

while the expenses amounted to \$383,057. During the year 6,173 patients were admitted (not including the out-patient department), and there were 620 deaths. Four thousand and seventy-eight patients were discharged cured, 1,067 relieved, and 439 unrelieved. Adolph Lewisohn donated \$6,000 to the endowment fund, and other gifts during the year amounted to \$18,892. At the close of the meeting a bust of the late president of the hospital, Isaac Wallach, was unveiled in the main corridor.

NASSAU HOSPITAL NOT TO BE CLOSED. — As the result of a meeting held in New York on Jan. 28, it was announced that sufficient funds had been promised to prevent the closing of the Nassau Hospital. This institution which is located at Mineola, Long Island, the county town of Nassau County, and which has an efficient medical and surgical staff, has been doing excellent work in a neighborhood where there is real need of such an institution. It has ample and admirable buildings, thoroughly equipped with the best modern appliances which have been donated by generous friends, but its endowment is inadequate, and as the usual subscriptions towards its support had fallen off of late, it was feared that the hospital would have to be closed, at least for a time. The plan agreed upon to put it upon a sound financial footing is to ask for the endowment by Long Island residents of fifty beds at \$3,000 each, and it is now stated that already ten such endowments have been assured.

ADVISORY BOARD ON TUBERCULOSIS. — An advisory board on tuberculosis has recently been appointed to aid the State Health Department, and among its ten members are Drs. Thomas Darlington and Alfred Meyer, of New York, E. R. Baldwin, of Buffalo, W. G. MacDonald, of Albany, George W. Goler, of Rochester, N. H. Watson, of Utica, and E. R. Baldwin, of Saranac Lake. The State Commissioner of Health, after consultation with this board, has determined upon a program of immediate work which includes (1) the elaboration of the state's tuberculosis exhibit; (2) the preparation of a state exhibit for the International Congress on Tuberculosis at Washington in September; (3) district investigation throughout the state, with the distribution of literature on the care and prevention of the disease; (4) the securing, if possible, the compulsory registration and notification of all cases of tuberculosis in the state. A bill providing for such registration and notification is to be at once introduced in the legislature.

BEQUEST TO AMERICAN MUSEUM OF NATURAL HISTORY. — By the will of the late Morris K. Jesup, one of the most public spirited citizens of New York, the sum of one million dollars is bequeathed to the American Museum of Natural History, without doubt the most considerable benefaction as yet made to an institution of this kind. He states that since 1882, when he became president of the Museum, he has devoted a great part of his life, his thoughts, and his attention to its interests, and it is estimated that his gifts to it during his life aggregated fully another million dollars. Largely owing to his generosity, its specimens and exhibits are now sufficient in mere number to give it a foremost place among the world's museums of natural history, while in respect to the scientific knowledge and the artistic and practical skill with which they are displayed, it stands, it is believed, quite without a rival. The following tribute to Mr. Jesup's memory was made by Dr. H. C. Bumpus, the curator of the museum, in speaking of his intelligent labor and munificence: "When we remember that through his agency the American Museum has become the leading scientific institute of the world, he must be considered as one who stands alone in the educational development of the city." A prominent feature of the educational work of the Museum is the numerous courses of lectures, free to the public, which are given throughout a great part of the year.

Current Literature.

MEDICAL RECORD.
JAN. 4, 1908.

