with clots, which were removed. The ovary was found considerably enlarged and cystic, more than three-quarters of its structure being involved. This was also removed. The portion of the tube involved was less than one-half inch from the uterus, but the enlargement did not invade the uterus itself. Great care was taken not to disturb the uterus, in the hope of saving the normal pregnancy, but the ligature securing the tube had to be placed practically on the uterus itself, owing to the friable state of the tissues. The tip of the appendix was adherent to the ovary, the appendicular ovarian ligament being obliterated. The organ was swollen and congested, and was removed. After the usual washing out with saline solution the wound was closed.

The patient rallied promptly from operation, her highest subsequent temperature being 99°.

Having used such care in the manipulations, I had hoped to save the uterine fetus, but flowing and pain began on the fifth day after the operation, Jan. 3.

On Jan. 4, without ether, I dilated and curetted, removing the remains of an eight weeks' fetus. The uterus was swabbed out with iodine and packed with iodoform gauze, which was removed the next day, no symptoms developing.

The progress of the case was uneventful, and she left the hospital on the fifteenth day after operation. Her condition since then has been most satisfactory. She has gained in flesh and strength and control over herself, having had but two of her hysterical attacks in the last year, which were of short duration and light character.

In studying this case there are to me some interesting points. The uterine pregnancy and existence of other morbid conditions were elements tending to confuse the diagnosis, but I still cannot understand how the condition of hemorrhage present could cause so few subjective symptoms.

How small a portion of ovarian structure is required for efficient work was shown by the condition of the ovary removed. The intimate connection between the diseased ovary and the appendix was interesting as to the influence the former had in causing the inflammatory attacks of the other, which contained no concretion or fecal matter. Finally, the practical cessation of the hysterical outbreak which has followed the removal of the diseased ovary showed that this hysterogenous zone had a cause for being.

ACCORDING to a late report, cholera is epidemic in various parts of Asia. Over 100 deaths have occurred at Medina, and it is also very prevalent among the Chinese on an island opposite Canton. One European in Canton is said to be dead from the disease. The Hong Kong authorities are taking every possible precaution against it. A despatch from Melbourne states that all dirty blocks are being cleaned, rats are being destroyed and garbage is being burned, in order to prevent the further spread of bubonic plague, which is epidemic in parts of Australia.—*American Medicine*.

Clinical Department.

ACUTE LYMPHEMIA WITH ESTIVO-AUTUMNAL MALARIA.

BY PHILIP KING BROWN, M.D., SAN FRANCISCO, CAL.

PATIENT, A. R., male, 45 years old. Applied for treatment in September, 1896, giving a history of having lived for some years in a malarial country but without having contracted malaria. He had been in San Francisco but a few weeks, and had felt badly ever since his arrival. No history of any acute illnesses and no lues. He has used alcohol to excess for many years and smoked moderately. Complained of headache, malaise and fever, with irregular chills for some weeks. Prostration was extreme for a few days prior to the examination.

The patient's heart was dilated, the arteries were atheromatous, the urine contained a small amount of albumin with hyaline and granular casts. The liver was 14 cm. broad in the right mammary line, the spleen was easily palpable during inspiration, but not tender. There were no scars on body or penis. The glands were everywhere slightly enlarged, but not particularly tender. The skin was pale and there was a puffiness about the eyes.

Temperature at 11 A.M. 102°, pulse 100. Blood examination showed a leucocytosis of 40,000, 82% of the leucocytes being large lymphocytes. There were also a good number of estivo-autumnal parasites in the blood — ovoids and crescents.

The patient died in five weeks. My unfavorable prognosis sent him elsewhere for help, and I did not see him again.

The accompanying photograph shows a characteristic field.

Medical Progress.

REPORT ON DERMATOLOGY.

BY JOHN T. BOWEN, M.D., BOSTON.

(Concluded from No. 11, p. 289.)

ORTHOFORM ERUPTIONS.

Dubreuilh¹ reports two interesting cases of dermatitis from this drug. Orthoform has been generally considered innocuous, as large ulcerated surfaces may be covered with it, without causing any signs of intolerance. Its analgesic properties on surfaces denuded of epidermis are very marked, while, when applied to an intact skin or mucous membrane, its effect is slight or wholly wanting. The eruptions that may be caused by orthoform are either of an erythematous nature, complicated or not with vesicles and pustules, or gangrenous. The erythema may be limited to the vicinity of the part to which the orthoform has been applied, or it may become generalized over a large part of the body. It is not necessary that the orthoform be applied to a

¹ *La Presse méd.*, May 18, 1901.