He was examined at the Institute by the attending physician, who noted nothing pathological except a weak, intermittent pulse and heart (supposed tobacco heart). He was placed under the usual treatment, alcohol and tobacco being soon completely withdrawn, and various tonics given in their place.

August 7th, he left the Institute "cured," but with more or less pain and discomfort in the region of the heart; there was some shortness of breath and complete inability for exertion; he was unable to work at his trade of silversmith.

The night of the 17th he was unable to sleep on account of severe pain, of a stabbing, burning nature, in the region of the heart, and general restlessness and distress. In the morning, he went to the Institute for relief; became rapidly worse, asked to be taken to his home, not more than a block distant, and died on the way.

This was the second sudden death occurring among the patients of this Institute within a week.

The directors of the "Houston Cure Company," realizing the unfavorable light in which the Institute was placed, and believing that the treatment there given was not responsible for these deaths, desired to vindicate themselves before the public by procuring an autopsy on Frederickson. There was, in fact, no little excitement at the North End by these two sudden deaths, both happening within three days.¹

On requisition of the mayor, I performed an autopsy on the afternoon of the 18th; Drs. F. A. Howe and C. W. Stiles were present.

The immediate cause of death was fatty degeneration of the heart. This did not appear to be dependent on atheroma or occlusion of the coronaries, which seemed everywhere sound and competent, though embedded in an abnormal amount of fat. In places, as in the wall of the left ventricle below the auriculo-ventricular furrow and at the apex, the muscular tissue was entirely replaced by adipose, which could be easily torn through by the finger-nail or handle of the scalpel down to the endocardium. There was everywhere a great increase of the normal fatty tissue.

The solid organs of the abdomen were hyperæmic and more or less altered. The spleen was congested and softened; its pulp the consistence of *bouillie*. The liver was hypertrophied, filling the whole of the left hypochondrium, encroaching on the stomach and pressing upwards the diaphragm, thereby embarrassing the heart; it was firm, hard, and cut with great resistance, as if cirrhotic. The kidneys were enlarged and smooth; capsule opaque, injected and easily detached. The parenchyma was injected, and a copious bloody exudation followed section. Both cortical and medullary portions were swollen, of dark-brown color, and soft; in fact, any difference existing between these portions was hardly to be distinguished. These organs were apparently in a state of sub-acute inflammation. The stomach was empty. This organ was not attentively examined.

The autopsy exonerated the Houston Institute, by showing that this man died of fatty disease of the heart and other lesions, in all likelihood the result of chronic poisoning by alcohol.

Primary fatty degeneration of the heart found apart from valvular lesions or marked atheromatous changes in the arteries, in a young or middle-aged person with

no known hereditary predisposition or diathesis, is strongly suggestive of chronic alcoholism. In fact, it is regarded by some authorities as almost peculiar to this form of poisoning.

Pains similar to those of angina pectoris — in fact, so markedly resembling typical angina pectoris as to be easily confounded with it — may occur in other conditions besides coronary stenosis, as in the case above reported.

Doubtless inebriates in the condition of Frederickson, are not fit subjects for Houston or other "institutes" for the cure of inebriety, and will live longer on a moderate allowance of alcohol. There was, however, nothing in the antecedent history of this man to indicate that he was not a fit subject for the abstinence treatment, and it is impossible to tell how much the morbidity may have increased during the five weeks that he was at the Institute.

AN EPIDEMIC OF SCARLET FEVER; ETIOLOGY.

BY DAVID DANA SPEAR, A.M., M.D., FREEPORT, ME.

ON the 21st of September there appeared in my field of practice an epidemic of scarlet fever, which in one week's time assumed the proportion of twenty-five cases, mild in character but well marked, going through the several stages in a typical manner, having the rash, the high fever, the angina, and finally exfoliation of the derma.

The interesting point in all these was the inception. All of my patients were attendants at one and the same primary school, in which there were two school-rooms — one on the first and one on the second floor. All of the cases occurred from the school-room on the first or lower floor. All of the cases occurred from eight to eleven days after the opening of the fall term.

The school-room had just undergone a thorough overhauling and repairing. Many of the old benches had been taken up; quite a large portion of the old floor had been taken out and replaced by new floor-boards; a good deal of dust was disturbed and let loose in the room, which, however, was swept and painted, and the walls tinted, before the opening of the school.

Some two years ago several cases of this same disease broke out in the same room; and every three or four years, over the space of some fifteen or more years, a case or two of scarlet fever has appeared among the attendants at this school.

In 1875, there very suddenly appeared in this village a large number of cases of scarlet fever; and during that fall and winter a large number of scholars from this school were attacked. I treated ninety-eight cases. An account of this epidemic was given in the *Medical Record* of New York (Vol. X, page 782, for 1875). In that article the conclusions were drawn, (1) that in one case it was barely possible that the disease occurred independently; (2) that an unaffected person may be the carrier of the disease over many miles; (3) that the character of the disease was not determined by any peculiar feature of the disease from which one becomes infected, but rather by some existing condition in the person attacked.

The additional conclusions from this present epidemic seem to be that the contagion of scarlet fever can be kept alive for a long space of time. I have

¹ The first case was that of John L. Jones, an epileptic who died suddenly, during the period of withdrawal, by a convulsion.

no doubt but that the school-room from which this present epidemic started, has preserved the germs for infection since September of 1874.

