

parietal and visceral layers of the pleura. Unfortunately there is no method known by which the presence of pleural adhesion can be positively determined in advance. The only way to settle the doubt is to introduce the needle. And this may have to be done in many sites. But local anesthesia renders the procedure painless.

CASES.

Mr. L. began bleeding Jan. 27 and continued through Jan. 29, 1914. Bleeding was then resumed on Feb. 1, and continued in spite of usual medical treatment till Feb. 3, when nitrogen was injected into pleura. While the spit continued stained for 24 hours, no fresh blood was again obtained. No further hemorrhage occurred while under observation, a period of one month.

Mr. X., patient, was carrying a high fever, raising copiously, and bed-ridden. A nurse notified me that he was bleeding while I was inducing pneumothorax on another patient. Nitrogen was introduced into the pleura on the side that offered moist râles, and bronchi. The bleeding was immediately stopped and did not recur during an observation of four weeks.

E. W. Came with history of frequent hemorrhages, at intervals during a year. Pneumothorax was induced for treatment of the lung. No further hemorrhages occurred while under observation, a period of three months.

H. W. Was having frequent hemorrhages when first seen. Pneumothorax was induced to heal the lung. Incidentally the records showed no recurrence of hemorrhage during the period of observation,—about three months. Ten months of tuberculin treatment had yielded no result.

B. B. A. Bilateral infection with rather profuse bleeding that had continued in varying amounts during three days. Was inflated on side that presented moist râles. Bleeding stopped immediately and did not recur. Observed several months.

For the above inflations I used my portable apparatus modeled after Murphy's original apparatus. More recently Murphy has suggested an ingeniously simple procedure for meeting the emergency presented by hemoptysis. It consists of introducing a hypodermic needle into the pleural space and allowing atmospheric air to be sucked in until the patient feels distress. The needle is dulled by rubbing on a stone, the skin is cleansed, a puncture of the skin is done with any sharp instrument, and the boiled hypodermic needle is then inserted into the pleural sac with its outer end covered by sterile absorbent cotton which filters the air that passes in. I have had no experience with this method but feel that it is entirely permissible and efficient in an emergency. But however induced, pneumothorax, when practicable, is the best way to control bleeding from the lungs.

Reports of Societies.

NEW ENGLAND PEDIATRIC SOCIETY.

FRITZ B. TALBOT, M.D., *Secretary.*

The thirty-second meeting of the New England Pediatric Society was held in the Boston Medical Library, Friday, May 1, 1914, at 8.15 p.m.

The following papers were read:—

1. "The Fasting Metabolism of Infants,"* by Hans Murschhauser, Ph.D., Düsseldorf, Germany.
2. "Some Developmental Causes of Poor Health in the Child: Their Importance to the Adult,"† by Dr. John Bryant.
3. "Myatonia Congenita,"‡ with Report of Cases, by Dr. Charles Hunter Dunn.

DISCUSSION.

DR. TALBOT. Dr. Murschhauser's paper: This type of work lays the foundation for what we clinicians use in reasoning out what we will do with a sick infant, and to me it has been an extremely interesting paper. I am surprised, as Dr. Murschhauser was surprised, that this particular infant should use up so much carbohydrate after 48 hours of fast. The adults who have been experimented on at the Carnegie Laboratory showed that the percentage of carbohydrate utilized after 24 hours has dropped down to less than ten per cent. I have the greatest confidence in this work, and congratulate Dr. Murschhauser on the excellence of it, as it shows that the pediatricians, particularly here in Boston, have been right in recommending sugar solutions in the treatment of acute summer diarrheas with starvation. This evidence makes it very probable that many of our acute summer diarrheas that we starve where the symptoms are hard to combat, may be complicated by a definite acidosis, and if that acidosis can be prevented clinically, those babies ought to do very much better.

DR. LUGER: Dr. Dunn's paper. I would like to ask if any investigation was made in these cases regarding the skeletal changes, especially of atrophic character.

DR. DUNN: I do not know whether Dr. Howell has anything to say about Case 3. He saw it in the hospital, and perhaps may have something to add which will be of interest.

DR. W. W. HOWELL: The chest deformity was so striking that once seen it could never be forgotten. The chest was absolutely pulled out of shape by the diaphragmatic breathing and the loss of muscular tone of the other respiratory muscles. The child lay like a mass of jelly, without tone to any voluntary muscles. Dr. Dunn has so fully covered the case clinically and pathologically that I have nothing further to add.

