

him ever since, especially when he would step on the outer side of the foot. It was relieved by taking off shoe and rubbing foot.

Physical Examination.—The foot was long and slender. Second, third and fourth toes were "hammer toes" of mild degree. The second joint of the fourth toe was most prominent and caught the brunt of dorsal pressure in this region. The pressure was transmitted through the first phalanx to the head of the metatarsal. The pain could be reproduced at will by squeezing the foot and pressing the first phalanx downward on the metatarsal.

Operation.—Oct. 18, 1907. Amputation of toe at first joint.

Result.—There have been no more attacks since the operation. Two months after, patient could "hike" several miles over rough ground without any symptoms which before operation were very severe on such occasions.

CONCLUSIONS.

1. In some cases, if not all, the depression of the transverse arch is caused by the shoe pressing the first phalanx downward against the head of the metatarsal.
2. The condition can be relieved entirely in some cases, if not all, by amputation at the first joint.

CARDIAC ASTHMA AND SCLEROSIS OF THE RIGHT CORONARY ARTERY.

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We desire to advance a suggestion, for the partial corroboration of which we have long waited for postmortem material, viz.: that cardiac asthma is a right-sided angina, and that the common postmortem lesion will be found to be sclerosis or its equivalent of the right coronary artery. Our reasons for this suggestion we will bring forward later, but now simply wish to record the postmortem findings by Keith of two cases of Mackenzie's, to whom one of us lately communicated the idea, and whom we desire to thank for his courtesy.

CASE 1.—During life: Angina pectoris plus cardiac asthma. Postmortem: Sclerosis of both coronary arteries.

CASE 2.—During life: Cardiac asthma, no angina pectoris. Postmortem: Marked sclerosis of the right coronary artery, left artery normal.

German Hospital.

A PIECE OF PAPER IN THE MALE BLADDER.

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The following case is of interest from the fact that it adds to the already long list of foreign bodies found in the male bladder a unique specimen:

Patient.—Mr. F. M., contractor, aged 59 years, married, was referred to me by Dr. H. D. Hamilton, of this city, and was first seen by me on Jan. 5, 1908.

History.—Two weeks previously, on Dec. 22, 1907, he had, while intoxicated, rolled up a long slip of paper which he introduced deeply into the urethra. He could give no explanation for this maneuver other than his intoxicated condition. About a week following he called on Dr. Hamilton, suffering from a fairly severe cystitis. He then stated that he had passed bits of paper during urination. He was placed on treatment, but without relief from his symptoms. Dr. Hamilton, suspecting the presence of more paper in the bladder, referred him to me.

Treatment.—He was sent to the South Side Hospital, and on January 5 I examined him with the cystoscope under general anesthesia, for the reason that, in the event of the cystoscope proving the diagnosis, removal of the foreign body was, of

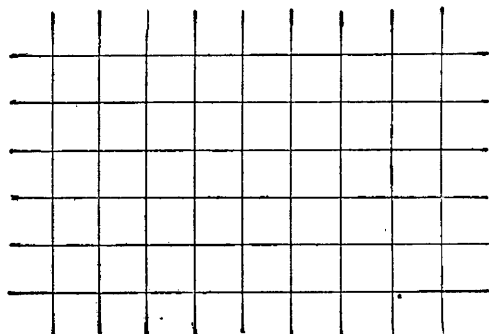
course, essential. Examination revealed the paper in a fairly deep bas fond, rolled on itself and partially incrustated with urinary salts. The patient was put in an exaggerated Trendelenburg position and my air-inflation urethroscope inserted, using a No. 23, French, tube 15 centimeters in length. Forced air inflation gave a good view of the bladder and piece of paper, and an attempt was made to tear the paper to pieces by means of a pair of alligator forceps, as the piece, in its entirety, was too large to be removed through the urethroscope. Three small pieces were removed in this manner, but the paper, contrary to expectations, proved hard to tear, and, as the patient was taking the anesthetic badly, further procedure was deferred. The following day suprapubic cystotomy was done, Dr. Hamilton assisting, and a large piece of paper was removed. The patient made an uneventful recovery.

AN AID TO INSPECTION.

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In looking for pulsations which were not well defined and in the study of the outlines of organs and tumors I have had much help from the following simple maneuver:

Over the area under inspection there is drawn with a skin pencil a square plaid figure, the squares of which are from 1.5 to 2.5 cm. in diameter and from 12 to 50 in number, according to the size of the area being studied. Any slight movement of the skin at any point



in such a marked area causes a change in the direction of some of the lines and a distortion of the figure, and so renders visible movements of the internal organs which are not to be detected otherwise.

In one case, a distended gall bladder, which gave no sign of its presence, was plainly visible at a distance of several feet when the plaid figure was drawn on the skin over it. To be convinced of the value of the procedure, one has only to experiment with a cardiac impulse which is not, or is just barely, visible.

Efficacy of Calcium Chlorid in Arresting Albuminuria.—

L. Rénon has found calcium chlorid surprisingly efficacious in arresting albuminuria of various origins. It cured a number of patients after the complete failure of dietetic measures and prolonged repose. In half the cases treated the albuminuria showed great improvement and in a fourth of the cases it vanished entirely. In another fourth no effect was apparent, or the albuminuria became aggravated, which occurred in a few instances. He gave 0.1 gm. (1.5 grains) for five or six days, and gradually increased the dose if necessary to a maximum of 0.5 gm. (7.5 grains), keeping up the treatment for a month if the albuminuria persisted. In his communication on the subject presented to the Paris Société de Thérapeutique, November 19, he said that the calcium chlorid proved thus effectual in his experience without any supplementary measures or repose.