Date.	Pulse.		Resp.		Temp.		REMARKS.
	M.	E.	M.	E.	M.	E.	
1873							
Nov. 2	84	82	32	43	104.5°	105°	Skin hot and dry; slight jaundice; gums congested; tongue dry and swollen; kidneys acting imperfectly. Although temp. in evening reached 105°, pulse was only 82.
" 3	86	96	32	34	102°	102.5°	Passed a small quantity of urine by the catheter; urine loaded with albumen and contained many yellow granular casts; resp. rapid and irregular, and patient appears in great danger; ice-water injections per rectum appeared to do good; caused excretion of some urine; in evening complained of pain in epigastrium, which was relieved by ice bag to epigastm.
" 4	72	70	28	36	101.5°	102°	During night hemorrh. from gums; passed urine quite freely towards morning; urine dark colored and loaded with albumen and bile; on 3d patient was placed on sulpho-carb. of sodium, 20 grs. every 4 or 6 hours; milk punch, brandy and beef tea and fragments of ice in the mouth.
" 5	54	48	26	24	98.5°	101°	During 4th perspired freely and appeared to be improving; became much more quiet; sedative water to the surface appeared to quiet him greatly; on 5th passes urine freely, looks more cheerful and is improving; jaundice well marked but less.
" 6	52	50	26	22	98.3°	98°	Passed a very comfortable night; jaundice disappearing; urine abundant; still contains albumen, but amount is diminishing.
" 7	46	50	22	24	97.5°	98.5°	Sitting up; all pain has disappeared; complains of nothing but a cough, which at times annoys him; appetite good; sleep quiet and refreshing; jaundice disappearing.
" 8	45	54	22	23	97.7°	98°	During coughing spat up some dark blood; as there was no congestion of lungs and no rise of temperature, the blood was supposed to have come from mouth and throat. Albumen disappeared from urine.
" 9	52	50	26	27	97.8°	98°	Is up and walking in ward. Continues to improve.
" 10	48	48	20	19	98°	98.2°	Continues to improve.
" 11	52	52	26	24	98°	98.7°	Jaundice disappearing rapidly, very slight tinge in skin and traces of yellow in eyes.
" 12	54	52	24	24	98°	98.2°	Gains strength rapidly.
" 13	52	46	26	24	98°	98.2°	Discharged from hospital Oct. 17.

Case 6.—Yellow fever; jaundice; urinary suppression; delirium; treatment, ice-cold injections; sulph-carbolate of sodium; urinary excretion reestablished; recovery. John Pfum; age 26; native of St. Louis; laborer. Entered Charity Hospital, Ward 25, Oct. 1, 1873. Had a chill succeeded by high fever and pain in head and back. The following observations were made:

Date.	Pulse.		Resp.		Temp.		REMARKS.
	M.	E.	M.	E.	M.	E.	
1873							
Oct. 20	78	74	28	26	104.5°	104.5°	Pain in head and back; nausea; tongue red at tip and edge; coated in center; conjunctiva congested; gums red and swollen; face flushed; capillaries of face, chest and extremities congested; high fever; intense thirst; passes very little urine and with great effort; iced milk and ice in mouth.
" 21	72	76	24	26	102°	103°	Bowels constipated; passes urine with great difficulty and experiences much pain in micturition. Pain in head, lumbar region and lower extremities, nausea and vomiting; tongue very red at tip and edges and coated in center; gums swollen and very red; mind heavy and confused; urine scant, albuminous. Ice water injections and sulpho-carb. of sodium.
" 22	66	72	22	24	101.1°	103°	Gums red, swollen and congested; tongue softer and not so red; urine contains albumen and casts; shows acid reaction; conjunctiva and surface yellow; nervous, restless. Ice water injections and sulpho-carb. of sodium.
" 23	66	70	23	24	100°	100°	Improving; not so nervous; tongue clearing; urine albuminous, but more abundant. Continue sulpho-carb. of sodium, ordered also sulphate of quinia.