Medical Progress.

RECENT PROGRESS IN GENITO-URINARY SURGERY.

BY FRANCIS S. WATSON, M.D.

RESECTIONS OF THE KIDNEY.

KUMMEL¹ publishes an interesting article on the subject of "Resections of the Kidney," in which, after referring to some experimental researches with regard to resections of the kidney in animals, he describes his own experience of three such operations in human subjects — noting similar operations already performed by Czerny in 1889, and by Waitz in the same year.

Of the writer's three patients, the first was a woman, aged forty-one, from whose right kidney he removed a stone of the size of a walnut. Finding a portion of the kidney practically destroyed by multiple abscesses, he removed that part of the organ. The wound made in the kidney was only partially sutured — that part of it left open was sewed to the skin — and packed with iodoform gauze. The wounds healed completely, though slowly; and the patient made an excellent recovery.

The second case was a male, aged fifty-four. The chief symptom was pain and tenderness in the region of the right kidney, and hæmaturia. An incision was made parallel with the costal arch. On exposing the kidney there was seen at its upper end a yellowish area about the size of a walnut. This, together with a wedge-shaped section of the kidney, was excised. Sutures failed to control the hæmorrhage. The kidney wound was thereupon fixed to the outer wound, and packed with gauze. The wound healed rapidly. The patient left the hospital at the end of three weeks, apparently well. Six weeks later he returned. A tumor of the bladder was then discovered. This was excised through a suprapubic cystotomy. Rapid healing and recovery followed. The wound made in the bladder by the excision was sutured. Ten weeks after the last operation the patient died of pneumonia and empyema.

The third case was one of echinococcus of the kidney, in a woman of thirty-four. In this case the kidney was reached by a similar incision to that practised in the two preceding cases. The kidney was greatly enlarged. Numerous echinococcus cysts were found, and freely incised. The cysts were then excised, together with portions of the kidney adjacent, by wedge-shaped incisions. The sutures failed to control the hæmorrhage, as in the second case; and the kidney was, as in that instance, fixed to the outer wound and packed with iodoform gauze. About one-half the kidney was removed, the pelvis not being injured. This patient made a good recovery.

TUMORS OF THE BLADDER.

Fenwick² reports the results of his observations and operations upon thirty-two cases of bladder tumors, in all but two of which tumors were removed.

In three cases the tumors were reached by the perineal incision, in nineteen by the suprapubic route, and in eight through the dilated female urethra.

Only two deaths occurred as the result of operation. In both, death was due to suppression of urine; and in both the tumors were small papillomata. Both patients had had attacks of influenza not long before the operations.

In one of the other patients there has been no evidence of recurrence, more than four years having elapsed since operation. All the other patients who had benign tumors were alive and well at the date of the report, four years or less having passed since the operation.

In one case of carcinoma, recurrence occurred three months after thorough removal; and in four other cases recurrence is noted.

Early operation is urged by Fenwick in all cases of benign growths, and also the benefits to be derived from the use of the cystoscope, in skilled hands, in making diagnoses.

SOME NOTABLE CASES AND OPERATIONS.

(a) Cabot³ reports a case of "Calculous Pyelitis, with Complete Suppression of Urine for Seven Days: Relieved by Operation," as follows:

The history pointed to the previous destruction of one kidney by calculous disease and to the plugging of the ureter of the other kidney by a calculus. In spite of the long-continued anuria (seven days), the patient had had no uræmic symptoms until the last day. Hoping to find and remove the obstruction in the ureter, Cabot performed a median abdominal section, the incision being made between the symphysis pubis and the umbilicus. The right kidney was found to be enlarged to thrice its natural size. The left kidney was normal in size. No stone could be felt in either of the kidneys or ureters. The left kidney was then exposed by an incision in the left loin. Careful bimanual palpation of the left kidney — one hand being in the abdomen, and the other in the wound in the back — failed to reveal any stone. The operation was then abandoned. The abdominal wound was sutured throughout; that in the loin was partially closed, and drained. Three hours later a catheter was passed into the bladder, and thirty-seven ounces of urine were evacuated from it. Polyuria followed for some days, and then gradually ceased. Convalescence was satisfactory. A fortnight after the operation some grains of calcareous matter were washed out of the bladder. Cabot attributes the dislodgement of the obstructing calculus from the left ureter to the accidental kneading of the kidney which occurred while endeavoring to feel the stone by means of his bimanual examination through the wound.

(b) Milton⁴ reports the "Extraction by Laparotomy from the Human Bladder of the Largest Stone ever recorded as successfully removed."

This stone weighed thirty-four and one-half ounces. The patient was an Egyptian, aged sixty. A mass extending to the umbilicus could be felt, and a sound passed into the bladder came at once upon a stone. An abdominal incision was carried from the umbilicus to the pubes, exposing the anterior surface of the bladder. An attempt was made to strip the peritoneum from the anterior face of the bladder; but it failed.

¹ Arch. für Klin. Chir., Bd. lxxiv, 2d Heft., p. 310, 1893.

² British Medical Journal, June 10, 1893.

³ Boston Medical and Surgical Journal, August 31, 1893.

⁴ Lancet, September 16, 1893, p. 687.