

side—these are the surroundings in which the tubercle bacilli flourish like the proverbial green bay tree.

Efficient artificial immunity, through vaccines or other agents, has not yet been discovered, in spite of the claims of enthusiasts and others, but it requires no excessive optimism to predict that it will come. And if in the interval of waiting, human beings can be induced to appropriate and apply such knowledge as we have at present concerning the nature and method of dissemination of the tubercle bacilli, it will not require many years before this infecting organism that attacks 50 to 70 % of all human beings shall be banished from the earth.

AUTHORS' ABSTRACTS

Medicine

Some Difficulties in the Diagnosis of Pneumonias.

John Staige Davis, University, Va., Virginia Medical Semi-Monthly, October, 1916, p. 313.

The absence of typical physical signs in a considerable proportion of the cases of pneumonia in the University of Virginia Hospital during the winter and spring of 1916 rendered it necessary to rely upon other than the usual means of diagnosis.

In some instances gall stones, appendicitis, and meningitis had been presumptively recognized before admission. Nineteen out of forty-eight cases showed no physical signs whatever when they came in and eight others were obscure in this respect.

A rapid rise of temperature with either chill or pain, a disturbance of the pulse-respiration ratio, and Freeman's post inspiratory pause with the expiratory grunt were most helpful; but the best single guide was discovered in the very high absolute and relative leucocytosis which varied between 13,500 and 74,000 per c. mm. with always 51 to 92 per cent. polymorphonuclears. Over 30,000 white corpuscles to the cubic mm. virtually excluded most other confusing troubles, and saved several patients from surgical interventions when sent in for supposed acute abdominal troubles.

No assistance was obtained from the reduction of the chlorids in the urine which were as often normal in this series.

The X-ray was very helpful and practically disposed of so-called central and concealed pneumonia by showing that the process always begins under the pleura, but gives no characteristic signs until the consolidation reaches the larger bronchial tubes. This suggests a pleurogenous origin and supports the original septicemic theory of the disease.

The net mortality was 6.25 per cent.

Some Observations on the Diseased Conditions of the Salivary Glands and Their Ducts. Dunbar Roy, Atlanta, Ga., The Journal of the Medical

Association of Georgia, December, 1916, p. 143.

We will find very little written in medical periodicals about the various pathologic conditions in the mouth associated with diseased conditions of the salivary glands. In the last few years having had several of these cases referred to him, the author concluded that few physicians realize the importance of the salivary glands and their ducts as obscure causes of various symptoms in the oral cavity. The three important salivary glands according to their size are the parotid, submaxillary, and sub-lingual.

Acute inflammation of one or more of these glands is by no means a rare occurrence after infectious diseases and slow fevers. Acute parotitis or mumps sometimes followed by an abscess reveals some very obscure symptoms. In two cases where an operation was done for a supposed subperiosteal abscess of the mastoid, an abscess of the parotid gland was found. Stenosis of and calculi in the ducts of these glands is a frequently overlooked condition and which produces symptoms of swelling and pain at the angle of the jaws. Partial or complete deafness following mumps is a reality and must not be forgotten as a possible sequela in this condition.

Acute inflammation with swelling and especially if there is present a salivary calculus beneath the tongue may simulate very definitely a malignant growth and should always be considered. Two such cases were reported. The so-called ranula or cyst beneath the tongue is sometimes difficult to manage. The following method has proven the simplest treatment and with equally good results by the author. The cavity is opened, emptied and then thoroughly swabbed with pure trichloroacetic acid. This is repeated two or three times if possible.

The Modern Method of Treatment of Disease of the Stomach. Julius Fdiedenwald, Baltimore, Md., The Therapeutic Gazette, February 15, 1916.

In this article, the writer emphasizes the importance of thorough examinations in order to make correct diagnoses, and as a consequence institute the most effective treatment. As an aid in diagnosis and therapeutics the stomach tube has proven to be invaluable.

Some of the salient dietary hints given by the writer follow. In acute gastric disorders the diet should consist of foods which entail the least work on the stomach, and in chronic disturbances the food should be supplied in sufficient quantities in an easily digestible form, so as to maintain the body weight. In cases of oversecretion an abundant protein diet is indicated, and in cases of diminished secretion scraped meats and easily digestible vegetables with large quantities of farinaceous foods should be given. The food taken at body temperature and thoroughly masticated should be eaten at regular intervals.

He calls attention to the fact that the Weir Mitchell rest cure is useful in nervous stomach disorders, and in certain forms of ulcer and gastritis, special emphasis is laid on the recently evolved Sippy treatment for gastric ulcer. The latter consists in protecting the ulcer from the

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