the surgeon's hands, it is no doubt the proper one; still it would be very interesting from a practical as well as a scientific standpoint to see the results of similar series of experiments in which the bodies should be frozen in both the prone and the upright positions.

STUDIES ON TOPOGRAPHICAL ANATOMY OF THE THORAX.

Dr. Topken⁶ has studied the old question of the position of the heart. Although his conclusions present little or nothing that is new, the article is of value owing to the analyses of the works of well-known authors it contains and to the writer's careful observations and experiments. A very useful feature in the paper is a series of diagrams of the front and side of the chest on which the positions of frozen sections are represented. By means of these he discusses the results given in Henke's work on the position of the heart, those in Braune's celebrated atlas and a new series by the same anatomist that have not yet appeared. This paper, therefore, is well worth study. The conclusions condensed are essentially as follows: It is not possible to name a precise spot as the normal position of the apex either during life or after death. In young people the heart is placed higher than in old ones. Generally the heart is found higher after death than in life owing to cadaveric changes that move the diaphragm upward. The heart, however, is found lower after death even in the young, if expiration is impeded at the moment of death as is usually the case in drowning.

Dr. Sick⁷ discusses the relations of the pleuræ to the sternum, the position of the valves of the great arteries, which he groups together, and the height to which the diaphragm rises on the right. He examined forty-six bodies of various ages from new-born children to very old age, but the majority of them seem to have been those of persons passed middle life. Our author believes that the diaphragm reaches the level of the insertion of the cartilage of the fifth rib to the sternum. We presume that he means after death. The most interesting question of those treated is the position of the pleuræ in regard to the sternum, and this is of especially practical value as it bears on the operation of tapping the pericardium. It appears that the left pleura is much more likely to reach, or to nearly reach, the left side of the sternum at the fifth and sixth cartilages than is generally supposed. In twenty-three bodies of adults the reflection of the left pleura at the fifth cartilage was seventeen times either behind the sternum or just at its border. At the sixth cartilage in ten cases it was still behind the sternum and in six cases was less than 1 cm. distant from it. At the level of the seventh cartilage in nine cases either the pleura was against the border of the sternum or else its lower reflection had occurred above the point. In two cases it was less than 1 cm. distant at this level. Clearly not very encouraging conditions for the puncture of the pericardium at the left of the sternum if passing through the pleuræ be considered a contra-indication.

As to the position of the arterial valves, out of twenty-seven cases they were found in twelve at the level of the third cartilage, in five at the third intercostal space, and in five at the fourth cartilage. Dr. Sick states that in several cases pins thrust in at the left side of the sternum pierced the aorta.

⁶ Archiv. für Anatomie und Entwicklungsgeschichte, 1885.

⁷ Ditto.

THE GLAND OF THE NASAL SEPTUM.

Jacobson's organ has of late been held to be present in man in a rudimentary condition. It is described in the ninth edition of Quain, and has been the subject of several papers by Klein in the *Quarterly Journal for Microscopical Science*. It may not be out of place to mention that this organ (in man) is a small canal under the mucous membrane of the nasal septum which opens a little above and anterior to the Stenonian canal. Many glands open into it and a special cartilage lies below it. In the rabbit and guinea pig, in which it is well developed, it receives considerable branches from the olfactory nerve, thus making it appear to be some special sense apparatus connected with smell.

Professor Gegenbauer⁸ thinks that the little structure in the human nose above described is not a representative of Jacobson's organ at all, but a rudiment of a nasal gland, which is also found in some mammalia. He bases his view on two points in which the structure in question differs from Jacobson's organ. First, that in man the opening is above the floor of the nasal cavity, and next that the special cartilage lies below it and at some distance, instead of surrounding it as it does Jacobson's organ in all animals that have it.

Hospital Practice and Clinical Memoranda.

A CASE OF CO-EXISTENCE OF SCARLET FEVER AND MEASLES.

BY FRANCIS F. BROWN, M.D., OF READING, MASS.

GERTRUDE F., aged thirteen, was taken Thursday evening, January 28, with an attack of scarlatina anginosa. It was ushered in with vomiting and delirium. The vomiting persisted three or four days, but after the first, seemed to be kept up by the irritation of the fauces, produced by the swelling of the throat. The eruption was out on Saturday, the 30th. The attack was severe, the throat badly swollen, the breath, at first, foul; pulse, 125 to 130; temperature, 103° to 103.9° in the axilla up to the following Thursday.

On Monday, February 1st, there was some cough, and for the two days following, and her face had a peculiar spotty look; this and her next were her sickest days. On Tuesday, her face was covered, mingled with the scarlet fever rash, with an unmistakable eruption of measles; none were seen on the body. Just ten days previously, her younger brother first broke out with the measles. The respiration was hurried also, somewhat, but less so the next day. Wednesday, the eruption of measles had extended over her body and limbs, mingled with the scarlet rash, while on her face, neither could be distinguished; but the skin of it, with the exception of here and there a whitish spot, was of a uniform dark-red color, and elevated, giving it a peculiar look, as if covered with a red mask.

