believed that they were formed ante-mortem, and were to a greater or less extent the cause of death.

Dr. A. Caillé spoke of the importance of keeping all patients suffering from diphtheria, strictly confined to bed, and of giving them sufficient stimulus, for the purpose of counteracting, as far as possible, the tendency to heart-failure. He also mentioned one case in which fatal heart-failure was apparently brought about by an error in diet.

Dr. Seibert expressed the opinion that heart-failure occurring in the early stages of diphtheria was due to the direct action of the poison of the disease upon the central nervous system, and that when it developed later on it was due to pathological changes in the cardiac muscles. In all the cases that he had known of, the attack was brought on by the attempt of the patient to make some exertion.

Dr. A. Jacobi said that it was probable that some of the sudden deaths in diphtheria were due to syncope, the result of anæmia of the brain brought about by exertion, as was sometimes the case in pneumonia. There was one peculiar condition that might be mistaken for heart-failure in the later stages of diphtheria, viz.: paralysis of the muscles of respiration. It usually followed the other forms of paralysis, and was characterized by shallow respiration, with a good deal of resulting dyspnoea and rapidity of the heart's action. In such cases electricity in short sittings, and strychnia by hypodermic injection, are the most efficient means of treatment. Being aware of the tendency to fatal heart-failure in diphtheria, it was the duty of the physician in every case of the disease to do all in his power to guard against such an accident. The indications are to save the strength of the patient by feeding and tonics, and especially to fortify the heart by means of alcohol and such agents as digitalis, spartaine and strophanthus. In every case of diphtheria we had to deal with sepsis, and alcohol was therefore of the highest possible value. He believed that no patient with this disease could be injured by alcohol, and that even the most courageous physicians often erred in not giving enough of it. If the choice were offered him between alcohol and all other remedies in diphtheria, Dr. Jacobi said he would unhesitatingly select the former as affording the best chance to the patient. In brief, then, the indications for the prevention of heart-failure are to save the strength, combat sepsis, and sustain the heart.

In closing the discussion Dr. Smith said that, since the stomach and lungs, as well as the heart, were implicated, the inference was that the cause of the trouble was some affection of the nerve supplying the three organs, the pneumogastric. It was a fact that a certain proportion of those attacked with heart-failure recovered, and that in some of those who died there was for a time an

amelioration of the symptoms; and it seemed to him that this would not be possible if the trouble were due to heart-clot, which would undoubtedly be a permanent condition, unaffected by any treatment that might be adopted. It was also a fact that paralysis of some form almost invariably preceded the heart-failure, and this would seem to indicate that the latter was due to the same cause as the paralysis.

P. B. P.

Spontaneous Paracentesis Abdominis at Umbilicus, in Anæmic Ascites.

WITH LARGE MULTINODULAR FIBROID TUMOR OF UTERUS.

Dear Sir:—Never having met with a recorded case of the above complication, I present a report of the same, owing to its extraordinary rarity. Several years since, I attended Mrs. — for metrorrhagia, coincident with the development a large fibroid tumor of the uterus. Her general condition consequently was not good, yet she could exercise and had a fair appetite. Later, her circulation became impoverished, resulting in general anæmia, some anasarca, with ascitic accumulation, ultimating in an immense circumference or rotundity. This condition has existed for several months. She looks cadaverous, yet has a voracious appetite. Dyspnoea and the usual concomitant of such a state of health, are present, not to an intolerable extent however. On August 5, I was summoned to attend her. I examined the abdomen. I found the umbilicus protuberant, of six inches in diameter, similar to *hernia umbilicalis* (yet there was no hernia), only the dropsical infiltration, which had found an outlet through the parietes of the umbilicus, sufficiently large to admit the exit of a drop of the fluid which continued to drop, guttatim. Nothing was to be done, hence I advised non-interference. Drainage would continue to the level of the orifice, and possibly closure would be effected, yet the enfeebled structure would give away under the heavy recurrent pressure. Considering the adhesions existing between the tumor and the peritoneum, and the self-evident malignancy of the same, extirpation could not be entertained; hence, she will be compelled to endure the same until death comes to her relief.

GEO. N. MONETTE, M.D.

17 Prytania St., New Orleans.

"What is the Matter with the Candle Test of the Visual Field?"

