as in cancer of uterus, tonsil or rectum—a valuable supplement to the surgeon's skill. I believe its use must be continued over a sufficient length of time before results are demonstrable.

Radium is expensive, but practically indestructible, provided its glass case is not broken or the valuable mineral stolen: two possible contingencies. I would like to see radium used systematically after all hysterectomies for cancer. I do not believe my case will prove a lone exception.

A CASE OF APLASTIC ANEMIA.

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OMAHA.

The recent and carefully prepared report of a case of aplastic anemia by Lavenson¹ embraces a thorough review of the literature and renders a detailed consideration of this disease unnecessary, but the cases are still so rare that it is deemed of importance to report every case.

History.—Miss F. S., aged 18, was seen through the kindness of Dr. H. B. Jennings, of Council Bluffs, Iowa. She was one of a large family of girls and with no trace of hereditary impairment. She had always been well, save for some slight gastrointestinal symptoms so common in girls of this age. In April, 1907, she had an attack of generalized muscular pain, which under salicylate treatment immediately improved. No attention was directed toward the tonsils during this illness. A month later she again complained of pain in the limbs and body. These pains were neither constant nor severe. Up to this time, there was nothing striking about her appearance, but early in July she began to look pale and complained of great fatigue. She was put to bed July 4 and the following examination was made July 6.

Examination.—Patient was extremely pale, but the fat was well retained. There was no tinge of yellow in the pallor, but it was the pearly white of an ordinary secondary anemia. She was rather emotional and querulous, but made no definite complaints of pain or other symptoms. There were no manifestations of hemorrhage into the skin or mucous membranes. There was a slight generalized enlargement of the lymphatic glands on careful palpation. These enlargements were neither marked nor typical. The tongue was clean and there was no evidence of tonsillar infection past or present. The lungs and heart were normal. The pulse rate was from 90 to 100. The heart sounds were normal, though a general diffuse hemic murmur was audible over the precordium. Abdominal examination showed no palpable changes in the liver, no enlargement of the spleen, no ascites. There was no edema of the limbs. The urine was normal. The subsequent history of the case showed no marked departure from the above-described condition. The temperature ranged from 98.5 to 100 F. and save for an occasional hour of nausea with some vomiting no further symptoms developed. The blood examination showed: Red blood cells, 1,060,000 per c.mm.; white blood cells, 1,533 (Turck) per c.mm.; hemoglobin, 17 per cent. (F.M.); index, .88. The most striking thing about the microscopic examination of the blood was the absolutely normal appearance of the individual field in spite of the low blood count. There was little variation in the size and shape of the blood cells (no poikilocytosis); the staining qualities of the individual cell showed no variation (no polychromastosis). A very careful search showed neither nucleated blood cells nor punctate erythrocytes. The differential count of the white cells was extremely difficult on account of the small number present, but about 40 per cent. were lymphocytes.

The patient died July 25, just three weeks after going to bed. An autopsy could not be obtained.

From a study of the various cases Lavenson concludes that from a clinical standpoint "the essential features of

aplastic anemia are: A rapidly fatal course; a marked reduction in the number of red blood corpuscles; a greater proportionate reduction in the amount of hemoglobin, resulting in a low color index; a leukopenia with a relative lymphocytosis; an absence of megaloblasts, and usually normoblasts."

The case here reported coincides with each and every one of these essentials required by Lavenson. Of particular interest in this case is the age of the patient, younger than any save one of the hitherto reported cases, and the fact that there were none of the hemorrhages or accessory symptoms noted in many of the previous cases. On this account the diagnosis depended essentially on the peculiar blood count and on this alone. However, I think we may conclude that with these essentials of the blood count so positive any other diagnosis would have been impossible.

NEPHRITIS FOLLOWING EXTERNAL APPLICATIONS OF BALSAM OF PERU.

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The frequency with which Peruvian balsam is employed both as a surgical dressing and in ointments for the local treatment of skin diseases without a thought regarding its possible toxicity leads me to report the following case:

History.—George S., aged 7, had always been a robust, healthy boy of normal development. Had measles several years ago, but had had no acute illness within the past year. In March, 1906, developed scabies, and when presented for treatment the eruption was scattered over the entire body. Sulphur ointment (10 per cent.) did not control the spread of the parasite and an ointment with 10 per cent. Peruvian balsam was employed twice daily. It was applied over the entire body-surface. Under this treatment the eruption disappeared in five weeks. In May of the same year I was called to see the child and found his abdomen distended with ascites, his face, arms, hands and feet edematous, pulse high tension and rapid, tongue coated and breath fetid.

Examination.—The urine examination disclosed high specific gravity, acid reaction, albumin in great quantities (the test tube contents almost solidifying on boiling and adding acetic acid) and the microscopic examination showed numerous blood casts and granular casts and erythrocytes present.

Diagnosis.—Acute nephritis.

Treatment.—Under a milk diet, hydragogue cathartics and sweat baths the albumin gradually diminished, as did the edema and ascites, and in July, 1906, complete recovery had taken place.

Nothing in the history of this case could be found to have caused the nephritis except the balsam of Peru used in the treatment of the skin affection, all other known causes having been excluded. A. Richartz¹ reported a similar case in which an inunction of 10 per cent. Peruvian balsam caused an acute nephritis. While not a very common sequence of such medication, it, therefore, is a possibility to be kept in mind in treating infants or those known to be suffering from renal lesions. I can find no mention of this untoward effect in the standard text-books that I have been able to consult, so I have deemed it advisable to report this case to add to the statistics as well as to call attention to a point apt to be unnoticed.

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1. Amer. Jour. Med. Sciences, January, 1907.

1. Münch. med. Wochschr., lili, No. 19.