

In closing, let me recall Koch's own words quoted in that most admirable essay on the "Prevention of Tuberculosis," by James B. Russell, of Glasgow, and reprinted for general circulation by the Massachusetts State Board of Health; an essay that should be read by every medical man. In fully recognizing the utterly different elements which enter into cases of phthisis as compared with other infectious diseases, he says, in the closing words of his famous treatise, "It seems to me the time has now come to adopt prophylactic measures against tuberculosis. But owing to the wide distribution of the disease, all steps taken against it have to deal with social relations, and it must be, therefore, carefully considered in what way and how far we may proceed without neutralizing, by unavoidable disturbances and other disadvantages, the benefit obtained."

To the courtesy of Dr. J. J. Curry, U. S. A., late of the Boston City Hospital Pathological Department, I am indebted for the manuscript of his paper read before the Suffolk District Society in Boston last spring, and soon to be published in the *Boston Medical and Surgical Journal*.⁴ In this he gives the results of some experiments made while associated with Prof. Edwin Klebs at Citronelle, Ala., last winter. Although granting that the number of the experiments is small, he judges from his experience thus far that although very probably bacilli are found in a certain number of the small droplets expelled from the mouth during hard coughing and that hence certain precautions are wise, yet he believes that the dangers spoken of by Flügge are greatly overestimated.

Let us be careful then in promulgating the theories of those whose work hitherto has gained our confidence and whom we regard as teachers and leaders in our profession, lest in our zeal we go much farther than they themselves intend, and in so doing injure rather than aid the object we have in view.

Clinical Department.

SCORBUTUS IN A BABY WITH HEMORRHAGIC DIATHESIS.

BY JOSHUA C. HUBBARD, A.B., M.D., BOSTON.

THROUGH the kindness of the Boston Lying-in Hospital and the Infants' Hospital I am able to report almost the whole life history of the following case:

Eva McK. was born about half-past ten in the evening of March 9, 1898. Although there was nothing remarkable about the labor the baby was cyanotic and required stimulation. The next morning at four o'clock there was oozing from the cord and right conjunctiva. A fresh ligature stopped the bleeding from the cord though only temporarily, as it began again in a few hours. Another ligature was applied. The baby was cyanotic, breathing with difficulty and appearing almost lifeless. In the evening the bleeding from the cord again started and was again checked by a fresh ligature.

March 11th. Last night the baby vomited some blood. To-day some cerebral irritation shown by twitching of the eyelids, rolling of the eyes and convulsive movements of the arms. Hands and arms are

of a yellowish tinge. In the evening convulsive movements of the head.

March 12th. During last night convulsive movements of the arms. During these attacks internal strabismus of both eyes. Baby lies with thumbs turned in, arms tightly flexed, legs crossed and whole body rigid. At times there is some retraction of the head.

March 18th. Blood appeared last night in both the vomitus and the dejections.

The baby was then transferred to the Infants' Hospital where she had no more hemorrhages. On March 30th she was transferred to the South Department as Klebs-Löffler bacilli were found in her throat on routine examination. I will quote nearly the physical examination made on entrance.

Rather emaciated. Desquamation on hands and feet especially, also on some other parts of the body. Cry not very strong. Skin of yellowish tinge mixed with red. Considerable rigidity of the extremities, especially of the arms. Elbows flexed. Impossible to fully extend them. Attempts to do so make the biceps muscle hard and its tendon prominent and rigid. The fingers are clenched tight, the thumbs in the palms. The feet cannot be extended beyond a right angle, the anterior tendons then becoming tense and showing under the skin as though they were shortened. Legs cannot be fully extended at the knees. Eyes are not abnormal externally. No rigidity of the neck. Left frontal region flattened on the vertex as compared to the right. Heart and lungs normal. Spine normal. Abdomen not examined because of dressing about cord. Excoriation about anus. No evidences of hemorrhage in the skin or mucous membranes.

Sometime in the latter part of August the baby was brought to the Out-patient Department of the Infants' Hospital with the following history:

Her food had been malted milk two drachms, water four ounces, lime-water one drachm, the water being warmed but not boiled. The baby had been doing well until two weeks previous when she began to grow sore all over, the ankles, wrists, shoulders and, a few days later, the knees swelling. Some bleeding from the bowels for the last two or three days and from the mouth on one day. No eruption had been noticed. The urine was scanty but not red. The baby was referred to the Summer Hospital where I saw her, and on August 30th made the following physical examination.

Well developed and nourished baby. Pale. Cries when moved. When quiet seems free from pain. Knees and thighs held flexed. Arms held thrown back with hands by head. Fingers and thumbs flexed. Cannot be fully extended, apparently held by the palmar fascia. Fontanelle small, not depressed. Slight umbilical hernia. Heart, lungs, liver and abdomen negative. Pupils equal. No stomatitis. Hard, non-fluctuating, tender swellings at distal ends of radii and ulnæ, sternal ends of clavicles, distal ends of femora and tibiae. Large swelling on outer posterior aspect of left leg just below the knee-joint. Marked swellings at the junctions of the ribs with their cartilages, many of them of more even form than the ordinary rosary of rickets. No enlarged glands. No increased temperature.

The baby was given modified milk, orange juice one-half ounce three times a day, and later some brandy

⁴ October 13, 1898.

every two hours. The dejections were of fairly good character. There was some vomiting.

