such poisonous vapors as carbon disulphide or benzole, or even in ordinary asphyxia. Where somnolence has been induced and asphyxia not pushed too far, the rabbit, when removed from the bell-jar and placed in ordinary atmospheric air, begins to move about in a few seconds in as lively a manner as if it had not been interfered with, there being neither weakness nor paralysis of its limbs. In a word, a few inhalations of atmospheric air are sufficient to restore to the animal all its faculties. Should the inhalation have been pushed further, and the animal have been very deeply asphyxiated, death may ensue, the cyanosis hitherto observed being rapidly replaced by extreme pallor. In the minor and easily recoverable stages of asphyxia the vascular tension is still maintained, and there is no difficulty in obtaining a drop of blood for examination; but when the deeper stages are reached, so extremely contracted are all the vessels that it is almost impossible to obtain even a trace of blood. When this stage has been reached recovery is difficult. It is interesting at this point to mention that when the blood of a rabbit at different stages of intoxication from acetylene is examined, and especially in the deepest asphyxia, this fluid on spectroscopic examination always exhibited two well-marked bands of oxyhemoglobin; also that, unlike the blood in coal-gas poisoning, although resembling it in the cherry-red color which it presented, it was readily reduced on the application of ammonium sulphide and gentle heat. To that extent, therefore, if the asphyxia caused by acetylene is not too profound—and under ordinary domestic circumstances it would not be a pure acetylene atmosphere that would be inhaled by an individual, but one mixed with a large proportion of ordinary air—the danger to life seems to be less than it would be in coal-gas poisoning, and the prospect of recovery by removal to atmospheric air greater. Death may supervene, however, if the inhalation has been lengthened and atmospheric air excluded. A rabbit which was profoundly asphyxiated by acetylene, whose lips were extremely pale, its arteries comparatively empty, pupils widely dilated, breathing short and irregular, and muscles completely parietic, died after removal from the bell-jar, death being preceded as in anemia of the brain, by opisthotonos and convulsion, first in one of the forelimbs, then of the hind, and subsequently the tremors became general. The rabbit died long after its removal from the acetylene atmosphere, after it had been breathing for twenty minutes ordinary air superficially and irregularly. The condition of the heart found at the necropsy is scarcely that observed in asphyxia; some other factor, therefore, contributed to the death of the animal.—*British Medical Journal*, 1898, No. 1947, p. 1069.

An Eruption Due to Exalgin.—M. G. LENOIR remarks the great rarity of cutaneous manifestations after ingestion of this drug. This patient, who could not take antipyrin because of the erythema which it caused, received about four grains of exalgin for the relief of headache. An hour after a general erythema appeared. The following day the body was covered with round, brilliantly red, papular areas of considerable size. Upon the back of the hands and in the digital interspaces the elevations seemed to be ecchymotic. Later the epidermis was separated and hullæ containing a colorless liquid appeared. Pressure upon the papular areas caused severe pain, although there was no marked itching. After the hullæ disappeared severe pain was

felt at their site. There was also marked burning pain throughout the entire length of the alimentary canal, and erythematous patches were seen upon the gums. All these manifestations disappeared within three or four days.—*Bulletin Générale de Thérapeutique*, 1898, 13c liv. p. 492.

Bacteriuria.—DR. EDMUND BONN reports an instance of chronic deep urethritis and follicular prostatitis. He administered internally sodium salicylate, benzoic acid, and snolol, with large quantities of water (three pints to two quarts), and finally irrigated the bladder with potassium permanganate (1 to 1000) and corrosive sublimate (1 to 10,000). These were unavailing. The best results were obtained by the use of diuretic infusions and fifteen to thirty grains of urotropin daily, although even this did not entirely clear the urine.—*Prager medicinische Wochenschrift*, 1898, No. 18, S. 208.

The Applications of the Gastric Juice of the Dog.—M. FRÉMONT has obtained benefit from this substance in cholera nostras, chronic enteritis, and old dyspepsias. Several excessively emaciated patients gained weight rapidly. This remedy is contraindicated in the presence of an excessive amount of hydrochloric acid and in cancer. All of the patients treated had been for some time upon a regulated diet without benefit. Suggestion would not explain the beneficial results because the majority of patients did not know what they were taking. The juice was administered during the meal either clear or in beer. The doses varied according to the acidity of the stomach-contents of the patients. The average dose was two ounces.—*Le Progrès Médical*, 1898, No. 18, p. 281.

MEDICINE.

UNDER THE CHARGE OF

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Cancer of the Oesophagus.—HUBER has reported a case with some unusual features. The patient, a restaurateur, aged fifty-five years, began to complain of weakness and of piercing pain on swallowing. For years he had had attacks of an anginous character, frequently associated with hystero-epileptic paroxysms provoked by acute alcoholism. The patient was weak and emaciated, the pupils were contracted, and reacted to accommodation, but not to light. The reflexes were normal. Solid food could not be swallowed. On attempting to swallow milk, a conching paroxysm was excited and most of the milk vomited. Examination of the pharynx showed a dilatation of the lower end, containing food-remains and mucus. The right vocal cord was

immobile, the left partly so. The œsophageal sound encountered an obstruction in the beginning, after passing which the rest of the œsophagus was traversed with ease. The first thought, that the case was one of cancer of the œsophagus growing into the larynx, seemed untenable, because of the impossibility of demonstrating a tumor by the usual methods of diagnosis. The suspicion of *tuberculosis dorsalis* was entertained, and hysterical spasm of the œsophagus seemed probable. Applications of cocaine caused a diminution of the dysphagia. Examination with the œsophagoscope, however, showed thickening and redness at the level of the cricoid cartilage, without ulceration, infiltration, or constriction. Electrical treatment was followed by still further improvement of the local symptoms, but the progressing emaciation made the diagnosis of malignant disease most probable, notwithstanding. Laryngeal stenosis came on, followed by coma. Tracheotomy was made, but death ensued. Autopsy showed cancer of the œsophagus, growing into the muscles and cartilages of the larynx. Ulceration had been followed by phlegmonous inflammation of the larynx, without rupturing the mucous membrane of the latter.—*Berliner klin. Wochenschrift*, 1898, No. 24.

