanied by some remarks on the Peritoneal Pouches. *J. Anat. & Phys., Lond.*, 1895, xxix, 498-500, 1 fig.
- Ibid.*: Two Specimens in which the Vermiform Appendix was Absent. *Proc. Anat. Soc. of G. Brit. and Ireland in: J. Anat. & Phys.*, 1899-1900, xxxiv, lii, liii.
- Fiedler, P.: Ueber die Anatomischen Verhältnisse des Processus Vermiformis. *Leipzig*, 1903.
- Fromont: Thèse de Lille, 1890. (Vallée.)
- Gersser: *New York Med. T.*, 1890, p. 6.
- Goble: *Med. Times*, June 9, 1883.
- Hartmann, H.: Les Fossettes Ileo-Cœcales et la Hernie de Rieux. *Bull. Soc. anat. de Paris*, 1888, lxxiii, 983-984.
- Ibid.*: Anomalie dans la Situation du Cecum. *Bull. Soc. anat. de Paris*, 1887, lxxii, 311-312.
- Hewson, A.: The Anatomy of the Vermiform Appendix. *Am. J. Med. Sc.*, 1893, n.s., cvi, 185-190.
- His: *Anat. mensch. Embryoen.*, iii, 12-25.
- Jonnesco: *Anatomie de Poirier*. (Vallée.)
- Jonnesco and Juvara: *Anatomie du Cecum et de l'Appendice Ileo-Cecal*. *Bull. Soc. anat. de Paris*, 1894, lxxix, 38.
- Ibid.*: *Anatomie des Ligaments de l'Appendice Vermiculaire et de la Fossette Ileo-Appendiculaire*. *Progr. med.*, 1894, xix, 273-276; 303-306; 321-325; 353-355; 369-370.
- Keith, A.: Anatomical Evidence as to the Nature of the Cecum and Appendix. *J. Anat. & Phys.*, 1904, xxxvii, 7-20.
- Kölliker: *Entwickelungsgeschichte des Menschen und der höheren Thiere*. *Leipzig*, 1861.
- Kraus, O.: Zur Anatomie der Ileocecalklappe. *Arch. f. Chir.*, 1892, xlv, Sep.-Abdr., 11 pp., 1 pl.
- Lafforgue, E.: Recherches anatomiques sur l'Appendice Vermiculaire du caecum. *Intern. Monat. f. Anat. u. s. w.*, 1893, x, 141-167.
- Legueu, F.: La Situation du Cecum chez l'Enfant. *Bull. Soc. anat. de Paris*, 1892, lxxvii, 55-69.
- Lockwood, C. B.: Note upon the Lymphatics of the Vermiform Appendix. *Proc. Anat. Soc. of G. Brit. and Ireland in: J. Anat. & Phys.*, 1899-1900, xxxiv, ix-xiii.
- Lockwood and Rolleston: On the Fossæ Round the Cecum, and the Position of the Vermiform Appendix, with Special Reference to Retroperitoneal Hernia. *J. Anat. & Phys.*, 1891, xxvi, 130-148.
- Ibid.*: Notes on the Position and Condition of the Vermiform Appendix in One Hundred Consecutive Cases in which there was no Manifest Morbid Condition of the Abdominal Cavity. *Proc. Anat. Soc. of G. Brit. and Ireland in: J. Anat. & Phys.*, 1891, xxv, xix-xx.
- Manley, T. H.: The Anatomical Position of the Caput Coli; Deviations from the Normal Type. *Buffalo Jour.*, 1891, xxx, 577-582.
- Mariau: Variabilité des Rapports de l'Appendice avec le Cecum. *Bibliogr. anatom.*, 1900, viii, 227-330; 3 figs.
- Matas, R.: The Peritoneal Relations of the Cecum. *New Orleans Med. & Surg. Jour.*, 1887, n. s., xvi, 442-451.
- Monard, P.: Des Variétés Anatomiques de l'Appendice Caecal et de leur Influence sur la Pathologie de l'Appendice. Thèse, Paris, 1902.
- Merigot de Treigny: Études sur les Hernies du gros Intestin. *Par.*, 1887.
- Monks and Blake: The Normal Appendix, Its Length, Its Mesentery and Its Position or Direction as Obtained in 656 Autopsies. *Boerum M. & S. Jour.*, 1902, cxlvii, 581-583.
- Moody, B. O.: A Study of the Muscular Tunic of the Large and Small Intestines of Man in the Vicinity of the Cecum. *Proc. Assoc. Amer. Anat.*, 1894, vi, 43-46.
- Muller, P.: Zur Topographie des Processus Vermiformis. *Centralbl. f. Chir.*, 1901, xxviii, 681-683.
- Peronni, G.: Recherches Anatomiques sur le Caecum et son Appendice. *Rev. de chir.*, 1900, xx, 221-225.
- Ransohoff, J.: Considerations on Anatomy, Physiology and Pathology of the Cecum and Appendix. *J. Am. Med. Assoc.*, 1888, xi, 40.
- Ribbert: Beiträge zur Normalen und Pathologischen Anatomie des Wurmfortsatzes. *Virchow's Arch.*, 1893, cxxiii, 66-90.
- Shiefferdecker: *Arch. f. Anat.*, 1886.
- Stoeckart: Les Anomalies de l'Appendice Caecal chez l'Homme. *Bull. Soc. d'anthrop. de Brux.*, 1892-93, xi, 58-74.
- Struthers, J.: On Varieties of the Appendix Vermiformis, Cecum and Ileo-Cecal Valve in Man. *Edinb. M. J.*, 1893, xxxix, 289-306; 438-450. The Appendix Vermiformis Morphologically Considered, pp. 489-494.
- Ibid.*: Specimens of Appendix Vermiformis. *Trans. of Med. Chir. Soc. in Edinb.*, 1893, xii, 38.
- Tixier and Vianny: Note sur les Lymphatiques l'Appendice Ileo-Cecal. *Lyon med.*, 1901, xcvi, 471-479; 2 figs.
- Toldt, C.: Die Formbildung des Mensch. Blinddarmes und die Valvula coli. *Sitzungsbd. d. k. Acad. d. Wiss. zu Wien, Math. naturw. Cl.*, 1894, ciii, Abth. 3, 41-71, 3 pl.
- Trevor, R. S.: A Very Long Vermiform Appendix Enclosed in a Canal behind the Cecum and Ascending Colon. *Proc. Anat. Soc. of G. Brit. and Ireland in: J. Anat. & Phys.*, 1902, xxxvi, xlii-xliv.
- Tuffier: Le Caecum et ses Hernies. *Arch. gen. de med.*, 1887.
- Tuffier and Jeanne: Étude anatomique sur l'Appendice et la Région Ileo-Cecale Basée sur 180 Necropsies. *Rev. de gynéc.*, 1899, 235-278.
- Vallée, P. H.: Situation du Cecum et de l'Appendice chez l'Enfant (étude basée sur cent examens de cadavres). Thèse. 8°. Paris, 1900.
- Zuckerkandl, E.: Ueber die Obliteration des Wurmfortsatzes beim Menschen. *Anat. Hefte*, 1894, xi, 99-126.

