cles in one c. mm. As a check experiment to test the accuracy of the instrument, the blood of a healthy man was also counted, and found to contain 4,680,000 red blood-corpuscles in one cubic millimeter.

TYPHOID FEVER IN SOMERVILLE, MASS.

BY THOS. M. DURELL, M.D., HARV.
City Physician.

DURING the latter part of August a case of typhoid fever occurred in a house just over the city line, in Medford. This house is located in a valley, the land around it which is used for farming purposes, and on which large quantities of night-soil has been used, slopes towards the house. The house is an old one with a damp, musty cellar, and a sort of shed in which is situated the well used for cooking and drinking purposes. The vault, or rather the hole in the ground used as a vault, is situated on a higher level than this shed, and is only twenty-four feet away from the well. This well is, practically, in the centre of this whole slope, and must, necessarily, catch all the filth from it.

The family living in this house at the time of the outbreak of the sickness, consisted of three persons, namely: father, mother and daughter; all of them took the disease, the mother's case proving fatal. The man who worked for this family, and who drank the water from this well, lived in one of four small houses located near this first one. These houses were close together and have one common vault. This man was sick some time before calling a doctor, and all of this time used the common vault.

There was another case in this house, one in the next, three in the third, and one in the fourth.

An analysis of the water from the well when the epidemic started (which was kindly made for me by Mr. Geo. H. Cowdin, of Somerville) showed large quantities of impurities and organic matter, some of these being in such large quantities as to be easily detected in the water as it came from the well without evaporation.

The main point of interest in this series of cases is their probable origin and method of transmission.

Therapeutical Memoranda.

WEIGHTED SHOES IN LOCOMOTOR ATAXIA.

A THERAPEUTICAL NOTE

BY ALLAN McLANE HAMILTON, M.D., OF NEW YORK.

THOSE of us who are in the habit of seeing locomotor ataxia, especially in its second and third stages, have our sympathies taxed to their utmost, by the helplessness of the tabetic patient and his difficulty of getting about. There is very little to be done at best, and for this reason the case seems sadder than ever.

For such ataxics I have been in the habit during the past four or five years, of suggesting a simple mechanical device which has done so much good, that I think it worthy of publication. I allude to weighting the anterior part of the feet. Many ataxics whose locomotion was exceedingly difficult and distressing, have worn their weighted shoes constantly since I ordered them, and have led far happier and more comfortable lives.

Those at all familiar with the peculiar heel gait of the ataxic, knows that there is more or less weakness of the peroneus longus, and a failure to act against its opponent, the tibialis anticus, which is strongly contracted. Buzzard and Jackson first called attention to this explanation of the disorderly walk which largely depends upon what the former calls the "over-movement of the associated muscles." The use of properly adjusted toe weights serves two purposes — *first*, to overcome the tendency to violent hyper-flexion, *secondly*, to create an exaggeration of subjective consciousness of movement and location. The loss of plantar tactile sensibility is compensated by the perception of weight. In some cases with the adjusted weight it is possible for the patient to walk in the dark, which under other circumstances he could not do.

The weight, which should not be so great as to produce fatigue, may consist of a leaden insole, or of a plate fastened between the soles. A few experimental trials will enable the physician to determine just how much lead is needed, and where it should be placed. For those cases which last some time, the degree of comfort is sometimes very great, and the patient's gait is less apt to attract the attention it would otherwise, thus saving him much mortification and giving him greater confidence.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

E. M. BUCKINGHAM, M.D., SECRETARY.

JANUARY 11th, 1886, DR. G. H. LYMAN in the chair.
DR. S. L. ABBOT read a paper on

PERICARDITIS TREATED WITH SALICYLATE OF SODIUM.¹

DR. FRANCIS MINOT said that salicylic acid and its compounds have so extraordinary an effect in cases of acute rheumatism, that it is reasonable to suppose that they might modify the character and duration of pericarditis. The natural history of the disease, however, shows so variable a duration, that, in order to judge of the effect of a remedy, we must examine a large number of cases in which it has been used.

Da Costa has grounds for the opinion that pericarditis is not influenced by internal medicines. The speaker had had no personal experience in the use of salicylates in the treatment of this affection, but he had been disappointed with the effect of internal remedies in general, when given for its control. He is rather inclined to think that it is a self-limited disease, and, that unless the patient is broken down by rheumatism or otherwise, that the prognosis is good. He is inclined to treat it with external irritants, such as mustard or iodine, but not with blisters.

DR. JAMES AYER agreed with the last speaker, that, in order to form conclusions, we need to judge from a very large number of cases. Much can, of course, be done for temporary relief with morphia and digitalis.

DR. ROTCH remarked that it would be difficult to ascribe, in the third case, the disappearance of the friction sound during the administration of the salicylate of sodium, and its return on the drug being omitted, to the influence of the salicylate; as with the large amount of fluid represented by the readers' percussion in

¹ See page 49 of this number of the Journal.