sore and easily strained, some limitation of motion; abscess of hip — bedridden.

No Improvement. — Periostitis of femur; chronic synovitis of knee (probably tubercular).

Fistula in Ano. — Of the four good results, three reported themselves well by letter. The fourth has a granulating spot with probably a concealed sinus just inside sphincter. One has not improved — this was the same patient operated on for mice in the knee joint.

Empyema. — One patient complained "that her side troubled her," but she is well and able to do her work.

Cancer of the Breast. — Of the three "good results," two were in operations for recurrent nodules. Both of these show still further recurrence, and in one the growth has involved the brachial plexus causing complete paralysis of the arm. The third "good result" reports herself well by letter. Two cases died during the following winter, whether of the disease or not is not known.

Hemorrhoids. — The two "good results" reported themselves well by letter.

Tubercular Glands of Neck. — The three "good results" complain only that the scars are ugly or tender.

MISCELLANEOUS MALIGNANT DISEASES.

Perfect Results. — One was a sarcoma of the parotid; the other a case of supposed recurrent gland in the neck following operation on the lip five years before (the gland was not malignant). Of the six good results, four are known to have had recurrence. Two of those which died were not operated upon (both cancer of rectum).

Accident Cases. — The results are only of individual interest.

The Miscellaneous Cases are incapable of classification though the individual results are often of interest. Of the two cases "not improved" one, a morbus coxae senilis, was not operated upon; the other, a girl with an obscure lesion of the elbow, was not helped by an exploratory operation. The bad result was in a case of tuberculosis of the os calcis, who refused operation.

Fractures. — One perfect result was a fracture of the tibia in a boy of sixteen. The other was a case operated on for a fracture and dislocation of the head of the humerus in a fat woman. The head of the bone was excised and she now has an ideal result for excision of the shoulder.

The following cases died during or after the service:

Cases which died unoperated: Accident cases, 7; burns, 2; erysipelas, 1.

Cases in which death was probably hastened by operation: Acute appendicitis, 2; general peritonitis, 1; carcinoma of the intestinal tract, 3; carcinoma of the jaw, 1; carcinoma of the uterus, 3; duodenal ulcer, 1; fibroid of the uterus, 1; inguinal hernia (pneumonia), 1; cholelithiasis, 3; tabes mesenterica, 1; hypertrophy of the prostate, 1; pelvic abscess, 1.

Cases in which death was not hastened or probably not more than a few days by operation:

One each of strangulated umbilical hernia, duodenal ulcer, obstruction from Meckel's diverticulum, cancer of the stomach, mesenteric thrombosis, rupture of the intestines, multiple tubercular sinuses, head injury. Two cases of general peritonitis.

Died after leaving hospital: One each of Hodgkins disease, cancer of the hepatic flexure, cancer of the cervix; two each of cancer of the breast and rectum.

Besides these, three cases died of other causes than those for which they were in the hospital.

A CASE OF PREGNANCY IN A UTERUS BICORNIS UNICOLLIS.

BY CHARLES M. GREEN, M.D., BOSTON.

CAREFULLY observed cases of pregnancy in bicornate uteri are sufficiently rare to make the following case worthy of record:

M. F. entered the Boston Lying-in Hospital Jan. 27, 1896, with the following history:—

1893, miscarriage at two months.

1894, full-term child, easy labor.

1895, June 3, premature labor at seven months; no catamenia since.

1896, Jan. 26, 7 P.M., while sitting in the house of a friend, patient began to flow profusely (fully a quart of blood was said to have been collected), finally fainted, and was seen by the late Dr. George Haven, who advised removal to the Lying-in Hospital.

On entrance patient was in fair condition, pulse 105, color good. The cervix was not wholly taken up, the external os uteri was dilated to an inch in diameter. The presenting head was high, O. D. P. The abdomen was large and broad for that period of pregnancy (seven months). There was a large and well-marked median sulcus, suggesting twin pregnancy. During a uterine contraction this sulcus became more marked and could be distinctly felt: beginning just below the umbilicus it extended upward, becoming broader and deeper, and dividing the fundus uteri into two distinct and nearly equal parts. The part on the right was firm and resistant: in it the outline of the fetus could be distinctly palpated, and the fetal heart could be heard over it. The left cornu was less resistant; no part of the fetus could be felt in it; nor could the fetal heart be heard there, but a loud placental bruit was heard over this area. (Figure 1.) During a contraction both halves of the uterus seemed to harden equally; but the left half stood out with greater prominence.