It is reported that Dr. Osler, who is now in this country, will spend a month in Baltimore, the first of the year, and will hold certain exercises at the Johns Hopkins Hospital.

Clinical Department.

ON THE USE OF AUTOMOBILE SPARK COILS AND DRY CELLS FOR EXCITING VACUUM TUBES FOR TREATING SKIN DISEASES.

BY WILLIAM ROLLINS, M.D., BOSTON.

In previous papers it was shown vacuum tubes for the treatment of skin diseases could be efficiently excited by apparatus costing but a small fraction of the expense of that in use, provided certain principles, which were stated, were employed in the design and use of the vacuum tubes.

In the present note attention is called to a still less expensive apparatus made for a patient who lived where no commercial electric circuit was available. It consisted of the spark-coil of a motor car, costing eight dollars, and of two cells of dry battery, costing forty cents. This apparatus makes the home treatment of some skin diseases by radiations, under the direction of a physician, both practical and inexpensive; while usually such treatment is very expensive on account of the large number of visits the patient must make to a radiation specialist and the time required for each application.

REPORT OF A CASE OF PARATYPHOID FEVER.

BY ARTHUR D. DRAPER, M.D., BOSTON.

THROUGH the courtesy of Dr. J. W. Bartol, to whose service at the Boston City Hospital this patient was admitted, I am glad to report the following case of paratyphoid fever which presents some interesting features:

E. G., twenty-two years old; married; born in Sweden; polisher in piano-factory. Former history and present history unimportant; no history of previous attack of typhoid or rheumatism. Present illness: For two weeks previous to entrance to hospital had complained of heavy feeling in head and backache. One attack of epistaxis started by picking nose. Has had no nausea, vomiting, chill or fever. Three days before admission, the left ankle became swollen and painful; pain increased on active motion. The right ankle is similarly affected, but to a less degree. Appetite poor; bowels costive. Denies venereal and alcohol. Complains now only of pain in ankles. Was admitted July 27, 1905.

Physical examination. — Well developed and nourished. Very slight prostration. No apathy. General condition good. Temperature 104°, pulse 74.

Eyes. — Pupils, motions and reactions normal.

Tongue. — Thin white coat.

Throat. — Normal.

Neck. — Not rigid or retracted.

Heart. — Area of dullness 4 cm. to right, 10 cm. to left of median line, action tumultuous, slight galloping rhythm. Rough systolic murmur confined to apex. Impulse visible and palpable in fifth interspace. Pulmonic second sound slightly louder than aortic.

Pulses. — Equal, regular, rapid, good volume and tension.

Lungs. — Show no modification of resonance or respiratory sounds.

Abdomen. — Not tender; normal tympany. Liver not enlarged. Spleen not felt.

Extremities. — Knee jerks normal. No edema.

Left ankle slightly swollen, red and tender; painful on motion. Right ankle very slightly swollen and painful.

