

motives, the symptoms and the usual after-effects exhibited by a kleptomaniac, the pages of a medical book surreptitiously conveyed to her by an accomplice.

METTLER (Chicago).

Miscellany

ACROMEGALY. D'Orsay Hecht, Chicago (Journal A. M. A., Nov. 4).

The author reports a case of acromegaly in a young woman aged 24, which is of interest in presenting a family history of tendency to malignant disease. There were persistent headaches since childhood and the appearance of the acromegalic symptoms followed severe mental strain and typhoid fever. The headaches were unrelieved by glasses which had been worn for ten years for myopia, and the pupils presented the anomaly of being small and unaffected by light, accommodation or mydriatics. This prevented the thorough examination of the fundus which, however, apparently showed no peculiarities unconnected with the existing myopia.

CAMP.

PSEUDOSCLEROSIS (DIFFUSE SCLEROSIS. C. S. Potts and W. G. Spiller, Philadelphia (Journal A. M. A., Nov. 11).

The authors' review the literature of the so-called pseudosclerosis of Westphal and report a case, with autopsy. They reproduce Frankl-Hochwart's diagnostic comparison of the two types of pseudosclerosis and diffuse sclerosis and point out their clinical resemblance. Their pathologic similarity is even closer, as Dr. Spiller shows in his pathologic report, and remarks on the case. "It is evident," he says, "that sharp distinction between the findings of pseudosclerosis and those of diffuse sclerosis can not be made, and that the differences are probably chiefly in the degree of the alteration and not in the character of the alteration. The unusual firmness described in some of the cases of pseudosclerosis must be caused by a proliferation of the neuroglia, even though this proliferation can not be detected by the microscope." The case reported, he says, may be regarded as one of pseudosclerosis, or at least as a transitional form. The pathologic diagnosis was hardening of the brain and cord, chronic diffuse nephritis, gummata of the liver, acute serous pericarditis, and fibrinous pleurisy.

CAMP.

DEATH BY ELECTRICITY.

The *Deutsche Med. Zeitung*, No. 73, has a paragraph referring to two deaths caused by contact with a "live" electrical wire. The chief interest lies in the declaration that such accidents are not necessarily fatal, and the opinion that the first case would not have been fatal if artificial respiration had been properly performed and persevered with. A youth of 16, strong and healthy, just to amuse himself, thoughtlessly touched a wire that ran into ground and that generally was not alive. Occasionally, however, a current of 500 volts ran through it, as its use was to carry a current to earth on occasion of some break in the insulation. He first touched the wire with his finger tip, then with the whole of the right hand without saying anything—and it is supposed, without feeling anything. He laid hold of it again and immediately called out, was seized with convulsions, and fell against the wall. Several minutes elapsed before he could leave go of the wire, and on doing so fell down unconscious, but still breathing feebly. The bystanders attempted artificial respiration, but no medical assistance was sent for. The autopsy showed no burning of the skin, a comparatively bloodless brain without edema, several petchiæ on the heart, moderate fulness of the right heart, tenseness of the vessels behind, filling of the large vessels with fluid and clotted blood, moderate frothy edema of the lungs, nothing characteristic, in short, except the signs of suffocation.

It was ascertained that immediately after the tragedy the wire contained no current. It was assumed among the technical experts that the accident was due to a so-called "vagabond current," such as sometimes branched off from the main current in wet weather.