

the same shape as an olive; it was quite by itself, and was held loosely in position by fragments of disintegrated cerebellar tissue. Besides this single large tumor there were also several smaller ones the size of green peas, all imbedded in the same disintegrated tissue. They were placed irregularly along the under surface of the cerebellum extending towards the fourth ventricle, none of them, however, encroaching on the fourth ventricle. There was no pressure anywhere by a collection of fluid; in fact, in the vicinity of the tumors there was rather less resistance than on the other side of the cerebellum. On examining the cerebrum, two other tumors were found. One was at the posterior portion on the right, at a part exactly corresponding to the cerebellar tumors and lying immediately above them; the other tumor was on the left hemisphere at a point two and one-half inches from the upper extremity of the fissure of Rolando and anterior to it; being at the same time somewhat nearer the median line. It was this tumor undoubtedly that caused the convulsions affecting the right side. Both tumors in the cerebrum were the size of a cherry. All the tumors were on section streaked with black.

A microscopical examination was made by Dr. J. J. Thomas, and his report is as follows: "The tumor is seen to consist essentially of larger and smaller columns and masses of epithelial cells, lying in a rather loose stroma of connective tissue. The epithelial cells have vesicular nuclei and a considerable amount of protoplasm, and resemble in their appearance and arrangement the cells seen in mammary cancer. The connective tissue stroma is edematous in places, and is nowhere dense or great in amount in proportion to the masses of epithelial cells."

Anatomical Diagnosis.—Metastatic carcinoma, of the mammary type.

This case was a typical one of cerebellar tumor. The cardinal symptoms—headache, pain in the occipital region, vertigo, vomiting, somnolency and stupor, and choked disk—were all present. But the most surprising feature is that no symptoms of involvement of the cerebrum were exhibited until the day before death, it was then only that the patient had convulsions. Another point of interest is the fact that the cancerous disease did not reappear either in the breast, lung, or axilla. It is also worthy of mention that the disease in the cerebellum was on the same side as the affected breast. Nothing positive can be deduced from this, however, because there was also a tumor in the left hemisphere. The most excruciating pain—that radiating from the occiput to the right eye—was on the same side as the disease. It is interesting to note that an operation would have been entirely useless if it had been performed, on account of the involvement of the left hemisphere; the growth here, it will be remembered, gave absolutely no symptoms until the day before death.

NOMINATIONS FOR OFFICERS OF THE ROYAL SOCIETY.—Sir Joseph Lister has been nominated by the retiring President and Council for election as President of the Royal Society. The election will take place at the anniversary meeting on November 30th. Professor Michael Foster has been nominated for re-election as one of the Secretaries, and among those nominated for election as members of Council are Sir Joseph Fayrer and Dr. W. H. Gaskell.

LUPUS ERYTHEMATOSUS TREATED INTERNALLY WITH PHOSPHORUS.

BY H. L. JENCKES, M.D., GALENA, ILL.,
Member of the American Medical Association.

WE have very little positive knowledge of the nature and cause of lupus erythematosus. It is comparatively a rare disease, occurring only, according to the reports of the New York hospitals, 97 times in 20,798 cases of miscellaneous skin diseases. The uncertainty of external treatment scarcely deserves mention, and in this paper reference to the internal treatment only will be made.

Mr. B. consulted me some four years ago for a diseased condition of the skin of the left cheek. At that time there was a dull red patch the size of a half-dollar, which he said was gradually enlarging. It was partly covered with thin, adherent fine scales. It was not painful, but at times the itching sensation was quite annoying. This patch, with its sharply circumscribed outline, its surface studded with plugged sebaceous openings, and adherent fine scales, seemed a typical patch of lupus erythematosus. The usual methods of external treatment were instituted, and were faithfully carried out for five or six months. During this time the diseased surface had considerably extended, and Mr. B. concluded, as he had received no benefit, to stop treatment.

Although the disease continued to gradually extend, it was about a year before he again began treatment. And during the next two years he was treated by several physicians, one of them quite a competent man, but, as he says, "without benefit." The disfigurement and annoyance were now very great.

He consulted me again in February, 1895. The lesions at this time involved most of the left cheek, the whole of the nose, and nearly half of the right cheek. The tendency to peripheral extensions had been a marked characteristic of the disease from the beginning. This dull-red and infiltrated surface was tender to pressure, and at times painful. A number of careful examinations differentiated the disease from that tubercular disease of the skin described by Brocq as "erythematoïd lupus vulgaris." From lupus vulgaris it was distinguished by the absence of ulcerations so commonly seen in that disease, and by the absence of the small yellow nodules. These nodules, although carefully searched for at different times, could not be found.

All external treatment was now abandoned, and the patient was given a solution of phosphorus prepared as directed by Professor Berkley in his article in the *American Journal of the Medical Sciences* for April, 1893, namely:

R Phosphorus	gr. vi
Absolute Alcohol	3 xxx
Glycerine	3 lxxx
Alcohol	3 lss
Essence of peppermint	3 ss

Each drachm contains one-twentieth of a grain of phosphorus.

Of this, twenty drops were at first taken in water three times daily, after meals. The dose was gradually increased until at one time he was taking forty drops after meals. This amount did not produce any gastric disturbance, but the large doses were only taken for a short time. After taking the remedy for a few weeks, he noticed that the burning and tender-

ness were gradually disappearing; and as the color began to fade, he frequently remarked, "Ich glaube sic haben die recht Arzenein gefunden."