On Thursday, February 4th, the fever had abated, and from this time she convalesced. The general redness and elevated appearance of the face was gone, leaving the eruption of measles again distinct, and it could be faintly seen here up to the 6th and 7th. Both eruptions were fading on the body, and after that day,

⁸ Morphologisches Jahrbuch, Bd. XI., 1885.

none of the appearances of measles were seen there, while the redness from the scarlet fever remained a little longer.

This case is reported on account of its infrequency. The case of varicella occurring simultaneously with scarlatina, reported by Dr. Ayer, in the JOURNAL of February 4th, 1886, shows that such distinguished authorities as John Hunter and Hebra were too sweeping in their assertions that the eruptions of two exanthema never co-exist. The appearances in this patient were closely watched and noted at the time, and I do not think I could be mistaken. There has certainly been no lack of opportunity in this vicinity, of studying the characteristic features of measles the present winter.

A little reflection will show that the variety of this combination of the two diseases does not by any means prove their incompatibility. The chances that any patient will be so exposed as to bring on both at the same time are extremely small, and this may in part, at least, account for its infrequent occurrence. A few cases of scarlet fever known to have been fully exposed to measles from ten to fourteen days before, and failing to get it, would tend more to show their incompatibility, than the bare fact of the infrequency of their simultaneous appearance.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY. SUFFOLK DISTRICT. SECTION FOR CLINICAL MEDICINE, PATHOL- OGY AND HYGIENE.

ALBERT N. BLODGETT, M.D., SECRETARY.

JANUARY 13, 1886. The meeting was called to order at eight o'clock, by DR. F. I. KNIGHT, chairman.

The first business was the report of a committee appointed in accordance with a motion passed at the last meeting, for the purpose of suggesting some way for meeting the necessary small expenses of the Section. The committee was appointed subsequently to the meeting and consisted of Drs. Henry I. Bowditch, Henry C. Haven and Chas. M. Green. The report of the committee was presented by Dr. C. M. Green, as follows: The committee appointed at the last meeting to devise means of paying the necessary expenses of the Section in Clinical Medicine, etc., beg leave to report, that, although the treasury of the Suffolk District Society bears such expenses as rent, printing and stationery, there are occasionally expenses of such a nature that they must be borne by the Section that incurs them. The committee therefore recommends that an executive committee of three, of which the Secretary shall be one, be appointed to raise, in such way as the Section may see fit, the money to pay such expenses as are not borne by the treasury of the General Society.

DR. GREEN stated that it is desirable that the Section have some funds of its own, from which it may be possible to defray certain small but necessary outlays, such as belongs to the administration of any society. It might also be desirable at times to invite some distinguished member of the profession from abroad, to be present at some of our meetings, and it would seem no more than courteous to be able to remunerate such a guest for the expenses of travel, to say the least. At

present the Section has absolutely no funds, and the necessary correspondence of the Secretary is conducted at his personal expense.

DR. H. J. BARNES asked the amount needed by the Section for the purpose stated?

The Secretary replied that during the period of four years, the expenses had gradually increased until the annual outlay now amounted to about twenty-five dollars. This does not include the cost of any entertainment at the close of the meetings, these having been provided on all occasions by the liberality of the members.

DR. GREEN said that the committee did not feel that they were authorized to propose any method for raising the needed sum, from the fact that the members already pay an annual assessment to the Suffolk District Society, and it would seem undesirable that an additional tax should be imposed upon them. It was therefore deemed best to leave the manner of raising the money to the Section.

DR. KNIGHT asked if the treasury of the Suffolk District Society is in a condition to assist the Section?

DR. GREEN, the Secretary of the Suffolk District Society, stated that this is not probable, as the General Society already pays the rent, and the bills for printing for the various Sections. Last year the General Society found it necessary to levy an assessment of one dollar extra, in order to avoid a deficit in its accounts. On motion of Dr. Barnes the report of the committee was accepted, and its recommendations adopted. The chairman then asked for some expression on the part of the Section as to the method to be employed for raising the sum required. The Section was not prepared to adopt any method at this time, and the chairman decided to defer further action until the next meeting.

DR. BARNES moved that the present committee be authorized to collect the amount needed, by voluntary subscription among the members. This was seconded by Dr. E. W. Cushing, and passed unanimously. It was moved by Dr. E. W. Cushing, seconded and passed unanimously that the thanks of the Section are due to the Secretary for temporarily advancing the funds hitherto required, until such time as the section might repay him. The regular business of the section was then taken up.

The first paper was read by DR. E. O. OTIS, entitled,

RANDOM NOTES ON SOME HEALTH RESORTS,¹

and gave the reader's personal experience in a tolerably large number of places more or less noted as health-resorts during the last winter and spring.

DR. BARNES said that he had been much disappointed in the benefit to be derived from a change of climate to some of the most noted of our resorts. This was illustrated by the description of a trip made by a patient of Dr. Barnes' who was advised to go for the winter to Bermuda for a pulmonary trouble. He sailed from New York in a leaky vessel, stormy weather prevailed during the entire passage, and the patient was frequently drenched with salt water. A few days after arrival the patient was seized with rheumatic fever, and suffered much. He returned after an absence of six weeks, much worse than when he went away, and died a few days after arrival at his home.

As far as climate is concerned, in a health-resort,

¹ page 221 of the Journal.