Hyperesthesia was present both on August 8 and August 22, the slightest touch with finger or pin causing pain over the coccyx and gluteal regions above the gluteal fold, extending upward along the posterior axillary line to the seventh rib, around which it passes to the midclavicular line, from there dropping to the costal margin and crossing to the opposite side. The entire abdomen was hyperesthetic and down the thigh to six inches below the anterior iliac spine passing obliquely to the inner side of the thigh. The knee-jerks were found to be slightly more than normally active. There was no ankle clonus and the Babinski reflex was not present. The external genitals were normal. There was no vaginal discharge.

Later History.—The patient had five slight attacks between August 8 and August 16, and only one convulsion lasting five minutes on August 20, since that time she has had no return of the convulsions. On September 9, the third day of menstruation, she passed a uterine cast without any nervous disturbance or pain. On September 26 the patient showed marked change; her expression was brighter and she looked more intelligent; the headaches had almost disappeared; she complained of no more backache or pain in the extremities; all areas of hyperesthesia had disappeared, and there was no pain on moderate or firm pressure over the lumbar vertebrae. Knee-jerks normal.

Treatment.—This has been entirely hygienic, the only drugs used being veronal and syrup of the iodid of iron combined with syrup of hypophosphites. The veronal was given in five grain doses for three days when it was discontinued owing to the deep sleep with stertorous breathing which occurred within half an hour after taking. General measures employed have been a strict attention to diet, with the elimination of meats, to a great extent, all highly seasoned food, stimulants, tea, coffee, sweets, and fried food. Only three meals daily have been allowed, the evening one composed of cereal, milk, bread and butter and stewed fruit. The patient is put to bed at 8 o'clock every night and takes a rest during the day. She lives an outdoor life as far as possible and has plenty of fresh air in her room at night. In the morning on awakening she is given an alternate hot and cold spinal douche, put back to bed for half an hour and then given a friction rub along the spine with cold cream for twenty minutes.

A report received November 13 states that the patient has just passed her third menstrual period without any return of the convulsive attacks or any nervous manifestation.

It is to be noted that heredity bears no relation to the etiology of this case. This is contrary to emphasized observations of Mills, Sachs, Saint-Philippe and others, who have found it most frequently in the children of degenerate parents. It seems that the spinal injury has been a factor in the cause of the disease, while undoubtedly the nervous strain attendant on the religious ceremonies precipitated the first acute manifestation. Had the first menstrual period followed closely on the seizure, it would have been regarded as a contributing cause, but the fact that it did not occur until 8 months after seems to eliminate this presumption.

Of the specific epileptic symptoms we have: unconsciousness, no distinct cause for each attack, the sudden onset, brevity of some attacks, and after the cessation of movements the occasional stupor or somnolence. In contradistinction there are the following purely hysterical manifestations: no aura preceding the attack, but occasionally some emotional excitement being the direct cause; noises of various sorts being made during the attack; no impairment of vesical and rectal reflexes; no biting of the tongue; and the rapid regaining of consciousness after cessation of clonic movements.

216 South Twentieth Street.

Chloroform in Labor.—W. Gillespie, in the Cincinnati *Lancet-Clinic*, states that there is a positive element of danger in the administration of chloroform after labor as it increases the chances of postpartum hemorrhage.

THE BENEDICT MODIFICATION OF THE BOAS TEST FOR OCCULT BLOOD IN THE FECES.

A. L. BENEDICT, M.D.

BUFFALO, N. Y.

This method was presented by title to the 1906 meeting of the Medical Society of the State of New York and published in the *New York State Journal of Medicine*, May, 1906. So many inquiries have been received regarding the test that it may be pardonable to repeat the substance of the original paper in diagrammatic form. The test is, of course, the same in principle as the original Boas test, which likewise is merely an adaptation to feces of the time-honored guaiac test for hemoglobin. The present modification avoids the delay and

spurting of feces incident to extraction of fats which are inevitable when gasoline is not used. It seems to me neither more nor less delicate than the original Boas test. The guaiac test is not especially sensitive and nearly 10 per cent. of blood must be present in the feces

A.—Diagram showing the order and approximate quantity of ingredients of the test for occult blood. 1. Feces reduced if necessary to diarrheal consistency by addition of water. 2. Gasoline, which rises above Nos. 3 and 4 as they are added. 3. Fresh tincture of guaiac. 4. C. P. turpentine, exposed to air for from 4 to 8 weeks until greenish-yellow in color.

B.—Diagram showing the result after the test tube has been shaken and allowed to stand for a minute or two. 1. Emulsion of feces, guaiac and turpentine. 2. Gasoline ring colored greenish or bluish according to amount of hemoglobin.

THE PERCENTAGE INDEX VERSUS THE BACILLARY INDEX IN THE ESTIMATION OF THE OPSONINS.

CHARLES E. SIMON, M.D.

Professor of Clinical Diagnosis at Baltimore Medical College.
BALTIMORE.

In a previous communication¹ I have drawn attention to certain fallacies which attach to Wright's method of estimating the opsonic content of the blood, and have shown that more accurate results can be obtained by estimating the percentage of phagocytizing leucocytes. By comparing the figure thus obtained with the figure corresponding to a specimen of pooled normal blood serum, terming the latter value 1, an index is obtained which is directly comparable to Wright's index. For routine work this method will be found more convenient than Wright's method of counting the organisms pro leucocyte and comparing the resulting figure with the corresponding one obtained with normal blood.

If for any reason, however, Wright's method is to be used, I should recommend that the percentage index be calculated at the same time; it will be found a useful check on the former and readily shows up errors that may have been made in counting, depending on clumping of the organisms, etc. As the percentage of phagocytizing

1. Jour. Exper. Med., viii, page 651.