evaporate completely, add a drop of glycerin, and examine microscopically for brown rhombic plates. Müller-Weber's test is easier: To the contents or to the sediment add a few drops of glacial acetic acid and shake with ether. If blood is absent the ether forms a clear or slightly yellowish zone above the contents. A brownish-red zone indicates blood. If the zone is not clear add more ether or a few drops of alcohol.

Inflation of stomach.—For routine practice it is best to inflate by forcing air through the stomach tube by means of a syringe or Politzer bag. By this means the distention is gradual and under control. A convenient method is to have the patient drink 30 grains of sodium bicarbonate in solution, and immediately afterwards a solution of 15 grains of tartaric acid. This can be repeated if the amounts are too small. It is safer to repeat moderate amounts and avoid overdistention.

In outlining this scheme of analysis no claim to originality is made. The only object has been to select such tests as are sufficiently accurate and at the same time suitable for the busy practitioner. If in the examination of a few digestive cases one will follow the suggestions contained in this paper, I am sure that he will agree with me that

(1) In many digestive cases an accurate diagnosis cannot be based alone on symptoms.

(2) That a rational examination is practicable for the general practitioner.

(3) That by neglecting such examination, the physician can do his best neither for his patient nor for himself.

A CASE OF POST-FEBRILE DELIRIUM.¹

BY ROBERT W. GREENLEAF, M.D., BOSTON.

THE following case is of interest in presenting a somewhat unusual condition in the convalescent stage of pneumonia.

The patient, a gentleman sixty-nine years of age, while at his place of business on March 3, 1899, was seized with faintness and vomiting. He had had a slight cold for several days. On reaching home his temperature was 102°, pulse 82 and strong, respirations 24. Signs of bronchitis were present. Two days later pneumonia began in the right lung without pain or chill. The temperature was 103°, the pulse 110, and respirations 40. Two days later still the temperature and pulse fell to normal, but the respiration fell to only 30. This is of interest, as illustrating a condition occasionally found in pneumonia, and known as pseudocrisis. One may easily be misled by it into giving a favorable prognosis, but the rapid respiration and the unresolved pneumonic process should put one on one's guard. In this case serious symptoms recurred in the evening, as if a conflagration had arisen. The left lung, previously clear, was invaded at its upper lobe. The temperature rose to 103.8°, pulse 136, respirations 46. For the next four days the temperature varied from 101.5° to 104°, the pulse from 100 to 140, the respirations 50 to 60, and on the fourth day even reaching 70. The pulse was variable and intermittent during the disease, and when first ill an anemic souffle was to be heard, which had not previously been detected in his case. During

the entire illness the patient was mildly delirious; at times he was dull and apathetic. He took nourishment and treatment well. Though his age and the considerable amount of lung area involved were against him, yet at no time did he appear to be in extreme danger.

The especially interesting feature of his case, and the one for which I report it this evening, was the condition arising on the day of his actual crisis, namely, the seventh of his illness and the fifth from the pseudocrisis. On this day the temperature dropped to normal, the pulse was 96, the respirations were 40, and signs of resolution were progressing rapidly. Coincident with this marked improvement his mentality became greatly changed. Instead of the mild, dreamy delirium and his docility under treatment, he became

practically insane. He absolutely refused food and medicine, and was enraged to the point of resistance because he was not allowed his clothes and was kept in bed. Though calmed by the time of my visit, when I tried to give him medicine he dashed the spoon across the room and objected to any treatment. Thoughts of suicide were also present. He had no conception of how ill he had been, and could not see any reason for the care given him.

In addition to the night and day nurse attending him a male nurse was secured, and towards night he concluded to accept the situation. He excused this change of attitude on the ground that further opposition was useless, also because of a delusion that though he had refused medicines by the mouth in some way I had managed to get them into him through the air. His smothered resentment and insane desire to be up

¹ Read before the Clinical Section of the Suffolk District Medical Society, April 19, 1899.

and dressed lasted about four days. It gradually lessened, and by that time was nearly gone. Curiously enough, he was fairly strong during this period. His pulse was regular and of good volume.

What shall we call such a perverted mental state? Was it insanity? was it hysteria? or was it simply a delirium? Post-febrile insanity is occasionally found after exhausting disease, as typhoid or pneumonia, just as it is also occasionally found after surgical operation, but its symptom-complex usually presents a more varied, more marked and especially more permanent set of symptoms than occurred in our case. Therefore, though I considered him insane on the day of the crisis, and inclined to a serious prognosis, I now think that the condition was not insanity. As to hysteria, it is quite a question whether that is not the correct diagnosis. The patient for the preceding five or six years has caused much anxiety to his family and physicians by varied attacks of a nervous character in which the element hysteria was certainly present. The diagnosis rests between that and atypical delirium. During the febrile portion of his illness the disturbed mentality was simple delirium, such as is explained as due to toxin irritation. Though the symptoms in the convalescent stage differed materially from the preceding ones of the febrile stage yet on the whole they are probably of a similar origin.