By September 2d the swellings had already begun to decrease.

September 13th. Baby can now be handled without causing pain. Swellings above knees all gone, leaving now more evident the enlargements just below the heads of the fibulae. Swellings by right wrist and ankles still present though much smaller than at entrance.

September 22d. Swellings at sternal ends of clavicles gone. Shape of rosary has changed so that now like that of rickets. No enlargements at knees. Distal ends of leg and forearm bones still swollen. Some anterior bowing of bones just above left wrist and a suspicion of motion at the epiphysis.

After the first few days the orange juice had been decreased as the baby did not like it. Her improvement continued on the smaller amounts.

Unfortunately, the hospital closed at this time and the baby had to be sent home. Although she had improved a great deal as regards the scurvy she had steadily lost weight, dropping from six pounds six ounces at entrance, to five pounds eleven ounces, and on October 8th she was reported to the hospital as dead.

MASSACHUSETTS GENERAL HOSPITAL.

REGULAR Clinical Meeting of the Medical Board, Friday, April 8, 1898, DR. C. B. PORTER in the chair. DR. H. H. A. BEACH reported the following cases:

I. CHYLOUS CYST OF THE MESENTERY. LAPAROTOMY. RECOVERY.

II. INTESTINAL PERFORATION BY A FISH-BONE. INFLAMMATORY TUMOR. LAPAROTOMY. RECOVERY.

These cases are reported not alone for their rarity but for the interesting experiences they supplied in diagnosis and treatment. The first patient, a man fifty-six years of age, entered the medical side of the hospital under the care of Dr. R. H. Fitz on June 10th, having enjoyed good health until the year 1892, when he had an attack of pleurisy. Family history negative. Six months before admission he had soreness and pain in the epigastrium after eating, with eructations of gas, constipation, but no vomiting or headache. Appetite fair. Between four and five months after, during an attack of colic and vomiting, he noticed a movable lump in the abdomen. He had been obliged to give up work on account of abdominal pain and had slept poorly for a month. At times after waiting a long while passed a large gush of urine. Arcus senilis. Emphysema of lungs. Pulse regular and of fair strength. Radial arteries atheromatous. Above the pubes was found a softish dull mass the size of a clenched fist. On catheterization only a little urine was obtained and no diminution of the mass. By rectum a slight enlargement of the prostate but no connection with the mass was detected bimanually. The glands of the groins were slightly enlarged. Superficial varicose veins in both legs. Urine was normal and acid. Specific gravity 1.026. It contained no albumin nor sugar.

June 12th. The mass could be moved from just above the symphysis pubis to a position in the right loin corresponding to that of the right kidney.

Resonance in the right loin over the position of the kidney when the mass was displaced toward the pubes. The mass could be moved only a slight distance to the left of the median line. Second catheterization showed no difference in the mass. The daily amount of urine was normal. At times he had considerable pain in the tumor and could lie comfortably on the right side only.

Patient examined by Drs. Fitz and Beach, who did not think that the tumor was a floating kidney and advised transfer to the surgical service for exploration. Under ether the mass was found dull, firm, resistant, kidney-shaped and easily displaced from the right lumbar region to the pubes; its excursion limited by what seemed to be a pedicle springing from the right lumbar region. The solidity, shape and easily movable nature of the mass from the lumbar region to the pubes impressed me strongly as it did others who saw the case, with the belief that it was a kidney; but the unusual freedom of movement, which appeared to be greater than what I had ever observed in other cases of floating kidney, and its association with gastric symptoms raised doubts as to its renal origin.

An incision of four inches was made on the outside of the semilunar line and the omentum pushed to the left side. A coil of small intestine presented with a bulging mesentery that proved to be the mass felt from the outside. This was drawn into the wound and aspirated through a puncture of the mesentery. The contents were eight ounces of milky-looking fluid, on the surface of which oil globules appeared.

The cyst of retro-peritoneal origin developed between the mesenteric folds that connected it with the upper part of the small intestine. The mesentery was divided by an incision at right angles to the intestine and through that opening the sac was carefully dissected from its attachments. The mesenteric opening was then closed by a continuous silk suture and the abdominal wound closed with silver-wire sutures. Recovery was uneventful and the patient was discharged well in three weeks.

REPORT OF DR. F. B. MALLORY.

Cyst size of a large orange filled with white opaque fluid, like cream, microscope showed large fatty cells, numerous large and small drops of fat and irregular fat crystals, also cholestrine crystals. Microscopic examination of wall of cyst showed inner surface composed of vascular connective tissue; outer layer made up of fat and fibrous tissues containing many lymph follicles; the cyst probably arising from a dilated lacteal vessel.

The second case was that of a man who entered the hospital December 19, 1895, with a negative family history. Fifteen years ago while employed indoors was supposed to have had consumption; he coughed and raised blood. Has been well ever since with out-of-door employment. No specific history. Five weeks ago, without known cause, was seized in the night with chills. Has not felt quite well since, though he has continued his work (that of a stone-mason) to within a week.

One week after the chill he had pain localized in the left iliac region and would find it hard to stand erect. Has been feeling miserably, had chilly sensations and pain always in the left iliac region, worse at night and increased by retaining urine. Three weeks ago first noticed a bunch there of the size of his thumb