1. *BERG, H. W. *Poliomyelitis Anterior as an Epidemic Disease.*
2. BOLDMAN, C. *Bacterial Vaccines and Curative Sera.*
3. PRYOR, J. H. *Early Diagnosis and Treatment of Pulmonary Tuberculosis.*
4. MICHAILOVSKY, B. *Some Points in Medical Education Considered from the Standpoint of the Student.*
5. ALLEN, A. R. *The Term "Stauungs Hyperemie."*

1. From a study of the group of cases of antero-poliomyelitis occurring in New York in the year 1907, of which the author saw twenty-five, the conclusion is drawn that epidemic poliomyelitis is a distinct disease, and should not be classified with the sporadic poliomyelitis. The author gives the following reasons for this conclusion: (1) The clinical symptoms and course are different, for in the epidemic form we find higher and more protracted fever, more marked meningeal symptoms, with at times symptoms of bulbar involvement, and more diffuse paralyses, which may clear up entirely in the milder cases; and in the more severe death may occur after illness of only a few days. (2) The epidemic form occurs only in the summer months, and especially in years of great drought. (3) The morbidity of the epidemic form varies much more as to age of person affected. And (4) there is evidence of its

infectious nature. Finally, (5) the pathological findings are very different, the diffuseness of the lesions of the epidemic form entitling it to the name of epidemic meningomyelo-encephalitis, while the sporadic cases show only classical lesions. [The author cannot be considered to have proved his point. W. B. R.]

NEW YORK MEDICAL JOURNAL.
JAN. 4, 1908.

1. PIFFARD, H. G. *A Study of Sour Milks.*
2. *WHITE, W. C., AND PROESCHER, F. *On the Presence of Spirocheta in Pseudoleucemia, Acute Lymphatic Leucemia, and Lymphosarcoma.*
3. ERDMAN, J. F. *Surgical Technic in Diseases of the Gall Bladder and Biliary Passages.*
4. WARE, N. W. *The Diagnosis of Unilateral Tuberculous Nephrocystitis, with a Report of Six Operative Cases.*
5. GORDON, A. *Pathogenesis of Stump Hallucination.*
6. WALKER, J. M. *Potassium Iodide in Mental Diseases.*
7. VEASEY, C. A. *Glaucoma in the Young.*
8. MERRILL, G. V. R. *Typhoid Fever and Tetanus.*

2. Essentially the same article appeared in the *Journal of the American Medical Association*, Dec. 14, 1907, and was abstracted under that date.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.
JAN. 4, 1908.

1. WELCH, W. H. *Medicine and the University.*
2. SCHAMBERG, M. I. *Dentistry as a True Speciality of Medicine.*
3. REGISTER, H. C. *The Inter-Relationships of Medicine and Dentistry.*
4. MCMANUS, J. *Dental Education and the Public.*
5. *COGGESHALL, F., AND MACCOY, W. E. *Headache as a Symptom of Local Disorders.*
6. *MEWBORN, A. D. *Trichopathophobia.*
7. HILL, I. L. *The Frequency, Mortality and Treatment of Placenta Previa.*
8. *WILLIAMS, W. W. *The Effects of Hydrastis and Its Alkaloids on Blood Pressure.*
9. HATCHER, R. A. *The United States Pharmacopeia.*
10. FRIDENBERG, P. *Evacuation and Deflection of the Tympanic Cavity as Aids to Drainage in Acute Middle-Ear Suppuration.*

5. From a study of 1,700 cases of headache, the writers come to the following conclusions: (1) That a neuropathic diathesis is an essential condition of the occurrence of almost all chronic headaches. (2) That the great majority of cases have, in addition to a neuropathic diathesis, some source of local irritation to the nervous system, which often manifests itself in no other subjective symptom. (3) That a minority of the cases are suffering from anemia, or a toxic condition, which, as before, occurs in a person of neuropathic diathesis and may manifest itself in no other subjective symptom of importance. (4) That in some cases a local irritation of the nervous system is reinforced by a toxemia. The classical type of migraine is regarded as a headache, due to the presence of a local irritation practically invariably eyestrain, in an individual of markedly neuropathic diathesis, in which the immediate occurrence of the attacks may be due to the special irritability of the nervous system, caused by transient, but frequently recurring, conditions of toxemia, which in a less neurotic individual, or one who was not constantly subjected to the nervous wear and tear of eyestrain, would be incapable of producing any such effects. They have found relief of migraine in most cases by extremely painstaking correction of eyestrain. In the drug treatment of headaches, they speak enthusiastically of the systematic use of quinine sulphate, 2 gr., combined with nitrate of aconitin, 1-400 of a grain, every two hours, and of cannabis indica in $\frac{1}{8}$ to $\frac{1}{4}$ gr. doses of Hering's extract, three times a day. Of the coal tar analgesics they prefer antipyrin guarded with caffeine.