The Reserve Force of the Hypertrophied Heart, and the Significance of the Diastolic Expansibility of the Heart.—HASENFELD and ROMBERG have made extensive investigations which throw a great deal of light on many important problems in human pathology. Among the results the following may be cited: The degree of cardiac hypertrophy in valvular disease depends not on the duration, but on the extent of the insufficiency. In aortic insufficiency of slight or moderate degree, dilatation and hypertrophy of the left ventricle are the only consequences. If the lesion is more severe, the insufficient dilatation of the left ventricle causes increased pressure in the left auricle, with hypertrophy of that and of the right ventricle. The total strength of the heart is thereby increased. The organ compensates for the valvular lesion, and has, in addition, the same reserve force as a normal heart. However, this reserve force cannot be used to the proper effect, on account of the poor expansibility, the insufficient diastolic adaptability of the left ventricle. In aortic insufficiency the arteries undergo anatomical alterations in proportion to the extent of the valvular lesion, their elasticity being lessened. This involves corresponding loss of function.

Intermittent Argyll-Robertson Pupil in *Tuberculosis Dorsalis*.—EICHHORST (*Deutsche med. Wochenschrift*, 1898, No. 23) publishes two examples of this. Its rarity is shown by the fact that it is hardly mentioned by writers, and the author himself saw no other example in 103 cases long observed in his clinic. Both patients were women, thirty-eight years of age. In both cases there were evidences of syphilis, and the symptoms of *tuberculosis* were plain. The pupil reflexes varied under continued observation and notwithstanding steady progress of the disease.

Ascarides in the Bile-ducts.—MEERTENS (*Deutsche med. Wochenschrift*, 1898, No. 23) reports an interesting case in which the diagnosis was made during life. A woman, aged thirty years, who had had two attacks of biliary colic, was seized with colicky pain in the right side, with bilious vomiting, followed

in a week by jaundice. On admission to the hospital the gall-bladder could not be made out by percussion; it was not sensitive. The liver and spleen were enlarged. The symptoms grew worse; pleurisy, with effusion, developed on the right side; later, ascites and oedema of the legs appeared. The jaundice was intense, the stools thin, with very little bile pigment and much free fat. Seven weeks after the beginning, after all the symptoms mentioned had become more pronounced, two ascarides were found in the stools. Both were uncerated, and one of them showed a constriction about its middle. From that time the symptoms rapidly improved, though convalescence was delayed by a double suppurative parotitis. The author discusses the case with reference to the literature. In his own case he thinks the entrance of the worm into the duct was assisted by dilatation of the common duct from the previous passage of gallstones. Out of forty-eight cases of round-worm in the bile-ducts, there was a history of gallstone in only five. The present case is the only one followed by recovery, if we exclude the one of Dunkel, in which a round-worm was found in the pus of an operated liver-abscess. Besides these, only one other case is reported in which a diagnosis was made during life. In this, a five-year-old girl, with jaundice, pain, enlargement of the liver, and repeated chills, round-worms were vomited and passed with the stools. Death occurred from multiple liver-abscesses, the relation of which with the ascarides was made clear by finding dilatation of the duct post mortem. Mertens adds the history of a case in which ascarides wandered into the hepatic duct post mortem.

The Diagnosis of Oesophago-tracheal Fistula.—KOHLENBERG (*Deutsche med. Wochenschrift*, 1898, No. 23) had an opportunity of demonstrating on a case a method of diagnosis suggested by experiments of Gerhardt and others. An ordinary stomach-tube is introduced into the oesophagus, the upper window of the tube directed forward. The tube is passed down with short interruptions, while the patient makes deep inspirations and a lighted candle is held at the end of the tube. Under ordinary conditions the flame is blown gently in and out, but if there is a communication between the trachea and oesophagus the flame will be blown out when the opening of the tube comes opposite to the fistula.

Lymphadenoma and Rickets in a Child of Eighteen Months, Simulating Leukæmia.—H. D. ROLLESTON and A. C. LATHAM have observed a case of this kind, but, as the child was in the hospital only two days before death, it was impossible to make the examination as complete as could be wished. The child had granulation polypi in the ears, and began to be pale and weak after an operation on one of these two months before death. It was said the child "brought up blood," and, a week before death, petechiæ appeared in the skin. The spleen was enlarged; there was a painful swelling on the right side of the neck. Death followed from asthenia. Cover-glass preparations of blood taken before death showed degeneration of the red cells and increase of leucocytes. A differential count of the latter gave lymphocytes, 61.1; polynuclear, 16.5; eosinophile, 1.6; myelocytes, 20.8 per cent. While counting 500 leucocytes, 94 normoblasts and 6 megaloblasts were noticed; many of them showed mitosis. There were no Charcot's crystals. The nu-