CASE 417. May 19, 1904. Patient developed status and had about twenty-five hard convulsions. The usual remedies were used, but had little effect. Lumbar puncture was performed and 14 cc. of cerebrospinal fluid were removed. The fluid did not seem to be under greatly increased pressure until the patient had a convulsion, when it squirted from the needle in a stream.

May 20, 1904. Lumbar puncture produced little, if any, results in this case as patient had about seventy-five more hard convulsions and is now having many light spells.

May 21, 1904. The light convulsions continued today and patient died at 5.15 P.M. Microscopic examination of the fluid showed about two red cells to each field, one-sixth objective. There were also a few leucocytes and endothelial cells present.

CASE 246. Aug. 29, 1904. — For the last three days, patient has been having on an average of from seventy-five to one hundred fits a day. All the ordinary remedies have been tried without result. At two o'clock P.M. lumbar puncture was performed and 15 cc. of clear cerebrospinal fluid were withdrawn. The fluid appeared to be under considerable pressure, dropping about one hundred and twenty times a minute. The fluid was examined with a one-sixth objective. The only abnormal constituents noted were a few red cells.

After the puncture, patient seemed somewhat improved and did not have a convulsion for three and one-half hours. After this, the fits began again, the temperature ran up to 109° F. and death followed.

CASE 321. Sept. 12, 1904. Patient has been suffering from status for the past thirty-six hours. The ordinary remedies having no effect, at 4.30 o'clock this afternoon lumbar puncture was performed and 15 cc. of clear cerebrospinal fluid were withdrawn. The fluid was under increased pressure. Patient did not have another convulsion for eight hours. Then the fits began again. The temperature went up to 107° F. and death ensued from exhaustion. The cerebrospinal fluid was not examined microscopically.

CASE 578. Oct. 12, 1904. Patient had twenty-five hard convulsions which could not be controlled. Lumbar puncture was performed and 20 cc. of the cerebrospinal fluid were removed. The fluid was under increased pressure. After this 10 cc. of a sterile sodium bromide solution, 30 grs. to the ounce, were injected directly into the subdural space. Patient had only one convulsion in the next fifteen hours.

Examination of the cerebrospinal fluid was negative.

The blood pressure which was 140 before the puncture fell to 127.

Patient made slow recovery.

In examining the cerebrospinal fluid the following technique was used: The fluid was caught as it dropped from the needle in two sterile centrifuge tubes. About 7 cc. were allowed to drop into each tube. These tubes were immediately centrifuged for twenty minutes at twelve hundred revolutions a minute. After this all but a few drops of the fluid was removed with a pipette. A drop of the remainder was placed on a slide, covered with a cover glass, and examined with a one-sixth objective. In estimating the red cells, the contents of the second tube were used so as to avoid any introduction into the fluid of blood from the wound.

BEQUESTS. — By the will of the late Mrs. Emily Warren Appleton of Boston, among many other public bequests, the Massachusetts Charitable Eye and Ear Infirmary receives \$2,000 and the Boston Instructive District Nursing Association \$5,000.

Clinical Department.

A CASE OF URETERAL CALCULUS; REMOVAL BY ILIAC INCISION.*

BY F. B. LUND, M.D.,

AND

HOWARD H. SMITH, M. D., BOSTON.

HISTORY BY DR. H. H. SMITH: C. A. T., aged twelve, born in Boston, schoolboy. Since latter part of 1903, boy has been more or less delicate and has tired easily.

April 16, 1904. About three months ago, after skating for some hours, patient came home complaining of sharp, lancinating pains in lower right abdomen. Pain was severe, compelling him to remain in sitting posture. At this time mother says she noticed a tumor in right lower abdomen, which was red and tender. Duration of tumor unknown. Since first attack of pain he has had four others, at about intervals of two weeks. Attacks last from one to three days, pain being constant with frequent sharp exacerbations of a colicky nature. Each attack has been associated with vomiting, vomitus greenish in color, never bloody. Bowels regular. Micturition more frequent recently, gets up once or twice at night. Appetite poor.