6. Trichopathophobia is defined as fear of disease of the hair, and includes cases of mental worry in regard to the hair, such as worry over loss of hair, or change in color, or excessive growth, etc. It very often has no actual founda-

tion, but is entirely a neuropathic condition. The treatment is directed entirely towards the nervous condition.

8. In contradiction to the clinical opinion concerning hydrastis, Williams found that hydrastis experimentally given to dogs, either by mouth or hypodermically, causes no change in the blood pressure, heart-rate or respiration. [R. I. L.]

THE LANCET.
JAN. 11, 1908.

1. *BOX, C. R. *Lecture on Certain Bacterial Infections of the Urinary Tract in Childhood.*
2. BRAND, A. T. *Remarks on the Infectivity of Cancer.*
3. *MACLEAN, H. *Anomalous Reactions Obtained in Testing Urine for Sugar with Fehling's Solution.*
4. RANSOME, A. *Ferments and Their Mode of Action.*
5. WARRINGTON, W. B., AND MONSARRAT, K. W. *A Case of Paraplegia Due to an Intramedullary Lesion and Treated with Some Success by the Removal of a Local Accumulation of Fluid.*
6. NIAS, J. B. *Further Observations on Salts of the Alkaline Earths which Affect the Coagulability of the Blood.*
7. SORABJI, ALICE M. *A Case of Echinococcus Disease.*
8. MAUDE, A. *Sudden and Complete Inversion of the Uterus; Its Probable Causation.*
9. FOX, R. H. *Blood Coagulability in the Puerperal State.*

1. Box writes on descending and ascending infections of the urinary tract in childhood. In descending infections, even in cases of typhoid fever, scarlet fever, measles and diphtheria, the infecting organism has been found to be the bacillus coli communis. A descending infection he defines as one carried to the kidney by the blood stream, and it is often termed hematogenous for this reason. He believes that infections of the urinary tract in childhood are due to an ascending infection much more often than is generally supposed. The actual track of an ascending urinary infection has been much discussed, and no definite conclusion arrived at. The lymphatic connection between the bladder and the kidney appears to be neither free nor direct; experimental injection is difficult and uncertain. He believes the ureter is rightly looked upon as the highway of infection. Here again the colon bacillus is the organism most often found. He discusses the clinical manifestations, prognosis and treatment of pyelitis and cystitis, and describes some cases in which the anti-bacillus-coli serum was tried with variable results.

3. MacLean gives a somewhat detailed article on anomalous reactions obtained in testing urine for sugar with Fehling's solution, which is largely in answer to criticisms of his ideas by Pavy. The writer believes that creatinin is responsible for the anomalous reaction in a great majority of cases, and presents his reasons for this belief. [J. B. H.]

THE PRACTITIONER.
JANUARY, 1908.

1. MOTT, F. W. *The Diagnosis of General Paralysis.*
2. *MACLEOD, J. M. H. *Lupus Erythematosus; Observations on its Etiology and Treatment.*
3. JENKINS, G. J. *Anatomy of the Urethra.*
4. EDMUNDS, A. *Causes and Varieties of Urethral Stricture.*
5. LETT, H. *Treatment of Stricture by Bougie.*
6. PARDOE, J. *Treatment of Acute Gonorrhoea.*
7. GIBBS, C. *Gleet: Some Points in its Diagnosis and Treatment.*
8. *KER, C. B. *Review of Recent Work on Epidemic Cerebro-Spinal Meningitis.*
9. BROCK, J. H. E. *The Arrest of Hemorrhage after Labor.*
10. TUBBY, A. H. *Orthopedic Surgery.*
11. YEARSLEY, M. *Subacute and Chronic Middle Ear Deafness.*
12. MAYOU, S. *Ophthalmia Neonatorum.*
13. ROSE, F. A. *Membranous Rhinitis.*

