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LUXATION OF THE ENSIFORM PROCESS. BY LUCIEN LOFTON, M.D.

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Dislocation of the xyphoid appendix is a rare occurrence, and only a few instances have been recorded. Owing to the rarity of this accident, I deem it important to give it publicity.

The patient, a German, aged 33 years, and of a robust build, consulted me for what he termed "chronic indigestion" about one year ago. He gave the following history: About three years prior to coming to the city he was in Philadelphia on a visit. During his meanderings he inbibed too freely and mistaking a lamp post for the middle of the sidewalk ran against it with great force, receiving a terrific blow, as he explained, about the "pit" of the stomach. The blow felled him to the pavement where he lay unconscious for a few minutes. He was removed to his hotel where he rested fairly well the night of the accident. During the night he vomited freely several times, which seemed to give him relief. The next morning the patient left for his home before medical attention was summoned. After his return home the man was enabled to transact his usual farm duties after an elapse of two or three weeks. The patient has lived in this city for some time and has for the past several months been a sufferer from indigestion, which he says was invariably accompanied by vomiting. This is especially the case if he lies down directly after eating.

Upon examination I found a complete luxation of the ensiform cartilage from the gladiolus, which could be moved easily in all directions.

This manipulation gave the man some pain, and caused him to say several times he "felt sick at the stomach." I tried all manner of palliative measures which proved useless. I suggested an operation with a view to anchoring or extirpating the offending member, but this was not acceded to. The man has been, for the past half dozen months losing flesh steadily, and his weight is now, I learn, in the descendency.

Since consulting me a short while ago, I am informed, the man has moved to some point in Texas.
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SELECTIONS.

Anti-Choleraic Inoculations.—Dr. W. J. Simpson submits the results of the anti-choleraic inoculation work as carried on in Calcutta during the past two years.

The vaccins used for this work are prepared in the laboratory by a specially trained medical officer and the inoculations in the busteens and other parts of Calcutta are done by another medical officer.

The following records of the inoculations are kept in the Health Office:

1. A daily register filled up at the time of inoculation containing name, father's name, sex, age, caste, occupation, residence and place of inoculation; also any relative who may be inoculated.

2. An alphabetical register containing the names of the inoculated with the above details, so that ready reference can be

made as to whether a person attacked with cholera has been inoculated.

3. A ward register showing the residence of the inoculated people, so that when any particular locality is affected with cholera the inoculated in that locality may be easily found.

The number of people inoculated during the period under review was 7,690; of these 5,853 are Hindus, 1,476 Mahomedans, and 361 other classes. Considering that the system is a new one, that the inoculations are purely voluntary and everything connected with them has to be explained before the confidence of the people can be obtained, and considering how long new ideas are in taking root among the general population, and in this case it is not merely the acceptance of idea, but such faith in it as to consent to an operation, the number is certainly satisfactory for a beginning.

The present problem can be compared with the introduction of vaccination against smallpox in Calcutta. It took twenty-five years before the number of vaccinations reached an average of 2,000; whereas the inoculations against cholera have in two years nearly doubled that average. This is proof that in spite of the difficulties which every new movement naturally has to meet with, there are large numbers of people anxious to avail themselves of the protective effect of the inoculations.

There is a certain discomfort produced by the inoculations, such as an attack of fever lasting about twenty-four hours, pain at the seat of inoculation on moving, thus interfering with heavy physical work for about thirty-six hours. The discomfort is not, however, worse than that induced by vaccination when the vesicles have risen well, and it has the advantage of not lasting nearly so long. The method of inoculation has been recently simplified by dispensing with the first vaccin, the second now being used directly in smaller doses. This increases slightly the degree of discomfort, but does away with the necessity of undergoing two inoculations. As in vaccination, the symptoms after inoculation, *i.e.*, the degree and duration of the fever and local effect vary according to the idiosyncrasy or peculiarity of constitution of the inoculated person; but it is necessary to prominently bring to notice that although all sorts and conditions of individuals, weak and strong, sickly and healthy, young and old, well nourished and badly nourished, and often persons suffering from chronic diseases have been inoculated in every instance without exception, the inoculations have proved perfectly harmless. In several instances, like that lately in Serampore, reports have been spread that injuries have followed the inoculations; on investigation it has been proved by the official medical and civil authorities that these reports were absolutely untrue. Since the system is new and disquieting rumors are harmful it is important that the Commissioners should know the real state of things in order that they may be able to give assistance in dispelling any false notions on the subject.

When an epidemic, such as cholera, attacks a town there are always localities and classes of the population which are not reached by the infection, while on the other hand, even among those who are actually exposed to the infection there are a number who escape owing to their hereditary or gradually acquired powers of resistance. As a rule outbreaks occur in particular localities and houses. The investigations on the effect of the inoculations are made exclusively in those houses in which cholera has actually occurred, the object being to ascertain and compare the incidence of cholera on the inoculated and not inoculated in those houses in which inoculations have been previously carried out. For this purpose affected houses in which inoculations have not been performed and inoculated houses in which cholera has not appeared are excluded as they do not generally furnish a reliable basis for comparison.

In seventy-six houses there were eighty-nine deaths from cholera, seventy-seven being among the uninoculated and