

With regard to a special exception of the contract of death caused "wholly or in part by a bodily or mental infirmity or disease," the court thinks this clause meant nothing more than that, in order for the plaintiff to recover, the administering of the chloroform, and not bodily or mental infirmity, must have been the proximate cause of the death.

Lastly, the court is unable to agree with the contention that the death did result from "surgical treatment," within the meaning of another exception of the contract. The court gathers from reading certain definitions that "surgical treatment" means treating a disease or a patient by means of surgery, which in turn means applying manual operations or instrumental appliances to the affected part for the purpose of curing or relieving the bodily disease or ailment. Administering chloroform as was done in this case does not come within any of these definitions or meanings. It was not a manual operation or the application of an instrumental appliance, and was not resorted to as a remedy or for the purpose of curing or relieving the insured's ailment. It was administered as preparatory to the surgical operation; but so might have been his bath, and if he had died in his bath it would not be seriously contended that he died as a result of a surgical treatment. The most that might be claimed for the defendant was that the language of the exception was so vague and general, not identifying the subject-matter, that oral evidence was admissible to identify it, to show just what was comprehended within the term "surgical treatment," and that the jury should have been left to decide the matter as a question of fact. The jury found that "surgical treatment" did not include the administering of chloroform under the circumstances here disclosed, and the court is of the opinion that its finding was in accordance with the usual and ordinary understanding of the term.

Paralysis of Hand is Paralysis of "Either Extremities" and a Permanent and Total Disability

(Brotherhood of Locomotive Firemen and Enginemen vs. Aday (Ark.), 134 S. W. R. 928)

The Supreme Court of Arkansas says that it was contended that if the plaintiff Aday had permanent paralysis of his hand, that it was not "permanent paralysis of either extremities," and that he was not thereby "permanently and totally disabled or incapacitated from performing all manual labor" and entitled to the amount of his beneficiary certificate in the brotherhood. But the extremities of the body are four in number and "either" is one indifferently, any one of them; and the permanent paralysis of a hand resulting from a cut on the arm brought the plaintiff within the meaning of the term "permanent paralysis of either extremities." Moreover, the court can see no difference between the total incapacity of the beneficiary member by the loss of a hand by actual separation and its absolute loss of usefulness by paralysis thereof, and holds that the latter was such a permanent and total disability as was in the contemplation of the parties in the making of this contract. The undisputed testimony showed that his left hand was paralyzed, that the four fingers of it were atrophied or "dead—no feeling in them at all," as he expressed it; that he was unable to grasp anything; that he had very little grip in his thumb, and that his hand was getting worse all the time; and that because of it he was unable to perform, and compelled to retire from, any further railroad service whatever. Two of the three experts employed by the brotherhood to examine him testified that the left hand was paralyzed and the disability permanent, and the other that without an operation it was permanent paralysis; and the proof was undisputed that his condition was such that he could not procure the services of such an eminent specialist as would be able to perform the operation that might result in preventing the disability from continuing permanent. There was no conflict in this testimony. It was undisputed that his left hand was permanently paralyzed, unless, as one expert thought, it might possibly be cured by an operation by such an eminent specialist as the undisputed testimony showed he had no means to employ. Under such circumstances, there was no question for the jury, and the court did not err in directing a verdict in favor of the plaintiff.

Society Proceedings

COMING MEETINGS

American Electro-Therapeutic Association, Philadelphia, Sept. 6-7.
Medical Society of the Missouri Valley, Omaha, Neb., Sept. 7-8.
Washington State Medical Association, Spokane, Sept. 5-7.
Wyoming State Medical Society, Thermopolis, Sept. 4-5.

AMERICAN OPHTHALMOLOGICAL SOCIETY

Forty-Sixth Annual Meeting, held at New London, Conn., July 11-12, 1911

The President, DR. E. GRUENING, New York City, in the Chair

Officers Elected

The officers elected were named in THE JOURNAL, August 5, p. 490. The society will meet next year June 11-12, probably at Hot Springs, Va.

Four Cases of Acute Disseminated Myelitis, with Retrobulbar Degeneration of the Optic Nerves

DR. WARD A. HOLDEN, New York City: All these patients (adults) had sensory disturbances in the trunk and limbs, and more or less complete paraplegia. These conditions continue to the present time in two patients, while the other two are dead of respiratory paralysis. The fields of vision in the three cases in which they could be determined were peculiar. In one there was excessive eccentric contraction of the field with fair central vision, and in two there was hemianopia for certain test objects in one eye alone. No autopsy material was obtained other than a portion of the cervical cord in two cases. Photomicrographs of sections of these cords show characteristic foci of degeneration, and also the arteries, with cellular infiltration about them, running from the uninfiltreated pial sheath to the areas of softening.