2. MacLeod in an article on lupus erythematosus describes the history of this somewhat rare condition, the work which has been done on it up to the present time, and the views which are held as to its etiology. He gives the arguments in favor of its being a tuberculous infection, but he believes that this evidence is at present far from complete, and that it is equally convincing to argue that

its connection with tuberculosis is a purely casual one. Some writers have stated that this disease is not a specific condition, but one which is brought about by a number of causes in a predisposed individual. The writer believes that there is a definite connection between lupus erythematosus and defective circulation, and that the disease is allied to other circulatory disorders, such as chilblains and Raynaud's disease. The condition is certainly connected with erythema multiforme. Treatment is constitutional and local. The latter is most important, and consists in protecting the skin from such harmful influences as cold, exposure to wind, etc. In treatment with light and rays of various kinds, the Finsen lamp has proved to be by far the most effective, and occasionally gives encouraging results.

8. Ker gives a careful résumé of the work which has been done on serum treatment of epidemic cerebrospinal meningitis, especially that of Wassermann, Weichselbaum and Flexner. He presents no original work. [J. B. H.]

THE EDINBURGH MEDICAL JOURNAL.

JANUARY, 1908.

1. JAMIESON, W. A. *Clinical Observations on Some of the Rarer Varieties of Vesicular and Bullous Affections of the Skin.*
2. GIBSON, G. A. *Some Lessons from the Study of Arterial Pressure.*
3. FOWLER, J. S. *The "Energy Quotient" in Infant Feeding.*
4. WATSON, C. *Chronic Arthritis; A Critical Résumé of Recent Views on the Pathology of Rheumatoid Arthritis, Osteo-Arthritis, Rheumatic Gout, Arthritis Deformans, Etc.*
5. DOUGLAS, C. E. *A Ten Years' Study of Cupar Water Supply (Claito Waterworks), with Special Reference to the Germ-Content Thereof.*
6. BARCROFT, D. M. *Some Clinical Accessories.*

DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT. No 48.

Nov. 28, 1907.

1. *GOLDSCHIEDER. *The Treatment of Apoplectic Attacks.*
2. *WASSERMANN, A. *A Review of Recent Work in Immunization.* (Concluded.)
3. *FRANKE, E. *The Ophthalmic-Reaction in Tuberculosis.*
4. EPPENSTEIN, H. *Acute Leukemia and Streptococcus Septicemia.*
5. LANG, H. *The Treatment of Strictures of the Urethra by Fibrolysin.*
6. *COHN, M. *Calcium, Phosphorus and Nitrogen in the Infant Brain.*
7. STREITZ. *A Case of Pneumococcus Peritonitis.*
8. *HARBITZ, F., AND SCHEEL, O. *Acute Poliomyelitis and Kindred Conditions.*
9. ENSLIN. *The Inheritance of Congenital Cataract.*
10. BARTH, E. *The Differential Diagnosis between Organic and Functional Aphonia.*
11. MENDELSON, G. *Two Cases of Poisoning with Nutmeg.*

