Case of Sarcoma of the Lower Jaw.

as a papillary growth which had been considered an epulis. The anterior molars and rear bicuspids had been pushed inward and loosened by the growth. The patient was etherized, and the portion of the tumor projecting into the mouth removed with scissors, and examined by the microscope, proving to be a giant-celled sarcoma. An external incision was then made along the body and angle of the jaw, the facial artery divided, the periosteum peeled from the entire body of the jaw and the jaw divided by a saw and cutting forceps just anterior to the socket of the canine tooth in front and at a point on the ramus of the jaw level with the alveolar process behind; the submaxillary gland was removed; the lingual and hypoglossal nerves were exposed during the operation and the latter, having been partially divided, was sutured with fine silk; all suspicious bits of tissue were cut away, divided muscles and deep tissues sewn with catgut, and the skin incisions with a subcutaneous horsehair suture; the mucous membrane was sewn inside the mouth with catgut. The patient made an excellent recovery from the operation, but the wound suppurred, un-

doubtedly owing to the infection from the mouth, and had to be drained. It finally healed well, however, and the periosteum has evidently replaced the lost bone to a very considerable extent, as a firm, bony bar can be felt in the place of the bone which was removed. The photograph shows that the deformity on front view is very slight; the scar on lateral view is rather deep and conspicuous, but will fade out considerably in time, after which the deformity on side will be much less marked.

CHRONIC CYANOSIS FROM ACETANILID POISONING.

BY J. N. HALL, M.D., AND H. R. MCGRAW, M.D.,
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IN view of the cases of "Chronic Cyanotic Polycythemia" reported by Hall in *American Medicine*, June 27, and of Chronic Cyanosis with Polycythemia and Enlarged Spleen," by Osler, in the August number of the *American Journal of the Medical Sciences*, these cases of cyanosis of drug origin are of especial interest. Dr. Osler has informed me that he has recently seen such a case from the use of bromoseltzer, well known to contain acetanilid, which was mistaken for the newly described disease.

The patient was a professional man from a western state, fifty years of age. He stated that he had had bleeding piles for thirty years, during which time three ischio-rectal abscesses had been opened. He had been generally constipated. Although decidedly sallow at times he has had no real jaundice.

He stated that his present trouble dated from the use of large doses of acetanilid for headache, begun six months or more ago. It is probably safe to estimate that he had taken 30 to 40 gr. daily for this period. There was no history of alcoholism. His weight had fallen from 160 to 140 pounds. He felt weak, and suffered from dyspnea, and from palpitation on exertion. Digestion was poor, with occasional vomiting of mucus. His face was slaty in color, and much darker than the cyanosis of advanced emphysema. The mucous membranes were similarly discolored, and the skin of the body to a lesser extent. There was no increased pigmentation over the joints and bony prominences, as in Addison's disease. The color lessened upon pressure, but immediately returned. The temperature rose to about 102° daily. The physical examination was negative so far as the chest and abdomen were concerned. Pulse moderately increased in frequency, and of fair quality. The pupils were somewhat contracted. Several bleeding hemorrhoids and a blind rectal fistula were found by Dr. Sherman T. Brown.

The blood was very dark, with 3,038,000 reds and 18,000 whites. Moderate poikilocytosis existed. The increase in the whites was in the polymorphonuclear leucocytes, doubtless explained by the rectal trouble. The reds were pale, and had a "brittle" appearance. The test with Fleischl's hemoglobinometer gave 30% of coloring matter, though this was chiefly methemoglobin, probably. No spectroscopic examination was made.

The urine had a specific gravity of 1.022, no sugar nor albumen. Its color was dark, and the patient stated

that it was always darker when he used much acetanilid than at other times, evidently from excess of coloring matter from the destruction of blood cells. Its odor was strong. No pathological sediment was found excepting a few bacteria at a single examination.

Iron, arsenic and strychnine were ordered, with nutritious diet and rest. The acetanilid was stopped. The operation upon the hemorrhoids, which the patient desired immediately, was forbidden until the blood condition became more favorable.

