ing great exhaustion from numerous movements and the septic condition which soon ensues. Sometimes large casts of mucosa are expelled, as also casts of mucous and fibrin. These latter are most fatal and should they recover from the acute symptoms, very often lapse into a sub-acute or chronic condition which may last for years with periods of abatement and exacerbation of symptoms.

The author reviews the symptomatology and states that a diagnosis might be overlooked without the aid of the microscope, which, if put into more general use by clinicians, in the South especially, would reveal heretofore unsuspected cases as of this origin.

In reciting the sequelae and gross intestinal pathology in a series of twenty-five cases, the author refers to many features, and states that in two recently treated cases, small openings or ulcers extended into extensive sub-mucous abscesses.

Often the intestinal mucosa presents only slight ulceration, or a general red granular appearance, or is perhaps edematous, and though these are amebic, a mixed infection is thought accountable for certain phases of this process, for the amebae prefer the juicy sub-epithelial structures, and the pathology is chiefly sub-epithelial. The colon bacilli and streptococci are accorded importance in part of the inflammatory process, especially in the rectum. Thus is explained the great difference in the character of the ulcers found there and those seen in the higher portions of the colon.

Autopsy in one case showed marked strictures and thickening of rectal wall, while in the splenic flexure, which was the seat of fatal perforative ulceration, the ulcers were sharp cut, round and oval seen through a thin gut with only lightly adherent omentum covering the perforation.

Periods of exacerbation and abatement of symptoms in these chronic cases are due to several causes, chiefly the difference in ac-

tivity and virulence of different generations of this protozoa. Certain differences exist also in activity in sporulation and in the process of encystation.

In the twenty-five cases cited by the author he noted four cases in which infection in the liver was diagnosed, two of which were verified by operation; five cases of stenosis, more or less marked; two cases of valvular stenosis; two perforations, one of which was verified by autopsy; one case in which casts of mucosa were expelled; one case from which seven adenomata were removed from the upper rectum; in three cases jaundice was marked; three cases had hemorrhoids and one case had rectal abscess and fistula; one case suffered an impaction in the sigmoid, the size of a fetal head, the result of stenosis below and thinning of the musculosa above; one case had infected gall bladder which required drainage; in four cases appendiceal involvement was diagnosed; in one case in which appendicostomy was performed, adhesions were found, the result of an attack since the dysentery was established, and in this case great thickening of the peritoneum and a tubercular family history afforded reason for suspecting a tubercular complication. However, Lewis' law could not be verified.

In the treatment of these cases the author first emphasizes the importance of a properly selected diet. He uses solutions of formalin and boric acid and formalin and copper phenol-sulphonate in high irrigations. His topical applications through the sigmoidoscope he uses varying strength solutions of silver nitrate, followed by instillations of boric acid, aretol, iodoform or bismuth subnitrate in olive oil. The washing away of necrotic material and the infectious organisms explains in part the action of the irrigations, but they also stimulate the vaso-motor supply, relieve congestion and stasis, increase the supply of blood to the parts and perhaps aid in the development of antitoxic bodies. (A. B. C.)

DERMATOLOGY

LUPUS ERYTHEMATOSUS.

(J. P. Kanoky, Kansas City, Mo., Med. Rec., Sept. 12, 1908.)

Kanoky reports six cases from which he decides that the iodide-quinine, or iodide-salicin, method of treatment gives excellent results, especially when used early in the disease. In cases of long standing he recommends the local application of salicylic-pyrogallic-collodion. He finds the x-rays of value in some cases.—(J. M. K.)

LIQUID CARBON DIOXIDE IN DERMATOLOGY.

Pusey was the first to call attention to C.O.₂ in dermatology. Since he gave his reports it has been used by many. The gas from the large iron cylinder ordinarily used by the maker of carbonated water, is the material that is used. A chamois skin with a sort of pocket made in the middle of it is used to collect the carbonic snow from the valve of the cylinder. The snow can be

moulded to fit any size lesion and is placed on until the desired extent of freezing is produced; after a time a mild sloughing follows. It may be used with benefit in lupus-vulgaris, warts, nevi (such as birth-marks), epitheliomata, etc.—(J. M. K.)

QUININE IN DERMATITIS EXFOLIATIVA.

(Journal Cut. Dis., W. H. Mook, St. Louis, Mo.)

Mook reports six cases in which he used quinine in larger doses, with striking tolerance. The urine showed no hematuria or albuminuria, even when 80 or 85 grains were given in 12 hours. Cinchonism was produced to the extent of extreme tinnitus aurium before the dose was reduced. The effect in all cases was noticed within a few days, the subsidence of the exfoliation and the reduction of the erythema and edema were rapid. In one patient the reduction of the dose from 60 grains daily to 20 grains allowed a slight relapse, which was controlled by raising the dose again.—(J. M. K.)

EYE, EAR, NOSE AND THROAT

THE STATUS LYMPHATICUS, WITH PARTICULAR REFERENCE TO ANESTHESIA IN ADENOID AND TONSIL OPERATIONS.