" 24	64	70	24	22	100.1°	101.1°	Continues to improve; urine albuminous with casts but more abundant; has some appetite; patient still very weak; continue quinia and sulpho-carb. of sodium.
" 25	62	62	22	20	99.3°	101°	Improving. Sulpho-carb. of sodium continued; 20 grains every eight hours, as before.
" 26	64	60	23	23	99.1°	99.7°	Improving; continue sulpho-carb. of sodium; tongue clearing off; skin clearing off; hungry.
" 27	60	59	22	18	97°	98.5°	Improving; although the urine is still loaded with albumen and casts; urine much more abundant and returns to normal standard; and sat up during the day.
" 28	60	56	18	20	97.6°	98°	Continues to improve; albumen disappears from urine.
" 29	60	76	18	24	98°	98.6°	Tongue clear and very near normal in appearance; urine abundant; is up and dressed.
" 30	60	62	18	24	98.8°	100.5°	Bowels regular; urine abundant; patient says that he feels well; walks about the ward.
" 31	60	60	18	28	99.1°	100°	Patient expresses himself as feeling well.
Nov. 1	68	68	20	20	99.5°	99.5°	Discharged in good condition November 10.

It is of interest to note that on October 22 the injections of ice-cold water were ordered and repeated three times. After the third injection, the patient passed quite a considerable amount of urine and fell into a refreshing sleep. The sulpho-carbolate of sodium, 10 grains every two hours, appeared to relieve the nausea. The patient slept well during the night and was able to drink a cup of milk and another of beef tea.

(To be continued.)

THE AUTOMATIC TISSUE FORCEPS.

BY EMANUEL J. SENN, M.D.

CHICAGO.

The automatic tissue forceps which I have devised, will be found to be an instrument of great utility in operative work and also one of precision. It is made of English steel, and consists of two blades which terminate in teeth. Midway between the extremities of the blades is the catch, which locks and unlocks automatically, synchronously with the grasp or release of tissues.

The instrument is operated with the thumb and index finger of the left hand with the same ease as in the use of the ordinary tissue forceps. Pressure sufficient simply to pick up the tissues is all the force required to lock the blades. This is at a minimum, as the blades possess great elasticity and consequently accommodate themselves to the "bite" of tissue, whether large or small.

To disengage the blades and release the grip, simply give them another gentle squeeze, when the catch unlocks.

This forceps possesses several advantages. In tedious dissecting, the thumb and index finger do not become fatigued, as the case with the ordinary forceps. During an operation, if the hands are necessary to manipulate some other instrument meantime, the forceps can be dropped with its "bite" of tissue intact and ready for subsequent dissection. The mind of the operator or assistant does not have to be con-

stantly concentrated on the instrument in order to insure its hold, the catch fulfilling that office.

The instrument was manufactured for me by Messrs. Chas. Truax, Greene & Co., Chicago.

SOCIETY PROCEEDINGS.

Chicago Pathological Society.

Regular Monthly Meeting, Nov. 11, 1894.

RANDOLPH N. HALL, President, in the chair.

DR. J. B. HERRICK reported a case of

GRAVE ANEMIA.

for which no other cause could be assigned than a severe nervous shock following an injury to the spine. The patient was a woman, 63 years of age, always in good health up to one year ago, leading an active busy life. There was no hereditary taint; no history or evidence of syphilis. In November, 1893, she fell to the sidewalk, hurting her back and left side; she walked home, but almost immediately after this injury became weak, physically and mentally. The legs began to bloat; she easily became dizzy, had fainting spells, was unable to walk for any great distance; became pale. Notwithstanding this, the appetite remained good. The bowels were somewhat constipated. She was admitted to the Presbyterian Hospital. Her complaint of vague pains, of weakness of the arms and legs, of mental deterioration, for all of which she assigned the injury as the efficient cause, coupled with the fact that there could be discovered no evidences of organic lesion to account for such phenomena, and also with the fact that she referred often to a \$2,000 accident insurance claim which she had placed in the hands of a lawyer for collection, led to a suspicion of exaggeration of symptoms, as in traumatic neurosis or railway spine, if not to a suspicion of malingering. The increasing pallor of the skin led later to an investigation of the blood and a more thorough examination of the patient.

