

believed that they were formed ante-mortem, and were to a greater or less extent the cause of death.

Dr. A. Caillé spoke of the importance of keeping all patients suffering from diphtheria, strictly confined to bed, and of giving them sufficient stimulus, for the purpose of counteracting, as far as possible, the tendency to heart-failure. He also mentioned one case in which fatal heart-failure was apparently brought about by an error in diet.

Dr. Seibert expressed the opinion that heart-failure occurring in the early stages of diphtheria was due to the direct action of the poison of the disease upon the central nervous system, and that when it developed later on it was due to pathological changes in the cardiac muscles. In all the cases that he had known of, the attack was brought on by the attempt of the patient to make some exertion.

Dr. A. Jacobi said that it was probable that some of the sudden deaths in diphtheria were due to syncope, the result of anæmia of the brain brought about by exertion, as was sometimes the case in pneumonia. There was one peculiar condition that might be mistaken for heart-failure in the later stages of diphtheria, viz.: paralysis of the muscles of respiration. It usually followed the other forms of paralysis, and was characterized by shallow respiration, with a good deal of resulting dyspnoea and rapidity of the heart's action. In such cases electricity in short sittings, and strychnia by hypodermic injection, are the most efficient means of treatment. Being aware of the tendency to fatal heart-failure in diphtheria, it was the duty of the physician in every case of the disease to do all in his power to guard against such an accident. The indications are to save the strength of the patient by feeding and tonics, and especially to fortify the heart by means of alcohol and such agents as digitalis, spartaine and strophanthus. In every case of diphtheria we had to deal with sepsis, and alcohol was therefore of the highest possible value. He believed that no patient with this disease could be injured by alcohol, and that even the most courageous physicians often erred in not giving enough of it. If the choice were offered him between alcohol and all other remedies in diphtheria, Dr. Jacobi said he would unhesitatingly select the former as affording the best chance to the patient. In brief, then, the indications for the prevention of heart-failure are to save the strength, combat sepsis, and sustain the heart.

In closing the discussion Dr. Smith said that, since the stomach and lungs, as well as the heart, were implicated, the inference was that the cause of the trouble was some affection of the nerve supplying the three organs, the pneumogastric. It was a fact that a certain proportion of those attacked with heart-failure recovered, and that in some of those who died there was for a time an

amelioration of the symptoms; and it seemed to him that this would not be possible if the trouble were due to heart-clot, which would undoubtedly be a permanent condition, unaffected by any treatment that might be adopted. It was also a fact that paralysis of some form almost invariably preceded the heart-failure, and this would seem to indicate that the latter was due to the same cause as the paralysis.

P. B. P.

Spontaneous Paracentesis Abdominis at Umbilicus, in Anæmic Ascites.

WITH LARGE MULTINODULAR FIBROID TUMOR OF UTERUS.

Dear Sir:—Never having met with a recorded case of the above complication, I present a report of the same, owing to its extraordinary rarity. Several years since, I attended Mrs. — for metrorrhagia, coincident with the development a large fibroid tumor of the uterus. Her general condition consequently was not good, yet she could exercise and had a fair appetite. Later, her circulation became impoverished, resulting in general anæmia, some anasarca, with ascitic accumulation, ultimating in an immense circumference or rotundity. This condition has existed for several months. She looks cadaverous, yet has a voracious appetite. Dyspnoea and the usual concomitant of such a state of health, are present, not to an intolerable extent however. On August 5, I was summoned to attend her. I examined the abdomen. I found the umbilicus protuberant, of six inches in diameter, similar to *hernia umbilicalis* (yet there was no hernia), only the dropsical infiltration, which had found an outlet through the parietes of the umbilicus, sufficiently large to admit the exit of a drop of the fluid which continued to drop, guttatim. Nothing was to be done, hence I advised non-interference. Drainage would continue to the level of the orifice, and possibly closure would be effected, yet the enfeebled structure would give away under the heavy recurrent pressure. Considering the adhesions existing between the tumor and the peritoneum, and the self-evident malignancy of the same, extirpation could not be entertained; hence, she will be compelled to endure the same until death comes to her relief.

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"What is the Matter with the Candle Test of the Visual Field?"

Dear Sir:—It seems hardly right to be making a fuss over anything so presumably well-known and generally used as the candle test of the visual field. But Dr. Cheatham's pertinent query (JOURNAL, November 17) in connection