The improvement was continuous and rapid, doubtless helped as much by the cessation of use of the drug as by the other treatment. The fever subsided within two weeks. We believe it to have been due chiefly to the rectal condition, although doubtless the damage to the heat-regulating mechanism by the antipyretic played a part in the production of the fever. On the fourteenth day the hemoglobinometer registered 70, on the twenty-seventh day increasing to 93. The red cells numbered 5,600,000, and were of normal appearance. On the next day Dr. Leonard Freeman operated upon the hemorrhoids and the fistula. The patient went home entirely well a fortnight later, and has remained well since.

Reports of Societies.

CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH OF NORTH AMERICA.

EIGHTEENTH ANNUAL MEETING, HELD AT BALTIMORE,
Md., Oct. 23 and 24, 1903.

FIRST DAY, MORNING SESSION.

THE Conference met in the hall of the Medical and Chirurgical Faculty of Maryland, and was called to order by the first vice-president, Dr. JOHN GUITERAS, Havana, Cuba, in the absence of the president.

An address of welcome on behalf of the Faculty of the University of Maryland was delivered by Dr. JOHN F. CORDELL, who in referring to the early medical history of Maryland stated that the Medical and Chirurgical Faculty, organized in 1802, was the first to give its formal endorsement of vaccination. As a matter of equal importance, he mentioned that papers were written in 1807 by John Crawford advocating and favoring the animalcular theory of disease. These papers were published in a non-medical journal, for the reason that no editor of a medical journal at that time would accept them. Crawford was erratic, but considered far ahead of his time. He was the first in any English-speaking country, so far as the speaker knew, to advocate the germ theory of disease. Crawford antedated Lister at least fifty years, as a perusal of Crawford's writings would show.

Dr. WM. H. WELCH of Baltimore followed with an address of welcome on behalf of the State Board of Health of Maryland. He said, among other things, there was another name which should be mentioned in connection with the medical history of Maryland — John K. Mitchell, father of Weir Mitchell, whose book on the "Cryptogamic Origin of Malarial Fever" was really a classic. He thought Mitchell's name should be coupled with that of Henle, who forecasted the doctrine of contagium vivum.

The first vice-president responded briefly to these addresses of welcome.

THE ETIOLOGY AND PREVENTION OF INFANTILE DIARRHEA.

Dr. JOHN H. MASON KNOX of Baltimore read a paper on this subject. He said no single organism was considered to be the cause of infantile diarrhea until the experimental work of Duval and Basset. Following Shiga's work in 1898 the organism was found to have wide distribution. From year to year the organism had been found to be more general.

Reference was made to the investigations of Flexner in the Philippines in relation to dysentery among soldiers and the Shiga bacillus as a cause of it. Subsequent investigations made by bacteriologists in Germany, China, Constantinople, etc., disclosed the existence and prevalence of this bacillus in epidemic dysentery, so that its pathogenicity was now well established.

At the suggestion of Flexner, the speaker and others undertook a series of investigations at the Wilson Sanitarium, and of 53 cases carefully examined, the Shiga organism was found in 42 in greater or less numbers. Careful clinical examination, however, showed definitely that no one type of the disease could be associated with this organism; that all types of intestinal diseases, common among children in summer, were caused by the same organism. Laboratory investigation had shown two or three types of organism very closely related. Thus far the great majority of cases in babies had been the acid Harris type. At the Wilson Sanitarium the speaker and his colleagues had a series of upwards of 40 cases of infantile diarrhea which were found to have been produced by the same organism, and conference with those who had charge of the cases clinically led him to believe that the conclusions of the clinicians were the same as theirs. It was found that not only during the summer, but in the winter, sporadic cases of infantile diarrhea were associated with this organism. Wolfstein had reported 37 sporadic cases of infantile diarrhea as having occurred in winter, and Basset four cases as having been seen in the Johns Hopkins Dispensary, due to this organism.

Shiga, by the serum treatment, had reduced the former mortality of this affection from 20 to 30% to 10 and even 7%. Of 25 cases treated by injections of serum at the Wilson Sanitarium, some betterment was noticed after the injection in the cases that were seen early, but the improvement was not brilliant or startling. In eight cases the serum had a beneficial action. In connection with the serum there were changes made in diet, and medication was used, so that the results obtained were confusing in their interpretation. In cases of long standing, associated with an inflammatory condition of the intestinal tract, in which there was probably ulceration, blood in the stools, etc., the serum was of no avail. Although the serum treatment was not very beneficial, it was harmless, as no dele-