DR. A. C. EASTMAN: The history of that family is rather bad, to say the least. The first child, I think, without any question, had congenital syphilis. It had a flabby muscular tone and a great deal of difficulty in taking food, besides eruptions, coryza and rhagades. At present it is in very good condition, although it still has to have mercurial

* See page 185.

† See JOURNAL, Vol. clxx, No. 21, May 21, 1914.

‡ See page 191.

treatment. The second child I saw about two months ago. At that time it presented nothing unusual, except the marked deformity,—although the legs were limp and there was practically no muscular action of the legs. Apart from that, the general muscular tone was not diminished anywhere near to the condition of that when sent to the hospital. There was very marked spasm and twitching of the arms. About a week before he was sent to the hospital I saw him again and the difficulty in swallowing had commenced, and especially the accumulation of mucus in the throat. There is a marked history of syphilis in the family which goes back two generations, and with the history of syphilis in the first child, I was inclined to think of syphilis in this child also, although there were no definite symptoms of congenital syphilis. I will agree with Dr. Howell that the appearance of the child was very striking.

DR. DUNN, in closing: With regard to changes in the skeleton in this disease, I do not think that among those autopsies is there any particular mention of examination of the skeletons. I did not get a full report of the autopsy, which has already been published, but my impression is that Dr. Councilman made a number of examinations of the bones and different parts of the body and found them normal. I know that he worked on them and that they are entered in the report as normal. In practically none of the cases reported in the literature has there been any syphilitic origin, and I did not know, until Dr. Eastman mentioned it, that there had been a syphilitic history in Case 3. The baby showed none of the known lesions as far as physical examination was concerned. It is very much to be regretted that we did not get an autopsy.

Book Reviews.

Psychopathology of Hysteria. By CHARLES D. FOX, M.D. Boston: Richard G. Badger.

The development of new theories in regard to the psychology of hysteria has been rapid during the past few years, and though there is a considerable divergence between the views of the nature of the psychological changes and their mode of origin, there is a remarkable unanimity of opinion among recent investigators in regard to many of the phenomena, and especially as to the explanation of them from the psychical side, the differences often being rather in the mode of expression than in mere fundamental distinctions. This little book contains a very good account of the mode of origin and explanation of most of the symptoms which appear in hysterical cases from this general point of view, and is to be highly commended for the clearness of the explanations. This makes it a very convenient book for the general practitioner or those engaged in other special lines of work who have been unable to follow the recent work of the many writers who have been interested in these phenomena.

If one were to find fault in any way with the writer it would be rather in the line of his catholicity in accepting as compatible with each other statements and views which to the close student of the subject seem quite contradictory, such as those of Janet, Freud, Prince and Sidis. Particularly we should hope that in another edition the author would devote more space to the exposition of the views of Freud, which, whether one accepts them or not, are rather fundamentally different from those of any other modern writer aside from those of his followers. Again, there is perhaps too much acquiescence in some of the extreme views of Babinski, as, for example, that symptoms which cannot be suggested are not hysterical, a point of view not accepted by most authorities, who consider certain perhaps rare physiological phenomena, such as anuria, among those which may be produced by hysteria.

Radium and Radiotherapy. By WILLIAM S. NEWCOMET, M.D. Illustrated with 71 engravings. Philadelphia and New York: Lea and Febiger. 1914.

Hitherto the only important English works on radium have been the small manual by Dawson Turner, which was reviewed in the issue of the JOURNAL for May 18, 1911 (Vol. clxiv, p. 723), and Finzi's more elaborate book, reviewed in the issue of June 4 (Vol. clxx, p. 884). This new American volume by Newcomet devotes considerable space to the chemistry and physics of radium, thorium, and other radio-active elements in medicine and surgery. The details and mathematical calculations are largely omitted. The second part is devoted to physiology and therapeutics. The work is a valuable addition to the now growing English literature on the subject.

Black's Medical Dictionary. By JOHN D. COURIE, M.A., B.Sc., M.D., F.R.C.P., Edin. Fifth edition, completing thirty thousand. Containing 431 illustrations in the text, and 12 plates in color. New York: The Macmillan Company. London: Adam and Charles Black.

This fifth edition of a well-known Scottish work of reference maintains the merits of the original. It is rather an encyclopedia than a dictionary, and in its simple, popular method of giving information fulfils its intention for "district nurses, teachers, clergymen, ship-captains, colonists, and others." In the main, the book seems reliable; but when it says that "transfusion has almost completely fallen into disuse," it must be regarded as, in this respect at least, somewhat behind the times.