Last attack was April 15, 1904, pain severe, kept child up all night, considerable vomiting, pain referred to end of penis, and to scrotum. Never has noticed color of urine during attack.

Examination showed a well developed and nourished boy.

April 16, 1904. Skin and visible mucous membrane pale. Occasional choreic movements, especially noticed in extended fingers.

Abdomen retracted, tympanitic, no mass felt. On right side there is tenderness on deep pressure. Tenderness seems to follow line of psoas muscle. There is no muscular spasm. There are a few small palpable glands along right psoas muscle.

Liver, spleen and kidneys are not palpable.

Reflexes normal. There are a few palpable glands in each axilla, and in both sides of the neck, and in the groins. Glands are discrete, movable and not tender. There is no edema. Rectal examination not made.

Urine. — Acid; slight trace of albumin; no sugar.

Leucocytes. — White count, 4,200.

No attacks of pain since last visit. Child comfortable; no subjective symptoms.

Total quantity in twenty-four hours, 1,060 cc. Day amount, 620 cc.; night amount, 440 cc.

Day amount: Normal color, acid, specific gravity, 1,022. No albumin. No sugar. Sediment: Much calcium oxalate, few uric acid crystals. Small amount of pus, rarely in clumps. Few pelvic cells. Amorphous urates. No blood.

Night amount: Normal color. Specific gravity, 1,020. Acid. No albumin or sugar. Sediment as above. Urea not calculated — through oversight.

April 22. Child improving. No symptoms. Urine shows no albumin or sugar.

X-ray examination. — X-ray examination shows well-marked shadow about size of date stone in lower right quadrant, just above pelvic brim. The radiographs are shown in Figs. 1 and 2.

On examination there is still some tenderness along right psoas muscle, on deep pressure. No spasm. No mass. Operation advised for removal of the ureteral calculus.

May 26, 1904. Since last note one month ago, patient has had two attacks of pain, the last, a day or so ago, was the most severe he has had at any time during

*Patient shown at the meeting of the Boston Medical Library on March 1, 1905.

course of the illness. Urine shows no albumin. No blood. Tenderness persists on right. Parents give consent for operation.

May 28, 1904. Operation May 28, 1904, by Dr. F. B. Lund, at the Boothby Hospital assisted by Dr. Germain.

Under ether an oblique incision was made, about one inch above and parallel to Poupart's ligament, its upper end opposite the anterior superior spine of the ilium. On making the incision through the skin and aponeurosis of the external oblique and the internal oblique muscle, peritoneum was exposed. It was not opened, but worked carefully back with the hand, inward and downward, down to the bottom of the pelvis, where the stone could be felt. The ureter above the stone could not be identified. By freeing the tissues surrounding the ureter and stone, an attempt was made to push the stone upward so as to identify the ureter at a higher point, but as the stone could not be pushed upward, it was necessary to make the incision upon the stone in its original position in the bottom of the pelvis. This was done with some difficulty, and as soon as the stone was exposed, silk sutures were passed with a curved needle, and after removal the incision was closed in the ureter by tying the sutures. The stone was then found to have been rough on its outer surface and lying in a pocket in the ureter, which sufficiently explained why it could not be moved upward from its position. Great assistance in removal of the stone was obtained by having an assistant lift it up by a finger in the rectum. A probe passed upward into the pelvis of the kidney and downward into the bladder, failed to reveal the presence of any more stones. The sutures were then tied, closing the wound, except for an opening in the lower angle through which a cigarette drain was passed down to the line of sutures in the ureter. The patient had no shock, but had slight elevation of temperature for the first two days. He made an excellent recovery. There was a leakage of urine about the drain up to the second day, when it was removed, and through the sinus left by its removal, for two or three days more. After that the drain opening closed, and the boy left the hospital with the wound firmly healed, having gained markedly in weight and general condition, about two and a half weeks after the operation.

July 12, 1904. Child has made a perfect recovery from operation. He still has frequent micturition, has to get up once or twice nearly every night to pass water.

