Practically I do not believe these objections in any degree important.

FURTHER HISTORY.

The patient seemed to be gradually losing strength the first week in December. He was taken home (five hours by rail) against advice, by his father, December 24th, and died December 31, 1893, 116 days after the operation. This was one of those cases where there was reason to fear a total transverse lesion of the cord; but as the operation offered the only hope of relief, it was performed. No autopsy was obtained.

Clinical Department.

CLINICAL NOTE-TAKING, WITH A LIST OF FOUR HUNDRED AND NINETY-ONE MEDICAL CASES SHOWN TO THE THIRD CLASS OF THE HARVARD MEDICAL SCHOOL.¹

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MANY advantages accrue from note-taking at a clinic, but for these notes to be of permanent value to the student they must be accessible. With this end in view the following method has been adopted by the writer.

The record of each patient was taken on a separate sheet of paper. At the head of the sheet was printed

Diagnosis	Sex	Married	Single	Age
Duration				
Name				
Residence		Occupation		

If the case required more than one sheet, blank slips of the same size were used, and the pages numbered. This allowed easy insertion of subsequent reports of the progress of the individual. The same plan allowed a ready classification, since all the notes were turned into a card catalogue by a simple grouping of cases. These were arranged in a box with index cards of appropriate size denoting the various diseases. As a result, a student can have at the end of his course a very serviceable text-book of medicine, containing the teachings of several clinicians emphasized by and based on what he has himself seen. How valuable this "text-book of notes" may be, can be judged from the following list of cases which were shown by Drs. R. H. Fitz, F. C. Shattuck, A. L. Mason and H. F. Vickery at the Massachusetts General and City Hospitals. The list covers a period of about twelve school-year months, and represents the cases seen by one member of the present third class of the Harvard Medical School.

SPECIFIC INFECTIOUS DISEASES.

Typhoid fever 21, vaccination 1, mumps 1, influenza 3, sequelæ of diphtheria 2, malaria 7, syphilis 7, tuberculosis of lymph glands 3, tuberculosis of lungs 19, tuberculosis of peritoneum 3, tuberculosis of meninges 1, general tuberculosis 3. Total, 71.

CONSTITUTIONAL DISEASES.

Rheumatic fever 2, chronic rheumatism 6, pseudo-rheumatic affections 4, muscular rheumatism 2, arthritis deformans 2, gout 2, diabetes mellitus 12, rickets 4. Total, 34.

DISEASES OF THE DIGESTIVE SYSTEM.

Stomatitis 1, chronic tonsillitis 2, cancer of the œsophagus 1, gastric catarrh 1, dyspepsia 2, nervous vomiting 1, dilatation of stomach 8, gastric ulcer 2, gastric cancer 11, diarrhœa 1, appendicitis 11, intestinal obstruction 1, constipation 1, catarrhal jaundice 4, gall stones 7, cirrhosis of liver 13, abscess of liver 2, neoplasm of liver 2, dislocation of liver 2, hypertrophy of spleen 1. Total, 74.

¹ Read at a meeting of the Boylston Medical Society, April 13, 1894.

DISEASES OF THE RESPIRATORY SYSTEM.

Acute bronchitis 1, chronic bronchitis 4, bronchitis and emphysema 3, bronchial asthma 5, partial occlusion of bronchus 1, œdema of lung 1, acute fibrinous pneumonia 18, chronic interstitial pneumonia 2, emphysema 1, gangrene of lung 1, abscess of lung 1, acute pleurisy 15, chronic pleurisy 8, cancer of pleura 1. Total, 62.

DISEASES OF THE CIRCULATORY SYSTEM.

Pericarditis 4, endocarditis 2, chronic valvular disease 34, hypertrophy and dilatation 4, myocarditis 4, neuroses of heart 4, arteriosclerosis 3, aneurism 5, phlebitis 2, abnormal position of pulse 1. Total, 63.

DISEASES OF THE BLOOD AND DUCTLESS GLANDS.

Secondary anemia 5, chlorosis 4, progressive pernicious anemia 2, leukemia 8, pseudo-leukemia 6, goitre 2, exophthalmic goitre 7, myxœdema 2. Total, 36.

DISEASES OF THE KIDNEYS.

Hyperemia 1, floating kidney 6, paroxysmal hæmoglobinuria 1, chyluria 1, acute nephritis 7, chronic nephritis 16, renal calculus 4, tumors 2, perinephritic abscess 1, incontinence of urine 1, cystitis 1. Total 41.

DISEASES OF THE NERVOUS SYSTEM.

Neuritis 11, Menière's disease 1, sciatica 3, diffuse myelitis 1, ascending lateral degeneration 1, descending lateral degeneration 1, locomotor ataxia 7, compression of spinal cord 1, cerebral meningitis 2, aphasia 1, hemiplegia 13, insular sclerosis 1, general paralysis of the insane 2, brain tumors 3, chorea 6, epilepsy 5, migraine 1, occupation neurosis 1, hysteria 2, neurasthenia 4, hemianesthesia 1, acromegalia 1, scleroderma 1, melancholia after delivery 1. Total, 73.

DRUG POISONING.

Alcoholism 4, opium 2, lead 10, arsenic 2, tobacco 2, illuminating gas 2, aconite 1, copaliba 1. Total 24.

MISCELLANEOUS.

Tumors 8, sexual impotence 1, debility 2, elephantiasis 1, "chronic unemployed" 1. Total 13. Total number of cases shown, 491.

Medical Progress.

RECENT PROGRESS IN SURGERY.

BY H. L. BURRELL, M.D., AND H. W. CUSHING, M.D.

Concluded from No. 16, p. 387.

TRAUMATIC ANEURISM OF THE VERTEBRAL ARTERY.

Matas¹⁷ records a case of aneurism of the vertebral artery, which was cured by extirpation of the sac. The author concludes: "That in certain favorable cases of traumatic aneurism in the upper and more superficial part of the vertebral artery, recovery without operative interference is possible. In every case when the danger of rupture of the sac is not immediate, good results may be expected, if only as adjuvants to future radical treatment, from the systematic application of cold and pressure to the sac, or digital pressure over the artery below the carotid tubercle. In most cases there is a tendency in the aneurism to progress rapidly to rupture, such tendency being often favored by the increased tension caused by ligature of the carotid trunks under mistaken diagnosis. This error may always be avoided by carefully observing the effects of temporary compression of the carotid on the circulation in the tumor. Free exposure of the bleeding region and temporary plugging have hitherto given the most satisfactory results. The use of coagulant injections is especially to be condemned. In the extremely rare cases of idiopathic cervical aneurism, and in circumscribed traumatic aneurisms situated high up in the posterior triangle, proximal ligature might be attempted with some prospect of success, especially if cold pressure and rest be resorted to as adjuvants in the treatment. In aneurisms situated low down in the posterior angle, the Hunterian operation will almost certainly fail, as it will be found impossible to reach the trunk of the

¹⁷ Annals of Surgery, November, 1893; British Medical Journal, December 9, 1893.