

whereas the microscopic sections revealed abundance in the arterioles and capillaries in the various organs. They remark that an excess of fat may appear or disappear *intra vitam* in a very few hours. They are inclined to think that the febrile state had some part in this case in causing the disappearance of the fat from the large vessels. No quantitative determinations of the fat were recorded, and the writers advance no explanations for the cause of the lipæmia.

A Case of Ochronosis.—POPE (*Lancet*, January 6, 1906, p. 24) reports a case of ochronosis in a woman aged forty-seven, the pigmentation having existed for five years. No other members of the family presented a similar condition. His attention was called to the nature of the affection in a conversation with Prof. Osler, who had previously reported two cases of ochronosis. For twelve years the patient suffered from an ulcer on the right leg, which had been continuously dressed with strong carbolic lotion. The patient's face was colored a dark brown. There were patches of blackish discoloration inside the lips. The cartilages of the ears presented a bluish tint. The hands showed a similar discoloration. There was a bluish-black pigmented patch on each conjunctiva midway between the iris and inner canthus. Signs of a tuberculous cavity were present at the right apex. The urine was almost black in color. It gave a dark-brown precipitate with bromine-water. No sugar or copper producing substance was present. The patient eventually died with gangrene of the toes.

The postmortem revealed a cavity at the apex of the right lung. The suprarenal bodies were hard and dark in color. The rib-cartilages were stained bluish black, the color being most marked in the central area. The cartilages of the ears were bluish black. The intervertebral disks were not examined. The study of microscopic sections of the skin from one of the fingers showed that the pigmentation was not noted in the rete Malpighi, as in Addison's disease, but in a layer of fibrous tissue deeper down. The pigment was not granular and was evenly distributed.

Eleven case of ochronosis have now been reported in the literature. The relation of ochronosis to alkaptonuria is discussed. In three of the eleven cases alkaptonuria was also present. These included Osler's two cases and Ogden's case—all American cases. The color of the urine in Pope's case was thought to be due to carboloria. In a subjoined note A. E. Garrod states that alkaptonuria is a cause of ochronosis.

Seventh Annual Report of the Italian Society for the Study of Medicine.—CELLI summarizes the results of the studies carried on under the auspices of the Society for the year 1904. The epidemic of malaria in 1904 was more severe than for a number of years, but this increase in severity was barely, or not at all, noticeable in the areas where it had previously diminished spontaneously or through active prophylactic measures carried on by the Society. Observations go to show that with each new epidemic the relapses are always more numerous than the original attacks, which accounts well for the manner in which the disease persists. The epidemic in 1904 began earlier because the relapses began unusually early. The new cases, however, began at the ordinary time.

The number of anopheles in any district bears no direct relation to the number of cases of fever.

There was a direct relation between work in the fields and the frequency of malaria.

The relation between meteorology and the prevalence of malaria is still obscure. Long years of careful observations will probably be required to clear this up.

The end of the epidemic was, as usual, associated with the fall of temperature.

Economical conditions have played a large part in diminishing the prevalence of malaria. Wherever the condition of the people improves with regard to clothing, food, the use of quinine, etc., malaria diminishes. This improvement in conditions in some parts of Southern Italy is directly traceable to the improved condition of returning emigrants and to the funds sent back to their families by such emigrants while in America. The value of State manufacture and distribution of quinine is greatly emphasized. During the year 1904-05, 14,071 kilograms of quinine were sold. Sterilized phials of hydrochlorate and dihydrochlorate of quinine are supplied for hypodermic use. Quinine chocolate tablets have been found of great value for children. Tablets of quinine bimuriate, which are readily soluble, are also furnished by the State.

In the treatment of persistent relapses and in cachexia quinine is the one sovereign drug. Arsenic is of very doubtful value, often producing bad results, especially gastrointestinal and cutaneous disturbances.

The simple pre-epidemic treatment of relapses as carried out by Koch is not enough to properly control the disease. Relapses must be carefully handled throughout the year. The best method of prophylaxis in malaria districts is the giving of 0.40 grm. quinine per day in three doses to adults, or half of this quantity for children. In some parts of Italy this method is becoming general, especially in the Roman Campagna. During the last malarial season, 52,690 people were treated in this manner with only 8.08 per cent. cases of fever, and this in a severe malarial year. This prophylaxis not only diminishes relapses but causes the disappearances of the pernicious cases and of cachexia, and often prevents new attacks; moreover, when these do occur they are usually milder and more easily treated.

The carrying out of measures of mechanical prophylaxis has not kept pace with the quinine prophylaxis, although more were protected last year than ever before. When carefully carried out this is unquestionably the most efficacious measure. It goes without saying that both should be adopted as far as possible.

The wholesale destruction of the larvæ of dangerous mosquitoes is impossible in many regions, although proper drainage is of great effect.

A popular propaganda is of value, and by lectures, books, tracts, etc., is being carried out; but a propaganda of deed is better than one of word. The continuation of the work that was formerly done at some experiment stations, from a point of view of education, is suggested.

There should be special physicians and inspectors appointed by health departments for the malarial districts. Landowners, farmers, manufacturers, and patrons of all sorts should recognize the value of State quinine and encourage its use.

Special investigators should be given opportunity to work during

the malarial season; the profits accruing from the State manufacture of quinine could not be used better than in this manner.

The result of these prophylactic measures are shown by the fact that during the last fifteen years there have been on an average 15,000 deaths from malaria per year. From 1902, since the beginning of the use of quinine prophylaxis, these have steadily diminished to 8501, and this in a very grave malarial epidemic.

With State quinine it is now possible with a small outlay to carry on undertakings in gravely malarious districts, in seasons during which previously it was quite impossible to work.

SURGERY.

UNDER THE CHARGE OF

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Concerning the Pain of Movable Kidney.—TUFFIER (*Annales des maladies des organes genito-urinaires*, October 1, 1905) considers that the great majority of patients complaining of these symptoms are neurasthenics. The pain may be permanent or intermittent, continuous with exacerbations, or it may occur in crises. The permanent pain occurs in the iliolumbar region, and its seat distinguishes it from the painful conditions occurring at the base of the sacrum, more frequently due to lesions of the ureter. This permanent and spontaneous pain is rarely acute.

In a general way the kidneys are indolent, but are painful on palpation or on reduction. It is difficult to say whether the pain comes from the kidney, from a more or less sclerosed perirenal tissue, or from nerves more or less pulled upon. In general the pain is local, but may radiate, rarely, along the ureter to the groin.

The pain frequently follows traumatism, as a blow or fall, and may indicate that the mobility has just set in, or it may occur in a kidney that has long been movable. Generally the pain develops slowly and progressively, at first occurring only from violent movements, but, later on, any motion may produce it and render the patient functionally impotent.

The pain of movable kidney is in the lumbar and iliolumbar regions; that of liver and gall-bladder affections is higher and more frequently abdominal or subcostal, and radiates frequently to the right arm. The pain of mucomembranous enteritis, localized to the cæcum and ascending colon, is very similar to that of movable kidney, but the other symptoms of the enteritis will differentiate it from movable kidney.