later no change from his former condition was noted. Judging from this experience and that of others the next step was taken. On April 18th ether was again given and the inferior rectus tendon of the right eye was cut completely off, Dr. Burr and Dr. Bullard assisting. For two weeks after this there was a constant vertical diplopia, which lasted in the early morning for a week or so more.

The last of May he had begun to hold his head perceptibly straighter. The eyes troubled him a little in the morning and in the evening if he sat up after eight o'clock. In September, his head had become perfectly straight, and has continued so until now. A recent examination of the eyes showed a condition about the same as the original, but reversed. He gets along perfectly well and has no trouble at school except that if he looks up suddenly the right eye deviates upward. This he easily overcomes.

A CASE OF TORTICOLLIS DUE TO HÆMATOMA OF THE STERNO-MASTOID MUSCLE.¹

BY R. W. LOVETT, M.D.

ALEXANDER P., six weeks old, was brought to the Carney Hospital Out-patient Department, in August, 1890, on account of a swelling which the mother had noticed in the neck. The child was healthy and well developed, and was born by an easy labor.

The examination showed a bunch in the left sterno-mastoid muscle, about the size of a hazel-nut. The muscle was slightly contracted, as a result of which the face was turned somewhat to the right. The head could be put into the normal position, but could not be over-corrected. The tumor was plainly to be felt, and did not seem to involve the surrounding structures, but to be limited strictly to the muscle. The case was seen by Dr. Burrell and Dr. Post, and child was put upon general treatment, which had little or no effect. The tumor gradually disappeared, and at the end of two months was no larger than a very small cherry.

The child was not seen again until sent for by the writer in January, 1892. The child now presents a well-marked case of torticollis due to the contraction of the left sterno-mastoid muscle. The head cannot be placed in a correct position, there is some asymmetry of the eyes, the tumor has entirely disappeared, and were it not for the early history, the case would pass for a routine one of torticollis.

The case is presented thus in detail because of the statement made by Dr. Whitman, in his recent exhaustive paper,² that no case of torticollis due to hæmatoma of the sterno-mastoid muscle is on record.

M. PREVOT DU HAUDRAY, following the method of Professor Garnier's studies of the Simian language, has carried his phonograph into the hen-coop. He places it in one hen-house where the "family," are at home, and when the receiver has been cackled into for half an hour it is taken away, and made to repeat all the gossip in a neighboring hen-coop. The results of the experiments are said to be marvellous, and the Académie des Sciences is awaiting a lecture on the subject with the greatest interest.

¹ Read before the Surgical Section of the Suffolk District Medical Society, February 3, 1892.

² Royal Whitman: Medical News, October 24, 1891.

Medical Progress.

RECENT PROGRESS IN PUBLIC HYGIENE.

BY S. W. ABBOTT, M.D.

THE MANAGEMENT AND CONTROL OF INFECTIOUS DISEASES.

Influenza. — The Local Government Board of England, on the 25th of last January, issued a circular of precautions to be observed during an epidemic of influenza, from which the following extracts are taken.

(1) Influenza is spread by infection from person to person. Upon this point the medical officer of the board wrote:

"In its epidemic form influenza is an eminently infectious complaint, communicable in the ordinary personal relations of individuals one with another. It appears to me that there can be no doubt as to this fact. . . . In some circumstances it would seem that infectiveness of influenza through the atmosphere shows itself over a wider area than the limits of household life. Probably also there are other less direct ways by which the infection of the disease can travel; and ways, moreover, by which the infection can be retained for a time in a state of suspended activity." [Since the above was written, evidence has accumulated to indicate that influenza is infectious at quite an early stage of the illness, and may remain so as late as, at least, the eighth day from the attack.]

By having established a place for this influenza among infectious diseases, we assert a position for the disorder within a class of diseases over which we habitually exercise a measure of control. But, from what we have thus far seen of the specialities of influenza, we cannot feel particularly confident of our ability, under the existing conditions of society, to successfully defend ourselves against a further outbreak. A disease that can be absent in an epidemic form for thirty years together, cannot, even if a first attack confer immunity, avail to give the protection of a first attack to any large part of the population. [Abundant evidence has now accumulated to show that influenza does not, in any marked degree, or for any considerable length of time, confer immunity against another attack.] Early isolation-precautions, applicable perhaps to children suspected to have measles, cannot well be applied to persons suspected of influenza among the bread-winners of a community; and the singular ability possessed by influenza to disperse itself over a population, owing to its brief incubation period, must add to the difficulties of dealing with an infection that finds the bulk of the population susceptible to its attack. . . .

In view of the difficulties referred to, it is not practicable to devise any restrictive measures for the prevention of the spread of influenza which shall be universally applicable.

But, under some circumstances and certain classes of persons, some such measures should be resorted to, and this notably:

(a) For persons in whom an attack of influenza would be specially dangerous by reason of age or infirmity;

(b) For the inmates of institutions, the mode of life in which can be regulated and controlled;

(c) For the first cases of influenza in a locality or a household where the attacks are early recognized.

In such cases separation between the sick and the