1. Goldscheider insists on absolute quiet in cases of apoplexy. The patient must not make a movement or speak. His clothes should be cut off, and he should be placed in a cool room as near as possible to the place of seizure, with his head and chest slightly raised. Place an ice bag to the affected side of the head if there is any facial congestion. Nothing can be done if vomiting occurs, except to wipe out the mouth and keep the head and tongue forward. Mustard pastes, etc., are useless. Venesection is indicated where the diagnosis is certain and the full bounding pulse persists while the coma continues or grows worse. It is more effective when done early. He withdraws 200 to 300 ccm. of blood from the arm on the unparalyzed side. A small, weak, rapid pulse with pallor contra-indicates it. Collapse, convulsions, insomnia and headache are treated symptomatically, often with opiates. If there is complete unconsciousness, give nothing by mouth; if the blood pressure drops from inanition, so much the better. Feed with the stomach tube only when paralysis of the muscles of swallowing persists with complete consciousness. If coma continues, feed by the rectum. Straining at stool is dangerous, but cautiously

given enemas may be useful. The after-effects, contractures, etc., must be treated according to the situation and severity. If the hemiplegia develops gradually, as in arteriosclerotics, start the iodide at once; but if patients are unaccustomed to the drug, it is better to wait at least a week after the seizure.

2. Wassermann sums up the progress of work on immunity in the last few years, mentioning as among the results obtained the prophylactic inoculations against typhoid fever, the plague and cholera, the serum diagnosis of syphilis, the cutaneous and ocular reactions of tuberculosis, opsonins, and the use of antidysentery and anti-meningococcus curative sera. These have all proved of practical worth.

3. Franke gives the results of his tests with the ophthalmic-reaction in tuberculosis, and his experiences support those of others in that this test offers to the general practitioner a simple, accurate and certain aid to diagnosis, which is absolutely harmless to the patient.

6. Cohn concludes from his investigations that the increase in substance of the infant's brain during the first years of life consists of non-nitrogenous material. The total phosphorus diminishes slightly, while the organic phosphorus relatively increases. The calcium also decreases in amount. His analysis of the brains of two nursing infants, dying of tetany, did not sustain the conclusion that tetany in infants is due to anomalies in the calcium metabolism.

8. Harbitz and Scheel sum up their article with the conclusion that poliomyelitis is due to a specific virus. The organism producing this is present in the meninges, in the cerebrospinal fluid and probably in the brain substance itself. When the process is localized, we have no longer the picture of acute poliomyelitis, but incomplete forms, bulbar paralysis, meningo-encephalitis, etc. The transition into polyneuritis or epidemic cerebrospinal meningitis has never been observed.

[L. G. M.]

MÜNCHENER MEDIZINISCHE WOCHENSCHRIFT. No. 48.

Nov. 26, 1907.

1. ZWEIFEL. *The Treatment and Dangers of Placenta Previa.*
2. *RIEDEL. *Appendicitis in Children.*
3. FREUND, W. A. *Further Remarks on the Operative Treatment of Lung Tuberculosis and Emphysema.*
4. STIEDA, A. *The Surgical Treatment of Certain Cases of Emphysema of the Lungs.*
5. LEWIN, L. *Acute Fatal Poisoning by Benzol Vapor.*
6. HOFMEIER, M. *The Use of Zinc Chloride in Endometritis.*
7. REINKE, F. *Successful Transplantations of Tumors of the Lens in Salamanders.*
8. STEUDEL, H. *Review of Progress in the Chemical Physiology of the Nucleus.*
9. *GÖRNER, J. *Stumpf's Clay Treatment and Its Use in Meteorism and Diarrhea.*
10. STEIN, K. *The Treatment of Bubo and Epididymitis by Hyperemia.*
11. HAUN. *Narcosis with Warmed Chloroform.*
12. HAUN. *On Pubiotomy.*
13. PRAUSWITZ. *A New Sterilizer.*
14. MÜLLER, F. *Notes on American Travel.* (Continued article.)

2. Riedel reviews the results of operations on 1,222 adults and 310 children for appendicitis, with a mortality of 6.7% for adults and 16.4% for children. The reasons for the surprisingly large mortality in children are the carelessness of parents in noting symptoms of a serious nature in children, the difficulty of an accurate diagnosis and the greater severity of the disease in children. Small children are extraordinarily sensitive to infections of the appendix. There seems to be a more general knowledge of appendicitis among parents now than formerly.