A Case of Periodic Fugacious Episcleritis

DR. ALBERT C. SNELL, Rochester, N. Y.: A woman, 42 years old, had recurring superficial episcleritis at each menstrual epoch. There was a history of attacks extending over a period of five years and still recurring. The season does not appear to have anything to do with the occurrence of attacks.

Serum Treatment of Sympathetic Ophthalmia

DRS. GEORGE S. DERBY, Boston, and H. N. PRATT, Louisville, Ky.: The patient developed severe uveitis of the right eye following injury to the left. There was no improvement under injections and massive doses of salicylate. The injection of serum from a patient recovering from sympathetic disease was followed by marked improvement. A subsequent recurrence necessitated further injections of serum at intervals during eight weeks. The patient was discharged with useful vision. The same procedure was attempted in several other cases with different serums but without marked results.

DISCUSSION

DR. R. N. RANDOLPH, Baltimore: It really looks as if we had in this serum a powerful remedy for sympathetic ophthalmia, but the difficulty that exists in getting the serum makes it doubtful whether we are justified in changing our attitude toward injured eyes. There are more cases of this disease reported than there used to be and I think that this is largely due to the existence of a more venturesome spirit in treating diseased corneas by means of salicylate of soda. In the cases of children, particularly, I believe that we should take no risk.

DR. J. H. CLAIBORNE, New York City: Six or eight years ago Dr. E. B. Coburn and I pursued a number of investigations along these lines. The results of these experiments were absolutely negative. Our conclusion was that one cannot influence in rabbits a sympathetic ophthalmia by the injection of a corresponding serum into the venous system.

Dystrophia Epithelialis Corneae (Fuchs); Report of a Case

DR. ARNOLD KNAPP, New York City: My patient was a woman, aged 81, who, after a successful cataract operation, without signs of inflammation or glaucoma, developed these curious corneal changes. The other eye was operated on twelve years ago and presents similar, but more pronounced, changes in the cornea.

A Protest Against the Indiscriminate Use of the Organic Compounds of Silver in Ophthalmic Practice

DR. SAMUEL THEOBALD, Baltimore: These compounds are unquestionably more liable to produce conjunctival argyria than is silver nitrate. Before their introduction, this was a rare condition, being practically never seen except in old cases of trachoma. Now it is relatively common. For this reason, they should not be used when other remedies are really efficacious. An observance of this rule would very nearly limit their employment to gonorrheal and trachomatous conjunctivitis. Especially are they contra-indicated in catarrhal conjunctivitis, in which they are now so generally prescribed, because in a collyrium of zinc sulphate and boric acid we have a remedy that is more surely and promptly efficacious.

DISCUSSION

DR. LUCIEN HOWE, Buffalo, N. Y.: A very excellent report on this subject was made by a committee of the Section of Ophthalmology of the British Medical Association. It contained the statement that the proportions of silver in these compounds vary greatly. If they are as efficacious as some think, this is evidently not due to the amount of silver that they contain. Before adding to the amount of advertising that we have given to various proprietary compounds, it would be well for us to examine our records to see whether we do get the results that we think we get from them and whether we could not obtain as good results from some other remedies that we have known of for a long time.

DR. ALEXANDER DUANE, New York City: The only antiseptic that has a practical value in the limits of time that a solution in the eye can act is nitrate of silver. Therefore, we are thrown back on detergent solutions. In this capacity some of the silver compounds have an important value.

DR. WALTER B. JOHNSON, Paterson, N. J.: In employing nitrate of silver, one knows the strength of the solution in each instance, and there is very little danger of argyrosis. These proprietary medicines are not what we have been led to believe they are.

Excision of the Tarsus and Conjunctiva (Heistrath) in Old Trachoma

DR. J. H. CLAIBORNE, New York City: Expression has been considered as indicated for trachoma in the florid stage and for trachoma that is marked by cicatrization with abundant granulation. In the latter stages of the disease, however, the results of expression are disappointing. In the first patient, the result of the more radical procedure in both eyes was an entire cure. The result was the same in other cases. I consider this operation indicated in all cases of trachoma in which cicatrization has commenced, and in which pannus and keratitis are present. It should be done, however, only as a last resort. In cases in which expression will answer, this should be employed. My experience convinces me that the tarsal cartilage in a cicatricial state is the cause of all our woe in old trachoma. In the operation as performed by me, the hands of the operating surgeon alone are around the eye. The clamp used is the result of a number of experiments. The operation is practically bloodless, and can be done in from ten to fifteen minutes, thus differing from other methods.