(W. Humes Roberts, Pasadena, Cal., in September *Laryngoscope*.)

Dr. Roberts was led to look into the subject on account of so many deaths having occurred recently under general anesthesia in

and around Los Angeles. The cause of death under general anesthesia has been ascribed by most investigators to the "Status Lymphaticus," or the lymphatic constitution. In nearly all cases in which the status lymphaticus has been demonstrated at autopsy, enlargement of the thymus gland has been found. This enlargement, associated with sudden death, was first mentioned by Bichat in 1723. Copp called attention to it in 1829. Jacobi, in this country, and Grawitz, in Germany, took

it up in 1888. In 1889, Paltauf, of the Vienna School, wrote "Hyperplasia of the thymus is physiologically, as well as anatomically, an element of a general hyperplasia, and is a result of a derangement of nutrition or metabolism, which causes a degeneration of the cardiac centers." He found at autopsy in addition to enlargement of the thymus, a hyperplasia of the entire lymphatic apparatus; enlarged nodes all over the body; of faucial and lingual tonsils; of the intestinal follicles; enlargement of the spleen, and its follicles; changes in the circulatory system. Here he noted a true hypoplasia; the aorta and small arteries were smaller and thinner than normal, and there were signs of cardiac dilatation.

Kolisko, who averages 2,000 autopsies a year, with about six of these dying from cardiac paralysis due to chloroform, says, "In these cases we always find the condition known as *'habitus lymphaticus.'*"

Many physicians, especially of the Vienna school, claim that it is possible to recognize the status lymphaticus. Enlarged faucial and pharyngeal tonsils are among the symptoms found in the status lymphaticus. Where they are of sufficient size to interfere with the growth and development of the patient, they must be removed with the least possible risk and shock. Most surgeons admit that general anesthesia is necessary to remove adenoids and tonsils properly. What anesthetic is safest? Halstead, in 1900, showed clearly the necessity of removing adenoids and tonsils under some sort of general anesthetic, in order to avoid the great shock to the child's nervous system. Halstead points out the great danger of administering chloroform to a child with enlarged tonsils and adenoids, whether being operated on for them or for something else. The lymphatic tendency is most marked in children before puberty, and it is during this time that chloroform is particularly unsafe. The saying that chloroform is the best

anesthetic for children is amply refuted by statistics.

Sanford has reported a death following the removal of adenoids under cocaine. Were cocaine more generally used, many deaths would undoubtedly occur, as children are quite susceptible to its toxic effects.

Dr. W. J. McCardie has reported 30 deaths under general anesthesia in which the status lymphaticus was demonstrated, as follows: Under chloroform, 17; ether, 6; chloroform and ether, 5; nitrous oxide, 2. Thus, in 22 out of the 30 chloroform was used. The youngest patient was six months, the oldest 55 years. Twenty-four were under 20 years.

Dr. John Wyeth performs 75 per cent. of his operations under chloroform, but uses ether on children, as he considers chloroform too dangerous.

Dr. Hill Hastings went over the records of adenoids and tonsil operations at the New York Eye and Ear Infirmary, covering a period of five years, and thousands of operations, without finding a single death. Ether is the anesthetic invariably used. In personal communications, Drs. E. A. Crockett and Philip Hammond report that they have never known a death in Boston from ether in the adenoid or tonsil operation. In Boston, ether is the anesthetic always used and the patient is placed in the upright position for operation.

Among the thousands of operations covered by the reports of Hastings, Crockett, and Hammond, there must have been some patients with the status lymphaticus, yet there was not a fatal result, and all were operated on under ether.

A few miles from Los Angeles, in a seaside town of some 10,000 inhabitants, there have been three deaths within a year. These occurred during adenoid and tonsil operations, and chloroform was used in each case.

Dr. Roberts reports 17 deaths in and around Los Angeles as a result of anesthesia. Fif-

teen of these occurred under chloroform, one under ether, and one under bromide of ethyl. Four of the cases were adenoid and tonsil operations; all occurred under chloroform.

SUMMARY.

1. We should always keep in mind the possibility of the status lymphaticus being pres-

ent in children who have enlarged superficial lymph glands, adenoids, or signs of rachitis.

2. In the status lymphaticus, *all* anesthetics are dangerous, but particularly chloroform.

3. In *all* operations on children, avoid chlor-

4. In operations for the removal of tonsils and adenoids, ether is the safest anesthetic to use.
(M. M. C.)

BOOKS RECEIVED

A Text-Book of Operative Surgery.—Covering the Surgical Anatomy and Operative Technique Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Ph.D., M.D., Visiting Surgeon to Charity and Touro Hospitals, New Orleans. Octavo of 1206 pages, with 854 illustrations, entirely original. Philadelphia and London: W. B. Saunders Co., 1908. Cloth \$6.50, net; Half Morocco \$8.00, net.

Diseases of the Skin and the Eruptive Fevers.—By Jay Frank Schamberg, M.D., Professor of Dermatology and Infectious Eruptive Diseases, in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo of 534 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1908. Cloth \$3.00, net.