9. Görner has tried the "clay broth" recommended by Stumpf in a large number of cases of acute enteritis and gastritis of fermentative origin with great success, vomiting and diarrhea usually ceasing after the first dose (100 gm. fuller's earth suspended in 200 ccm. water). After the second dose the cure was completed. In chronic diarrheas, as in tuberculosis of the bowel, cancer, etc., the

diarrhea and meteorism were easily controlled, though no action on the underlying process was to be expected. In the meteorism of typhoid it has also been beneficial. The author has several theories to explain the action of the drug, but none seems adequate.

[R. D.]

No. 49. DEC. 3, 1907.

1. *SCHMIDT, A. *Experience with Artificial Pneumothorax in Tuberculosis, Bronchiectasis and Aspiration Pneumonia.*
2. FORSTER, J. *The Minimal Amount of Albumin Needed by the Individual.*
3. FRIEDEMANN, U. *Passive Increased Susceptibility.*
4. DOLL. *Apoplexy of the Kidney Capsule.*
5. TÖBBIN, M. *Treatment of Epidemic Cerebrospinal Meningitis.*
6. HERRENKNECHT. *Three Thousand Ethyl Chlorid Narcoses.*
7. v. HERFF, O. *Childbed Fever.*
8. GÜNTHER. *The Appendix as Sole Contents of Hernial Sacs.*
9. THOREY, M. *Foreign Body in the Upper Jaw as a Cause of Chronic Inflammation of the Eye.*
10. MÜHLENKAMP. *An Interesting Case of Foreign Body in the Nose.*
11. GUNSETT, A. *A New Apparatus for Vibratory Massage of the Prostate.*
12. MÜLLER, F. *Remarks on American Travel.* (Concluded.)

1. Schmidt has tried the compression of cavities in the lung due to tuberculosis or other infection by means of artificial pneumothorax, as recommended by Forlanini, Brauer, Lexer and Murphy. In tuberculosis, Schmidt's success was only limited. He believes that in certain cases, if followed for years and with care, a real benefit may be expected. In bronchiectasis, even less success was attained. In three cases of pneumonia and bronchitis due to aspiration, recovery took place in all. Schmidt has injected air, oil or oxygen gas into the pleural cavity, each with success. The main object is to compress the diseased lung. No collapse symptoms have been noted. No pain is to be expected from this procedure unless there are pleural adhesions, when much pain will naturally ensue, which is to be controlled with morphine. Whatever means of compression is used must, of course, be administered under the strictest aseptic technic. Schmidt feels that this procedure promises well for the aspiration diseases of the lung, but that in tuberculosis it is too soon to speak definitely. In any event this method will be restricted to a limited group of cases.

[R. D.]

BERLINER KLINISCHE WOCHENSCHRIFT. No. 49.
DEC. 9, 1907.

1. *WESTPHAL, A. *Hysterical Pseudotetany with Peculiar Vasomotor Disturbances.*
2. *WEIL, E., AND BRAUN, H. *The Antibody in Lues, Tabes and General Parests.*
3. MOSSE, M. *Chronic Myeloid Leukemia.*
4. BUSCHKE, A., AND MULZER, P. *Further Observations on Skin Pigmentation Resulting from Light Treatment.*
5. CHAJES, B. *"Traumatic Epithelial Cysts."*
6. RHEINDORF. *Dysentery Caused by Ciliates.*
7. WARSCHAUER, E. *Thyroid Disease Following Iodine Intoxication.*
8. SKLAREK, B. *The Etiology of Mercurial Stomatitis and Its Treatment with Formamin.*
9. *HYMANS, H. M., AND DANIELS, L. P. *The Treatment of Tuberculosis with Marmorek's Serum.*
10. MARX, H. *The Ability of the Individual to Undergo Imprisonment.*

1. Westphal reports two cases, the first a woman forty-three years old, an epileptic, with frequent cramps in the arms and legs. The patient had also attacks of very marked circumscribed cyanosis and arterial anemia in the legs and feet, associated with absence of pulse in the dorsalis pedis artery. In the second case, an hysterical woman of forty-four, tonic spasms appeared periodically in

the upper extremities and in the muscles of the jaws. These attacks were always accompanied by coldness and cyanosis of the fingers.