Urine. — Color normal. Specific gravity, 1,022. Albumin, Sl. poss. trace. Sediment, rare abnormal blood cell.

Widal, negative, 1-100. Leucocytes, 7,200.

Under sodium salicylate, sodium bicarbonate and potassium acetate, the pain, swelling and redness of the joints grew much less and on July 31 had entirely disappeared. Patient feels perfectly well. No apathy or prostration. Cardiac condition much improved; no murmur heard. Temperature became about normal four days after admission and there remained until Aug. 10 when it rose to 104° in eighteen hours and remained at about this height until Aug. 24, when it again fell to normal by lysis. Patient seemed very comfortable until the afternoon when the fever started when he complained of slight headache and of feeling hot. Pulse which had been at about 75 rose to 110 at this onset and there remained until temperature fell.

Sept. 7, patient had a recrudescence which lasted six days after which temperature remained about normal until discharge.

From Aug. 15 to Aug. 18 patient was delirious afternoons, but at no time did he complain of any discomfort.

Aug. 18, spleen palpable. Patient mildly delirious.

Aug. 25, patient shows quite pronounced anemia and considerable prostration and emaciation.

Sept. 5. Since last note patient has been gaining steadily in weight and strength and sat up to-day in bed for the first time.

From this time until discharge, convalescence was uneventful and he was discharged well seventy days after admission.

Aug. 3. Widal negative, 1-100.

Aug. 7. Paratyphoid α and β positive, 1-100. Leucocytes, 6,800.

Aug. 9. Paratyphoid α positive, 1-100; β negative, 1-100. Widal negative, 1-100.

Aug. 16. Paratyphoid α and β positive, 1-100. Widal negative, 1-100.

Aug. 24. Paratyphoid β positive, 1-150 and 1-200. Blood culture negative. Paratyphoid β organism recovered from stools and urine.

The case presents the following interesting features: Its onset was masked by an attack of acute articular rheumatism, starting during the incubation period of the paratyphoid, the latter disease not becoming apparent for two weeks following the patient's admission and four weeks from first subjective symptom. The very acute rise in temperature (without chill) of 5.4° in eighteen hours. The Widal was persistently negative. The paratyphoid bacillus α was positive throughout the disease. The β paratyphoid bacillus was recovered from the urine and stools, but not from the blood. The course was considerably longer than the average typhoid case of this year, and, lastly, throughout the disease, the patient showed practically no apathy.

In his annual report of the Pasteur department of the Baltimore City Hospital, Dr. Nathaniel G. Keirle, director, claims that there has been but one death out of the 775 cases. Three other patients died, but before they had received the full treatment. — *Journ. Am. Med. Ass'n.*

Medical Progress.

REPORT ON PEDIATRICS.

BY THOMAS MORGAN ROTCH, M.D.,
AND
JOHN LOVETT MORSE, M.D.

SURGICAL INTERVENTION FOR THE INTRACRANIAL HEMORRHAGES OF THE NEW-BORN.¹

INTRACRANIAL hemorrhage is usually of venous origin and follows the rupture of some of the delicate and poorly supported venous radicles of the cerebral cortex. The vessels most likely to rupture are those which ascend over the cortex and enter the longitudinal sinus from the mid-cerebral region, as they apparently cross the subdural space to enter the dura at the outer edge of the sinus without any support. During parturition there is presumably always some overlapping of the parietal bones owing to the lateral compression of the skull which is necessarily accentuated by the lateral application of forceps. Any undue overlapping may readily tear one or more of the lateral cerebral veins away from the sinus. This is probably the most common form of injury and explains the fact that the primary effusion is commonly median and in consequence implicates primarily and most seriously the centers for the lower extremities. The rupture of the vessels may take place only on one side, and Cushing is of the opinion that the extravasation is usually limited to one side of the falx, although, of course, bilateral lesions are common. Fractures, particularly basal ones, may also be followed by serious hemorrhage. In these cases the basal ganglia are usually primarily affected.

He notes that there is a remarkable absence of any description of the early symptomatology of these lesions, the consequences alone being described. He thinks, from the patients which he has seen, that the condition need not be difficult of diagnosis. First and foremost among the objective signs is the bulging and tense anterior fontanelle; convulsions are frequent, also undue reflex activity; ocular palsy or difference in the size of the pupils is not uncommon. In severe cases there may be symptoms referable to the medulla, such as alterations from the normal in the cardiac or respiratory rhythms. Evidences of paralysis are rare in the early days. There may be no demonstrable difference in the muscular tone of the two sides even when the hemorrhage is confined to one hemisphere. In doubtful cases lumbar puncture may render the diagnosis possible, for when there has been any effusion of blood into the subdural spaces free corpuscles are soon after found in the fluid of the lumbar meninges. Apparent restoration to health may follow after the first few days and the late manifestations of the disease not appear until after some months, then going on to spastic paralysis, blindness, deafness, feeble-mindedness and epilepsy.

¹ Harvey Cushing: *The American Journal of the Medical Sciences*, 1905, Vol. cxxx, p. 563.