Dear Sir:—It seems hardly right to be making a fuss over anything so presumably well-known and generally used as the candle test of the visual field. But Dr. Cheatham's pertinent query (JOURNAL, November 17) in connection

with Dr. Chisolms' report can, I regret to say, be applied to other cataract operations—as in the following instance:

In some years past I have had under observation a patient (senile) who had chorio-retinitis in the left eye and steady maturing cataract in the right. Recently the cataract became fully matured and the question arose as to an operation. The chorio-retinitis in the left eye had been for some time at a standstill and there was fair eccentric vision sufficient for getting about, self-help at the table, etc., but not for reading or writing with any satisfaction. My patient was naturally not content in this condition and hoped for relief (at least to the extent of reading coarse print) through a successful extraction of the cataract in the other eye. I therefore made a careful examination by the candle test and finding that the light was *not* quickly perceived and located (particularly at the center of the field) I was compelled to give it as my opinion that a successful extraction would not restore the reading power or much improve vision generally.

Later on my patient visited a neighboring city, was there given a more favorable prognosis, and submitted to the operation. The operation was neatly done and the healing normal. The patient returned home some weeks later, but after the lapse of several months the power to read had not returned, nor is it now expected. In the region of the macula, easily discernible with the ophthalmoscope through the unobstructed pupil is a large white patch (atrophy) similar to the one in the left eye, and whose presence I from the first suspected, through the failure to stand the candle test.

Dr. Cheatham's communication seems not to have been ill-timed. Respectfully yours,

H. B. YOUNG, M.D.

304 N. 3d St., Burlington, Ia., Nov. 19, 1888.

BOOK REVIEWS.

Second Annual Report of the STATE BOARD OF HEALTH AND VITAL STATISTICS OF PENNSYLVANIA, Transmitted to the Governor, Dec. 1, 1886. 8vo., pp. vi, 1056. Harrisburg: Erwin K. Meyers, State Printer. 1887.

As may be seen from the dates in the above title, the *accouchement* of the bodies politic that gave birth to this volume was perhaps painful and certainly protracted. The report embraces the operations of the Board for one year, and it has taken almost two years to get it from the Secretary, through the Governor, Legislature, and State Printer, to our desk. A note to the title page explains that "legislative permission for the printing of this report was not accorded until near

the close of the session of 1887. Thus it has required about a year to get the volume through the State Printing Circumlocution Office. May we not hope that the report for the year 1888 will be ready for exhibition at the time of the fourth centennial of the discovery of America—1892?

Part I of the volume (44 pages) contains the minutes of the Board. Part II is in the form of appendices, reports of standing committees, on Sanitary Condition of Cities and Towns, on Epidemics and Special Sources of Disease, of Inspections, of Quarantine and Disinfection, Proceedings and Papers of the State Sanitary Convention, Geographical Distribution of Consumption of Lungs and Malarial Diseases, by Dr. William Pepper, Legal Opinions and Legal Proceedings, Compendium of Laws relating to Public Health and Safety of Pennsylvania, and Decisions relating thereto, Sanitary Conferences, etc. This is scarcely more than a meagre synopsis of the table of contents.

As may be found in almost any report of this kind, there are plenty of texts for homilies on the penny wisdom pound foolishness of legislative bodies. The report of the Committee on Registration and Vital Statistics shows that the legislature failed to make reports on vital statistics compulsory, and that no provision was made for meeting the expenses of reporting to the Board. The report of the Committee on Water-supply and Drainage, Mr. Rudolph Hering, Chairman, is very full. The report on Public Institutions and School Hygiene contains a very suggestive and practical paper on alms house construction, by Dr. R. Lowry Sibbett, of Carlisle. Legislative weakness is again shown in the report of the Committee on Adulterations, Poisons, etc., the funds supplied the Board being insufficient to permit of any amount of work being done in regard to these matters.

The reports on the sanitary condition of cities and towns cover Towanda, Altoona, Bethlehem, drowned lands in Luzerne Co., Allentown, Bristol, Blairsville, and Johnstown. We are glad to see that Dr. Germer calls attention to the polluted drinking water on board passenger cars. There is absolutely no excuse for this, and we hope that some of our legislative bodies will come to their senses long enough to correct this evil.

The reports on Epidemics and Special Sources of Disease include reports on a fatal outbreak of trichiniasis at Bethlehem, and several outbreaks of smallpox and typhoid fever. The reports on Inspections cover a large number of places. Under reports on Quarantine and Disinfection is a report on Japanese rags; and one on the quarantine of smallpox in the Port of Philadelphia, by Dr. Benjamin Lee, Secretary of the Board.

At the sanitary convention held at Philadelphia in May, 1886, thirty-two papers were read, all of which are printed, and we fear buried, in this re-