2. Weil and Braun believe that the Wassermann-Bruck reaction in syphilis, tabes and general paralysis is not specific as regards antibodies and antigens. They claim that the antibodies which are recognizable by this method represent "auto-antibodies" formed against certain cell products. The recognition of antibodies in the cerebrospinal fluid of tabes or general paralysis does not prove, either directly or indirectly, a connection with syphilis, because the proof that these bodies originate in the central nervous system is not complete. It is much more probable that they originate in the blood stream. The authors consider the fact that these "auto-antibodies" appear in the body fluids in these diseases as a proof that a degeneration of cells and a tissue resorption is present. Whether these substances are of diagnostic importance or not remains to be seen.

9. Hymans and Daniels had poor results in using Marmorek's serum subcutaneously, but in twenty-one cases of phthisis and tuberculosis of bones and joints in which the serum was administered by the rectum, their success was excellent. Cases of severe phthisis were much benefited, while in "surgical tuberculosis," in nearly all cases, the serum caused complete healing. They consider the serum a specific for this class of cases. The earlier it is used, the better the results. Five cubic centimeters were injected daily into the rectum.

[R. D.]

REVUE DE CHIRURGIE.

JANUARY, 1908.

1. LECÈNE, P. *Adenomata and Cysts of the Parotid.*
2. *JONNESCO, T., AND GROSSMAN, J. *Contribution to the Study of Plastic Linitis.*
3. *CRANWELL, D. J. *Diagnosis and Treatment of Diaphragmatic Hernia (Chronic Form).*
4. *AMBIEL AND REGNAULT. *Note on Intrasaccular Omental Tumors.*
5. MATHIEU, P. *Non-neoplastic Constrictions of the Main Biliary Passages.* (To be continued.)

2. Plastic linitis is a disease so rare as to be little more than a curiosity. First described by Andral in 1840 as a sclerosis of the cellular submucous tissue of the stomach, it was given its present name by Brinton in 1870. There have been different theories as to its pathology, some believing it neoplastic, others chronic inflammatory. Jonnesco and Grossman report a case with the autopsy findings, characterized chiefly by dense connective-tissue thickening of the submucosa, upon which they base their opinion that it is an inflammatory process primary in the submucosa, but tending to spread with production of perigastritis and adhesions. Treatment is always surgical.

3. Chronic diaphragmatic hernia is extremely rare, and Cranwell's case apparently only the second of traumatic origin to be reported as correctly diagnosed and cured by operation. The symptoms are those of pain and discomfort from visceral displacement, as in other hernia, and of embarrassment of the thoracic organs from pressure. The physical signs vary with the size, position and contents of the hernia, but in general are such as would rationally represent the mechanical conditions. X-ray and inflation of the stomach and colon may be valuable aids in doubtful cases. The chief complications are adhesions and strangulation. The treatment is, therefore, surgical, and radical cure the elective operation. Thoracotomy is generally preferable to laparotomy since it favors replacement of the viscera and suture of the diaphragm.

4. Tumors of the omentum contained within a hernial sac are very rare. They may be tuberculous, cystic, angiomatous, sarcomatous, or fibrous; exact diagnosis is not always possible before operation. The writers report three cases from their own recent experience.

[R. M. G.]

DEUTSCHE ZEITSCHRIFT FÜR CHIRURGIE.

BAND 90. HEFT 1-3.

1. *WIETING. *The Value and Dangers of Ligation of the Carotid before Unilateral or Bilateral Resection of the Upper Jaw.*

