should be soft, yielding and elastic. In cases of perforation an operation must be done at once, at least within ten hours. Sometimes when the operation is done during shock collapse at once follows. Mikulicz in such cases operates preferably with cocaine. He agrees with Leube, that frequent small hemorrhages indicate an operation. With active, copious hemorrhage interference is always difficult and uncertain, since the site of the bleeding vessel is almost always inaccessible.

(To be continued.)

New Instrument.

AN OVEN HEATED BY ELECTRICITY FOR THE HOT AIR TREATMENT OF JOINTS.¹

ROBERT W. LOVETT, M.D., BOSTON.

THE form of hot air oven here described is one in which the heat is supplied by electricity instead of by

gas or alcohol flame. The advantages of electric heat for this purpose are chiefly in the even distribution of the heat through the oven and in the impossibility of conflagration, which has occurred at times from the

¹ Read at the Medical Improvement Society, February, 1899.

use of gas, which has set fire to the wrappings of the limb.

The writer's oven was one formerly heated by gas and changed over, and is merely a copper oven ten inches wide, eleven long, and twelve deep, with ventilating holes in the top. This oven is lined with asbestos board. The electric heaters are three in number, one at each side and one at the bottom. They are made of steel plates one-eighth of an inch thick, on one side of which is burned enamel in which is imbedded high resistance electric generators. These plates are so arranged that only a portion of the wires in each plate may be in service at a time, if desired, by connecting them with the different circuits, so that three grades of heat may be furnished. The maximum current supply required is ten amperes at one hundred and ten volts, which is the equivalent of twenty 16-candle-power lamps. Starting with the oven and plates entirely cold, it takes about ten or twelve minutes to develop a temperature of 300° F. The oven is connected with an electric light wire by a cord and plug; the plug can be inserted in the receptacle in the oven in one of three ways, to produce a medium, high, or low degree of heat. In practice it has proved possible to raise the temperature to the required heat and then, by changing the plug to the low degree of heat, to maintain that temperature practically constant for an indefinite time.

The cost of the oven is more than when gas heat is employed. Assuming the cost at one cent an hour for each lamp, it costs about five cents to raise the oven to a heat of 350° F., and maintaining the oven at that temperature costs one or two cents more for each half-hour.

Patients who had previously had joints heated in the same oven supplied by gas, when the change from gas to electricity was made, spoke of the greater comfort of the same degree of heat supplied by the electricity. The same degree of heat as that furnished by a gas oven is borne with no greater discomfort.

The form of oven described is by no means perfected, but has been sufficient to demonstrate the practical usefulness and advantage of electrical heat in this connection.

Reports of Societies.

NEW YORK NEUROLOGICAL SOCIETY.

STATED meeting, January 3, 1899, FREDERICK PETERSON, M.D., President.

A CASE OF DISSEMINATED SCLEROSIS.

DR. L. STIEGLITZ presented a boy, seventeen years of age, a native of New York City, one of a family of nine children. None of the others showed his condition. When six years of age it was noticed that he walked peculiarly, and a year later he began to have attacks of intense headache and of vomiting. About three years ago the headaches became less severe, but recently they have had their former intensity. There is often trouble in urinating. Examination shows a fairly well developed boy, presenting the typical gait of cerebellar ataxia. The muscular power is generally diminished, particularly in the right arm. There is a distinct hemiplegia. There is nystagmus in both eyes, and divergent squint. The fundi appear entirely