At the end of the second month of treatment the improvement was very noticeable. The dull-red color, which heretofore was so noticeable, was gradually disappearing. At the end of five months of treatment the improvement was so great that he considered himself cured. The red, inflamed, and infiltrated conditions had disappeared. The integument over the diseased area had assumed quite a healthy appearance, although in places it was somewhat scarred. The livid line of demarcation which had separated the diseased from the healthy skin was no longer perceptible.

After several years of ineffectual external treatment the lesions yielded to the internal administration of phosphorus.

In the article previously referred to, Professor Berkley states, that chronic cases of lupus erythematosus seem as much benefited by this treatment as do acute cases.

I have made no attempt in this paper to discuss the nature of lupus erythematosus; but, judging from the well-known action of phosphorus on the nervous system, I am led to believe that the lesion is of neurotic origin. In administering phosphorus the action of the remedy upon the digestive organs should be carefully watched; and if unpleasant symptoms arise, they should be promptly met by appropriate treatment.

FATAL CASE OF ACUTE ALCOHOLIC POISONING IN A CHILD.

BY WM. H. DEVINE, M.D., SOUTH BOSTON.

SEPTEMBER 24, 1895, I was summoned to attend M. M., age four.

The history is as follows: That morning at 5.30 the father, while preparing to start for his daily work, noticed his little girl playing with a bottle of whiskey which she had obtained from the shelf of the mantelbed in which she was sleeping. On taking the bottle away, he noticed a strong odor of liquor from her; that her face was flushed, etc. In a short while she sank into a stupor. The father examined the bottle, and allowing for a small amount previously used, he thought the child had taken about two ounces. Not anticipating any serious results from the occurrence, he went to his work, but was summoned in a few hours by a messenger, who stated that the child had been unconscious since his departure. On returning to the house, he sent for me; but as I was not at home, Dr. W. J. Gallivan was summoned, pronounced it a case of acute alcoholic poisoning, and gave appropriate treatment. When I saw the child at 1.45 P. M., she was in a deep stupor—pulse 120, respiration 40, and the skin warm (temperature not taken). An examination, two hours later, revealed signs of pulmonary edema—pulse 160, respiration 60, temperature 106°, cyanosis. The child died at 3 A. M., twenty-two hours after the fatal dose was ingested.

The interesting points in connection with the case are, the small amount of alcohol taken and the rapid progress to fatal termination with pulmonary edema. In this connection it is well to consider the importance of carefully watching the dose and effects of alcohol in children, particularly in chest cases, as an overdose

might produce pulmonary edema, and cause an unfavorable termination in some of these cases.

The treatment consisted of enema of hot water, hot mustard foot-bath, ammonia carb. (one-half a grain), tinct. digitalis (three minims once in three hours), also a mixture of spirits aeth. nitros and liq. ammon. acet. No emetic was given, for the child was not seen by the physician till five and one-half hours after the poison was taken, and it was then absorbed.

Medical Progress.

RECENT PROGRESS IN LARYNGOLOGY.

BY A. COOLIDGE, JR., M.D.

THE VASCULAR MECHANISM OF THE NASAL MUCOUS MEMBRANE.

WRIGHT¹ describes the histology of the blood-supply of the erectile tissue of the turbinates and its relations to certain pathological processes. There are no specially adapted muscles to compress a few veins, as in the penis, and there is no tunica albuginea to exert compression. The various elements of the nasal mucous membrane are supplied with a large amount of muscle fibres, even the smaller arterioles, and especially the veins, showing well-developed muscular tissue in their walls, while the areola tissue in the neighborhood of veins and sinuses, is also supplied with it. The radial arteries and veins pass through various bony canals into the nose. The artery will evidently compress, when dilated, its accompanying vein against the bony walls. There is a similar mechanism where the arterial branches and their veins lie in the deep or periosteal layer of the mucous membrane. Veins may also be compressed between the periosteal layer and the elastic fibres and glands external to it, by engorgement of superficial tissues. The distribution of the capillaries is such that there may be a transudation of serum to the surface directly from the vessels, especially in the olfactory region. A special network of small veins surrounding the mouths of the glands explains the phenomenon observed in cases of coryza, when the mucous secretion increases as the vascular tension relaxes.

MICRO-ORGANISMS IN THE HEALTHY NOSE.

Thomson and Hewlett² published the results of their investigation to determine the number of micro-organisms found on the mucous membrane of the nasal cavity in health. Previous observers have differed on this question, and it is commonly thought that the healthy nose contains many micro-organisms. The authors conclude that in the dust and crusts of mucous and *débris* deposited among the vibrissæ in the vestibule of the nose, micro-organisms are never absent and are generally very abundant, but on the Schneiderian membrane the reverse is the case. In 80 per cent. of their observations no organisms whatever were found and the mucus was completely sterile. Occasionally they occur, but under normal conditions they are never plentiful, and the presence of pathogenic organisms must be infrequent. In making these observations great care is necessary to avoid contamination with the lining of the vestibule, even when this source of error has been realized. These observations indicate clearly the necessity of a thorough

¹ American Journal of Medical Sciences, May, 1895.

² Medico-Chirurgical Transactions, vol. lxxviii.