

they improve, but the number of these is small compared with the number of patients who fail to improve in the farmhouse, and yet on being sent to a sanatorium get promptly well.

My experience is that patients capable of recovery and possessing the proper character to make them persevere in treatment are capable under supervision of getting well anywhere. Patients whose personal will-power is not strong or who on account of circumstances, like business worries or family troubles, are not capable of taking care of themselves at home, should be sent to a sanatorium.

The advantages of a sanatorium do not lie in its situation, but in the ease with which the proper régime is followed in it. In the home or farmhouse or country hotel, the people are going to bed at the time suitable for well people; they are, if the weather is cool, living in confined rooms; they are amusing themselves by indoor occupations and they are eating meals suitable for active laborers. In order to follow out a régime in which rest, fresh air and special food are the important factors, the patient is obliged practically to separate himself entirely from the family, and on his own initiative retire while the others are amusing themselves, sit out alone while others are experiencing the comfort of indoors, and refuse dainties which he sees others enjoying; all this requires an amount of character that few people, especially sick people, possess. In a sanatorium everyone about the patient is doing just what is proper for the disease; all are retiring at a proper hour, the daily amusements are outside, the meals are specially regulated to requirements so that there is no inducement to remain up late or to stay indoors, or to eat unsuitable articles of food. To do what is wrong at home is very easy; to do what is right requires special initiative on the part of the patient; while the opposite is true in the sanatorium; in fact to do what is wrong in a sanatorium almost requires special malice against oneself.

I believe, therefore, that there are only three things for a physician to do with a tuberculous patient, namely, treat the patient himself, send the patient to another physician or send the patient to a sanatorium; and that the sending of a patient to a farmhouse or country hotel away from supervision is an unjustifiable evasion of the physician's responsibility.

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REPORT OF A CASE OF TERTIAN MALARIA, SIMULATING APPENDICITIS

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My purpose in reporting the following case is to urge on all practitioners in malarious districts the necessity for the examination of the blood for the malarial parasite, and the value of the procedure as a routine measure. The process of taking a smear, staining, and mounting is a simple matter occupying a very short time. Very often, as in the following case, but a few minutes' examination under the microscope is sufficient to reveal the parasite, where very possibly its existence was considered unlikely. Following such a finding, consideration can then be given the significance of the presence of the parasites, and whether or not they are responsible for the clinical symptoms, not forgetting that in all malarious sections the parasites may be but coincident with other pathologic conditions.

P. L., white, aged 34, a carpenter, unmarried, was suddenly seized with a severe pain in the abdomen at 6 p. m. March 15. I reached his bedside three hours later. He gave no history of having had previous attacks. He was in intense agony; the right abdominal wall was rigid, the right thigh flexed at right angles to his body. He had vomited twice previous to my arrival; there was no chill. Light pressure over the appendix elicited intense pain, and any attempt at deep palpation produced great agony. The temperature was 99.2 F., pulse 90. A tentative diagnosis of appendicular colic was made, half a grain of morphin sulphate administered hypodermatically, 5 grains of calomel administered, all nourishment withheld and a saline ordered for the following morning. The next day, fifteen hours after the initial symptoms, the patient was resting comfortably, but the right rectus remained rigid, and considerable pain was elicited by deep pressure over the appendix. His bowels had been thoroughly moved and his temperature was normal. The patient was warned to remain in bed, to limit his diet to liquids, and, owing to the distance at which he was situated and the time involved in a visit, to advise me if further symptoms developed. The evening of March 17 I was hurriedly sent for, but being absent did not reach his bedside for some hours. An attendant advised me that he had in the morning, become perfectly comfortable, had dressed that afternoon, and left his home. At six that evening, a few hours after leaving home, and just forty-eight hours after the initial attack, he was again seized with intense abdominal pain, accompanied by a severe chill. An hour later his temperature had reached 106 F., and he was semicomatose. I found him some hours later with the abdominal symptoms intensified over those prevailing two days previous. The temperature had by this time fallen to 101, the mental condition was again clear. While all the subjective symptoms pointed to an appendicitis, the temperature curve was not in accord with such a diagnosis. A blood-smear was taken which at daylight I treated with Wright's stain. The first field examined under a 1/12-inch oil immersion lens showed a well-developed hyaline ring form of the tertian type; other fields showed numerous tertian parasites in various stages of development. Ten grains of the quinin sulphate with dilute hydrochloric acid were ordered given three times daily. With the second dose an amelioration of the abdominal symptoms occurred, and in twenty-four hours they had entirely disappeared. The patient recovered rapidly under a continuation of the treatment outlined.

THE DIAGNOSIS OF TUMOR OR ABSCESS FORMATION IN THE TEMPORO- SPHENOIDAL LOBES

WITH A REPORT OF A CASE, WITH OPERATION *

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This subject is of interest to neurologists and psychiatrists alike; to the former on account of the difficulties with which the diagnosis of lesions of the temporo-sphenoidal lobes have been associated, and to the latter because of the curious mental states which are very usually engendered.

An examination of pertinent literature shows that a large number of cases of tumor growth in these regions has been recorded, but the diagnosis has been made in only too many instances after the death of the patient, and a man of such wide experience as Byrom Bramwell has put on record his opinion that tumors in these areas are the most difficult of all cerebral growths to localize with accuracy.

* Read before the New York Neurological Society, March, 1911.