Four hours after entrance dilatation was complete, the membranes ruptured, and a large amount of liquor amnii escaped. Five minutes later the baby was born, and was followed by some large, dark clots. The baby weighed only 3.75 lbs., and lived but six hours.

After the birth of the baby abdominal palpation showed on the left a mass which had the size and feeling of a normal uterus during the third stage. To the right of this, and closely connected with it, was a smaller mass, presumably that portion of the uterus which had contained the child. (Figure 2.)

At the end of forty minutes pressure was made on the left, or larger part of the uterus and the placenta was easily expressed. After the birth of the placenta, the left cornu of the uterus

became of an equal size with the right: the division between the two cornua was very distinct, and both were well contracted. (Figure 3.)

author thinks, is in favor of the belief that the primary necrotic lesion is the result of the action of the dysentery bacillus, the subsequent ulcera-

FIG. 1.— Before birth of child.

FIG. 2.— After child (third stage).

FIG. 3.— After placenta.

There was no post-partum bleeding. The amniotic sac was partially divided into two parts, obviously by the sulcus between the two cornua.

The labor was carefully observed and recorded by Dr. Francis P. Denny, of Brookline, then house physician, and to him I am indebted for the notes of the case. The puerperium was under my own observation; and the bicornate condition was easily appreciable to the touch. On the fourteenth day the uterus was explored with a sound: the sound would pass only a short distance in the median line, but deviated towards one side or the other. The depth of the right cornu was four inches; that of the left, four inches and a half.

Medical Progress.

REPORT ON PEDIATRICS.

BY THOMAS MORGAN ROTCH, M.D., AND JOHN LOVETT MORSE, M.D.

THE PATHOLOGICAL ANATOMY OF SHIGA BACILLUS INFECTION OF THE INTESTINES IN INFANTS.

HOWLAND¹ reports the results of autopsies in the New York Foundling Hospital, the Babies' Hospital and the Nursery and Child's Hospital. The Shiga bacillus was proved to be present in the great majority of cases by examination of the stools, but in 7 cases it was obtained post-mortem by scraping the mucous membrane of the colon, and in 3 cases was obtained both ante mortem and post-mortem. All corresponded to the type known as the "acid," "Harris" or "Flexner-Manila" bacillus. The first 17 cases were winter cases and the last 15, summer cases. There seemed to be no difference in the histological findings between the two. Four cases are reported in full detail and discussed. The conclusion is that the Shiga bacillus infection has a most diverse pathological anatomy, and a large percentage of the fatal cases show no evidence of profound structural lesion. The question arises as to how much of the process is to be regarded as due to the Shiga bacillus. The evidence, the

tion being brought about probably by the interaction of various micro-organisms and the ordinary processes of demarcating inflammation. The lesions in the intestines must be considered as of two kinds: (1) Those due to the dysentery bacillus, and (2) those from toxic products of this and perhaps other organisms. He says that in summing up the evidence we shall have to say that there are comprised under the lesions associated with the Shiga bacillus all grades and types of diarrheal disease as distinguished by clinical symptoms and pathologic findings, and that it can be affirmed that no particular type is distinguished from the others by a special etiology.

A CLINICAL STUDY OF SIXTY-TWO CASES OF INTESTINAL INFECTION BY THE BACILLUS DYSENTERIE (SHIGA) IN INFANTS.

The authors² studied 64 successive cases of diarrhea at the Vanderbilt Clinic during the summer of 1903. No selection of cases was attempted. Sixty-two showed infection with the Shiga bacillus. They were unable to determine whether the patients had previously suffered from diarrhea and were for this reason more susceptible to infection with the bacillus dysenteriae. No other predisposing cause in the way of disease could be discovered. Fourteen were entirely and two partly breast-fed. The others were fed in a great variety of ways. Thirty-one were well nourished, two fairly nourished, 11 poorly nourished and 15 in miserable condition at the beginning of the attack. The most important factor in determining the character and severity of the disease seemed to be the previous condition of the child, — those who were in good condition being much more likely to have a mild or only moderately severe form of the disease. Sixteen cases were very mild, 31 were moderately severe and 14 severe. Thirty-four of the cases did not show a temperature of over 100.5° F. The temperature of the severe cases was usually considerably elevated, but many of them and some of the most severe ran an almost afebrile course. Vomiting occurred in 19 cases, usually at the beginning of the attack. The number of

¹ Medical News, March 5, 1904. Abstract in The Journal of the American Medical Association, March 19, 1904. Vol. XLII, p. 704.

² La Pétra and Howland Archives of Pediatrics, 1904, Vol. 21, p. 161.