

Three Cases of Entameba Histolytica Infection Treated with Emetin Bismuth Iodid.—LAW and DOBELL (*Lancet*, 1916, cxc, 319) say that evidence derived from their own cases and from cases reported by Dale has convinced them that emetin bismuth iodid is far more efficacious than emetin hydrochlorid, given hypodermically, in removing the cysts from the feces of chronic carriers. The authors recommended giving the remedy in a single dose of three grains—this representing a little more than one grain of emetin—once a day with the evening meal, and never on an empty stomach, as was customary with ipecac. Such a dose is to be given on five successive days—and the full course of treatment recommended is twelve doses of three grains each. One disadvantage is that this new emetin compound produces much more disagreeable symptoms than emetin hydrochlorid given by the needle. Nausea, vomiting and diarrhea were the untoward symptoms produced. Three cases are reported in detail as types of amebic infection for which method of giving emetin is recommended.

Late Results of Splenectomy in Pernicious Anemia.—KRUMBHAAR (*Jour. Am. Med. Assn.*, 1916, lxxvii, 723) says that the striking improvement that has been shown to follow removal of the spleen in such diseases as hemolytic jaundice and Banti's disease has naturally led to an extension of this clinical procedure to allied conditions. In 1913 three investigators, Eppinger, Decastello and Klemperer, working independently, applied splenectomy to the relatively common and grave disease, pernicious anemia. It is interesting that Eppinger was led to adopt this procedure by observing after splenectomy a diminished output of urobilin and other evidences of decreased hemolysis. Decastello, on the other hand, had noted the improvement that followed splenectomy in the related conditions, hemolytic jaundice and Banti's disease; whereas Klemperer was influenced by the clinical observation that splenectomy for such conditions as rupture of the spleen was in some instances eventually followed by polycythemia. Krumbhaar reviews critically the reported cases of splenectomy as a therapeutic measure for pernicious anemia in order to determine how valuable splenectomy has thus far proved to be in pernicious anemia. Of the 153 patients studied, 19.6 per cent. died within six weeks; a distinct improvement in the clinical condition and in the blood picture occurred in 64.7 per cent., and no improvement in 15.7 per cent. The rather high post-operative mortality (practically 20 per cent.) may be due to poor choice of cases in the early series. As a much greater proportion of the more recent cases has survived the operation, the true postoperative mortality is probably much less than 20 per cent. Of the individuals who showed improvement shortly after operation, nearly two-thirds of the total number, a large number have failed to maintain this improvement, or have since died in a relapse or from intercurrent disease. Although a few have continued in good condition during the period of observation (over two years), in no case can it be said that a cure has been effected, and the blood of these individuals continues to show many of the characteristic signs of pernicious anemia. On account of the improvement that follows splenectomy, it would appear to be not only a justifiable, but in many cases an advisable, procedure; but in no case should a cure be promised or the operation undertaken except

under the most favorable conditions. The best results are obtained if the operation is preceded by one or more transfusions, and those patients who relapse after operation may still be greatly helped by transfusion. Whether or not transfusions would have produced equally good results in the absence of splenectomy is a question that cannot at present be decided. The most favorable results may be expected in individuals who have not passed the fifth decade in whom the disease has not progressed for more than a year, and who have a relatively good blood picture (that is, an anemia that is not of too extreme a degree or of the steady, progressive type). Individuals with enlarged spleens have done better than those in whom the spleen was small or of normal size, as have also those suffering from an anemia characterized by excessive hemolysis. The opposite of these conditions should be considered as unfavorable factors, as should also the existence of spinal cord symptoms or the presence of an aplastic bone marrow.

PEDIATRICS

UNDER THE CHARGE OF

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A Case of Egg-poisoning (Anaphylaxis).—EDLESTON (*Practitioner*, vol. xcvii, No. 4) reports a well-marked case of egg anaphylaxis, first noticed at the age of twelve months. The first attack began after taking a few teaspoonfuls of custard pudding. The symptoms were those of an acute gastritis with frequent vomiting. She was given albumen water and rapidly collapsed. All food was then withdrawn, and later chicken broth was substituted, under which treatment she soon recovered. Eggs in every form were avoided after this, but on several occasions when given accidentally, the symptoms have usually been as follows: The child complains of feeling ill, and wants to lie down; the pupils dilate, and vomiting follows. In some attacks chemosis of the conjunctivæ supervenes. Urticaria has occurred in some of the attacks. On one occasion, while standing near her mother, who was beating an egg on a plate, a splash of egg flew into her eye. This was followed by rapid swelling, so that the eye could not be opened, but no other symptoms of poisoning followed. The child is now eleven years old, and is still as sensitive as ever to the poison.

A Case of Prolonged Hyperpyrexia in a Child with a Mid-brain Tumor.—TURNER (*Brit. Jour. Child. Dis.*, September, 1916) reports an unusual instance of prolonged hyperpyrexia associated with a tumor in the mid-brain. The child, aged one year and six months, was admitted to the hospital with the provisional diagnosis of meningitis. There was opisthotonos, squint, and convulsions on the day of admission. Hydrocephalus was present, the fontanelle being very tense.