The skin was yellowish-white, dry; panniculus adiposus scanty; patient talked slowly; moved hands and legs slowly; seemed weak, unable to walk or stand unsupported; complained of dizziness on being put in the erect posture. Numerous retinal hemorrhages in either eye. Lungs negative; systolic hemic murmur over heart; systolic hum over vessels of the neck; abdomen flabby; stomach resonance apparently increased in extent; stomach when inflated with air apparently enlarged; lower extremities, rectum, pelvic organs, bones, negative. Stomach contents show no free hydrochloric acid, no mucus, no remains of previous meal. There was no vomiting; no disturbance of nervous system. Urine 1012, acid; no albumin, no sugar, no formed elements; amount from thirty to fifty ounces; solids, 660 grains. Blood pale; marked poikilocytosis, microcytes and macrocytes, a few normoblasts, and megaloblasts; leucocytes relatively increased, particularly the lymphocytes. Red corpuscles 666,666; hemoglobin (Fleischl) 25 per cent. Temperature varying during two months of observation from subnormal to 102 degrees. Diagnosis: Pernicious anemia; cause, probably nervous shock consequent upon injury. Atrophy of stomach not positively excluded. Dilatation of the stomach believed to be due to atonic condition of muscular wall consequent upon severe anemia. Dr. Herrick recalled two cases of nervous disease, one a case of cerebral hemorrhage with aphasia and hemiplegia, one a case of sunstroke with marked cerebral symptoms, in which profound and fatal anemia had resulted. He also cited cases reported by others, as, for instance, Curtin, Musser, Schüle, Brigidi, Pokrowski, and others, in which profound—and in many instances fatal—anemia had followed organic disease of the nervous system, or in some instances

severe mental strain or shock. The patient had recently been put upon Fowler's solution, and later developments would, it was hoped, clear up one or two very interesting but as yet misty points. The report had been made perhaps a little prematurely, yet the occasion seemed so peculiarly fitting when other cases of diseases of the blood were to be brought to the attention of the Society, that he had ventured to bring the case thus early to the attention of the members.

VIDA A. LATHAM, F.R.M.S., D.D.S., presented a

REPORT OF A CASE OF LEUKEMIA.

Mrs. X., age 52; nativity, Welsh; occupation, housewife. Previous history: Patient has been married for a number of years; has had no children. The family lived in easy circumstances. The patient said she had malaria (?) at school during childhood, and it was prevalent where she lived in the State of Ohio. Duration of illness: General malaise and indifferent bad feelings for one year; she only noticed the enlargement of abdomen three months previous to her death. Clinical signs and symptoms. Night sweats with some temperature of slight degree, usually below 100 degrees, only once rising to 103 degrees. The kidneys were not affected, neither were the liver nor lymphatic glands enlarged.

The bones were not tender or painful. Emaciation was marked, as was the pallor of the face and skin. Some ascites and edema occurred shortly before death. The apex beat was displaced upward. The diaphragm was pushed upward.

The spleen was hard, and extended to within two inches of the right anterior iliac spine, about on a level with it, also across the hypogastric, umbilical and left inguinal regions, the notch of the spleen being about two inches to the left of the umbilicus at its level. There was a marked bulging between the left twelfth rib and the iliac crest and complete dullness on percussion in the left lumbar region posteriorly. There was obstruction of the intestines at one time, but her main symptoms were due to pressure—constipation, dyspnea and pain. This patient lived in the lowest part of A—, where the soil is always wet and drainage poor. During all her sickness—over a year—the street was dug up, for the building of a very deep outlying sewer. There were no other similar cases known. The blood which I examined through the kindness of Dr. Mary J. Kearsley, was spread on covers and examined by various methods, using dry air, fixing by heating on a copper plate, bichlorid of mercury, ether and absolute alcohol, chloroform, and staining in alcoholic eosin, counterstaining with methyl blue, methyl green, Rieder's method of eosin carbol glycerin and Delfafield's hematoxylin, Czenzynski's stain, Ehrlich's hematoxylin and eosin, Ehrlich's Biondi triple stain, etc. The following forms were met with: Lymphocytes, especially the polynuclear kind, myelocytes, many with neutrophile granules, eosinophiles and very large mononuclear leucocytes. The red blood cells were paler than normal and variable in size. The proportions were one leucocyte to seventeen red blood cells.

About a month afterwards, I made another examination at the bedside with Dr. Kearsley. The blood with Gower's hemocytometer gave the red cells as 2,000,000 per centimeter or .40 of the normal, taking in each examination 1:600 as the normal blood ratio between red cells and leucocytes.

Hemoglobin with Fleischl's hemometer 18 per cent., taking 85 per cent. as the normal estimate.

Tho blood was very pale, but greasy, resembling marrow in the way it spread when trying to make the films. Cultures were also made, and round colonies of streptococci