It is of interest in the further history of this case that the patient's strength has gradually returned, and that there has been no recurrence of the symptoms above noted. On the other hand, with returning health, he has shown some of his long-standing restlessness and insomnia. These, however, are diminishing daily, and the patient is now in fairly good condition.

Medical Progress.

RECENT PROGRESS IN OPHTHALMOLOGY.

BY MYLES STANDISH, M.D., AND WM. DUDLEY HALL, M.D., BOSTON.
(Concluded from No. 16, p. 392.)

BLEPHARITIS ACARIA.

E. RAEHLMANN⁷ says that the presence of the demodex folliculorum in all stages of development, eggs, embryos, larvæ and adults of both sexes, he considers to be a cause of blepharitis without any distinguishing features. There were the usual swelling and redness of the lids, crusting and irregular growth and falling out of the lashes. Balsam of Peru and lanolin, one to three, caused such a rapid improvement, and as living acari were found after the symptoms were relieved, and as also acari may be found along lid margins which are apparently normal, it is possible that they merely accompanied an accidental blepharitis. In looking for the parasites one must put the freshly epilated hair upon a glass slide and examine with a low power in water, when will be found both the male and female animals, larvæ, embryo and eggs, showing that the entire process of generation takes place in the hair follicle. In addition to these there will also be found their metabolic products.

DACRYOCYSTITIS IN INFANTS.

Jocqs⁸ states that this condition in infants is generally attributed to an imperforate condition of the lower

end of the nasal duct. According to the researches of M. Cosmettetos, the lachrymal canal starts from the sac, forms a fibrous solid cord stretching down from the sac towards the nose, solid at first but soon becoming pervious, as can be seen in the embryo partially completed in the third month. If, therefore, perforation does not take place as it should, the secretion will accumulate, become infected, and thus we have a dacryocystitis. The inflammation may become purulent as early as the third day and may be mistaken for an ophthalmia neonatorum, but usually it may remain without any unusual manifestations for several weeks. According to Jocqs, the rational course to pursue is to try and promote absorption of this fibrous band, and he advises rather vigorous injections of weak antiseptic fluids, but does not countenance the use of the probe. If there is abscess formation he advises frequent emptying of the sac and after which the injection of a 20-per-cent. protargol solution. The prognosis is usually good.

THE ULTIMATE RESULTS IN THE TREATMENT OF GLAUCOMA.

Zidler-Huguenin⁹ deduces the following from the private practice of Professor Haab, of Zurich. He divides the cases into three categories: (1) Inflammatory glaucoma (acute and chronic); (2) non-inflammatory glaucoma (glaucoma simplex); (3) hemorrhagic glaucoma. In more than half of the cases of acute inflammatory glaucoma iridectomy was followed by complete cure and the cases not cured were invariably benefited. A cure was obtained in 62.5 per cent. of acute cases and in 60 per cent. of the chronic cases. In only three cases was iridectomy followed by malignant glaucoma, once after acute glaucoma and twice after glaucoma simplex. After the operation for acute and chronic glaucoma useful vision was obtained in 91.47 per cent. of the cases. As regards glaucoma simplex, in 78.41 per cent. of the cases after iridectomy and in 60 per cent. of the cases after sclerotomy the vision was either improved or remained the same. He advises myotics with the sclerotomy. For hemorrhagic glaucoma he advises sclerotomy and claims cure in 20 per cent. and no falling off in 40 per cent. of the cases. He explains his good results by the fact that the cases reported were seen in private practice.

THE RESECTION OF THE CERVICAL SYMPATHETIC IN THE TREATMENT OF GLAUCOMA.

Jonnesco's¹⁰ conclusions are as follow: These operations have demonstrated the important bearing which the cervical sympathetic has upon the etiology of glaucoma, with the exception of the hemorrhagic variety, as the removal of the cervical ganglion paralyzes the nerves which give rise to the most troublesome of the glaucoma symptoms. The best results are obtained in those cases where irritation and inflammation are not too pronounced. The operation, however, is comparatively insignificant, and should be resorted to in all cases of glaucoma, even in absolute glaucoma. Improvement usually takes place immediately after the operation, and in a majority of cases is permanent and at the same time progressive. The operation has often proved successful in giving relief where iridectomy has failed. In cases where glaucoma and Basedow's disease coexist the resection of

⁷ Klin. Monatsbl. f. Augenheilk., February, 1899.

⁸ La Clinique Ophthalmologique, May, 1899.

⁹ Beiträge zur Augenheilkunde, Heft 32.

¹⁰ Wien. klin. Wochenschr., 1898, No. 18.