A Case of Ring Sarcoma of the Ciliary Body

DR. A. N. ALLING, New Haven, Conn.: The region of the ciliary body was occupied by a flat, black, slightly prominent mass, which in part involved the iris, and at several points extended through the sclera, forming irregularly rounded prominences on the anterior surface. The growth was a sarcoma, composed of large endothelium-like cells and spindle cells.

DISCUSSION

DR. E. FUCHS, Vienna, Austria: I have seen four cases of ring sarcoma, in all of which the eye showed merely a swollen condition and a changed color. It is often impossible to make the diagnosis of sarcoma in these cases, because one finds the eye too intensely fixed.

(To be continued)

Current Medical Literature

AMERICAN

Titles marked with an asterisk (*) are abstracted below.

Philippine Journal of Science, Manila

April

- 1 *Action of Tropical Sun on Men and Animals. H. Aron.
- 2 *Eradication of Beriberi From the Philippine (Native) Scouts by Means of a Simple Change in Their Dietary. W. P. Chamberlain.
- 3 *Case of Dysentery Caused by Balantidium Coli with Coincident Filarial Infestation of the Spleen. F. B. Bowman.
- 4 Some Observations on So-Called Flagellates, Ciliates and Other Protozoa Encountered in Water and in Human Stools. E. H. Ruediger.

1. **Action of Tropical Sun.**—Experimental research by Aron showed that under climatic conditions, even during the cooler seasons of the year in Manila, animals, such as rabbits and monkeys, which by nature have only a limited power of physical heat regulation, or animals the physical heat regulation of which is artificially inhibited (tracheotomized dogs) die if exposed to the sun, the body temperature rising to febrile heights. If the same animals are protected from the rays of the sun, or if the increase of heat due to radiation from the sun is compensated by an increased loss such as would be brought about by a strong wind, then the animals suffer no discomfort. Insolation of the skull alone is without effect if the body temperature is kept within normal limits. The post-mortem findings on the animals dying as a result of insolation show decided hemorrhagic lesions of the meninges in the brain, and in monkeys, in the heart. In animals without sweat glands the subcutaneous tissues are heated by the radiated heat from the sun to temperatures above those compatible with life. The human skin if exposed to the sun is warmed to about 3 to 4 C. above the normal skin temperature. An increase, even to the normal body temperature, is prevented by evaporation of sweat. The cooling effect of the sweat secretion causes a fall of the skin temperature even if insolation is continued during longer periods. The brown skin of Malays, while theoretically absorbing more heat in the sun, shows a smaller rise in temperature in the tropical sun than the skin of white men under similar conditions. As an explanation, it is believed that an earlier and better water evaporation by sweat secretion takes place. The air in the human hair, especially in black hair, under the influence of the tropical sun acquires temperatures far above those compatible with life. It was demonstrated by Aron that in the tropical sun a man with a colored skin is in a better position as regards heat regulation than is a man with a white skin.

2. **Eradication of Beriberi.**—The real factors in the eradication of beriberi from the Scout organizations have been a reduction in the amount of rice consumed and the addition of a legumen. The result was accomplished without the use of undermilled rice.

3. **Dysentery Caused by Balantidium Coli.**—During the past three years Bowman has seen ten cases of infection with *Balantidium coli*. Two of the ten cases terminated fatally, but the others have had no symptoms other than an occasional diarrhea. Even in the severe infections, the diarrhea was more or less intermittent in character, the parasites being found in the feces only during these attacks. This phenomenon is explained by Bowman in the following manner: The organisms, moving along in the submucosa, become so numerous as sometimes to form "nests" from which low inflammations develop, and which, proceeding to ulceration, cause erosion of the mucosa and set free the balantidia. At this time the organisms are found in the feces. In some areas the blood-vessels appear practically to be occluded by the number of balantidia present and this fact in itself is sufficient to initiate an inflammatory process by lowering the tissue resistance.

Journal of Minnesota State Medical Association and Northwestern Lancet, Minneapolis

July 15

5 German Measles, Measles Proper, and Scarlet Fever: The Official View. H. W. Hill, Minneapolis.