There is no tenderness along course of ureter. His general condition is much improved, color is better and there is no evidence of chorea.

Urine has been examined at different times, each time there has been the slightest possible trace of albumin present. Specific gravity from 1,008 to 1,014. Sediment has always contained abundant calcic oxalate crystals, small amount of pus and uric acid.

At last examination a few days ago there were also a few fine granular casts and small round cells. Quantity ranges from 900 cc. to 1,200 cc.

X-ray taken to-day shows no evidence of calculi.

March 1, 1905. The patient is in good condition with no urinary symptoms.

The excellent x-ray plates were taken at the Boston City Hospital by Dr. F. H. Williams.

GIFT TO COLUMBIA MEDICAL SCHOOL.—At a meeting of the trustees of Columbia University held June 5, among other gifts was announced one of \$20,000 from H. W. Carpentier, to be added to the principal of the R. S. Carpentier Fund of the medical department of the University.

Reports of Societies.

ABSTRACT REPORT TWENTIETH ANNUAL MEETING ASSOCIATION OF AMERICAN PHYSICIANS.

HELD IN WASHINGTON, D. C., MAY 16 AND 17, 1905.

PRESIDENT'S ADDRESS.

E. L. TRUDEAU, Saranac Lake, expressed his great appreciation of the honor that had been conferred upon him and said that the Association had more than fulfilled its destiny along the lines laid down from the beginning, its object having been the consideration of scientific subjects and original research and observation. All the subjects pertaining to the advancement of medical science had been discussed at its meetings, and their practical value passed upon for the benefit of the clinician. He referred to the increase in the active membership as a step in the right direction. Speaking of the loss of Dr. William Osler, who will take the chair of medicine as Regius Professor at Oxford, Dr. Trudeau dilated upon the great benefit the association had derived from his membership in it. He also referred to the calling abroad of Dr. Cushny.

ON THE FEAR OF CATS AND ON THE POWER OF CERTAIN PERSONS TO DETECT THEIR PRESENCE WHEN THE ANIMAL IS UNSEEN AND UNHEARD.

S. WEIR MITCHELL, Philadelphia: The writer presented an accumulation of evidence received through letters from all parts of the world on the susceptibility of certain persons, both male and female, to the feline presence. A whole train of symptoms was produced in some individuals by the presence of cats, the symptoms ranging from nausea to blindness. Many referred their sensations to fright in childhood; about one fourth of them spoke of it as a family peculiarity. In some cases the odor of the animal announces its presence. In others the olfactory organs are the parts through which the fear is suggested, but without recognition of any sense of odor as the cause. Some were subjected to emotional disturbances by the presence of a cat without any affection of the olfactory sense.

INTRAPLEURAL LIPOMA; PERICARDIAL EXPLORATION.

R. H. FITZ, Boston: The author said that intrapleural lipomata may grow from the subperitoneal, subpleural and mediastinal fat tissue and project into the pleural cavity from the diaphragm, costal wall or from the mediastinum. That diaphragmatic lipoma is a rare anatomical curiosity, only two cases having been reported, and is of no clinical significance. The costal subpleural lipoma may penetrate the wall of the chest and appear as an external tumor connected by a stalk with the internal growth. Three such tumors have been operated upon with two deaths. The mediastinal type also may penetrate the thoracic wall and grow from the surface of the chest, three cases having been reported and were operated upon with a fatal result in all. The writer added a case of pedunculated intrapleural lipoma of mediastinal origin to the series and suggested its significance in the differential diagnosis of pericardial and pleural exudations. He considered its presence explanatory of a failure to obtain pus in purulent pericarditis. The case reported occurred in a patient who had an attack of lobar pneumonia. There was delayed resolution and signs suggestive of pericarditis. It was thought that there was effusion, and punctures were made in the fourth and fifth interspaces, but no fluid appeared. On aspiration no pus was obtained. There was some fatty tissue adherent to the needle suggesting the possibility of a