ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

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M E D I C I N E.

The Association of Erythema Nodosum and Tuberculosis. By O. H. Foerster, M.D. (The Journal of the American Medical Association, 10th October, 1914).—During the past few years numerous instances have been recorded of the association of erythema nodosum with tuberculosis, especially in children. It appears that in many instances an attack of erythema nodosum has been followed directly or within a short period by the development of an acute tuberculous process in the lymphatics, pleura, meninges, or other structures. As long ago as 1872 Uffelmann called attention to the grave significance frequently attached to erythema nodosum occurring in children of tuberculous ancestry. The question of the etiology of the disease, however, still awaits solution, and the views held by different authors differ widely. Foerster is of opinion that the close association of erythema nodosum with tuberculosis in the many cases recorded in the literature must be more than accidental. He records two cases, both following measles, in one of which cervical adenitis, possibly tuberculous, came on after the erythema, and in the other an eruption of tuberculides and an attack of tuberculous meningitis, which caused death within three weeks.

—Adam Patrick.

The Four Common Types of Heart Disease. By Richard C. Cabot, M.D. (The Journal of the American Medical Association, 24th October, 1914).—The writer is dissatisfied with the common classification of heart disease according to the lesion which is produced, and thinks that more account should be taken of the etiology of the condition. “Mitr al regurgitation,” he says, is almost as vague a phrase as “spinal paralysis” or “brain fever.” A similar criticism applies to all diagnoses of “myocarditis”—they call for an etiological qualification such as “tuberculous” or “syphilitic.” The question has a practical aspect, for prognosis depends on the cause as well as the nature of any lesion.

The writer has attempted a classification of 600 recent hospital cases in which failing heart was a prominent feature, and summarises his results. Ninety-three per cent of these 600 cases were found to group themselves into four classes—rheumatic, syphilitic, arterio-sclerotic, and nephritic. Five per cent could not be thus classified, and the remaining 2 per cent were “goitre” hearts. Of the
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278 rheumatic cases, 61 per cent were females and 39 per cent males. Sixty per cent of these rheumatic cases began before the twenty-second year. The typical rheumatic heart patient is therefore a young girl. Of the 74 syphilitic cases, 70 per cent were men and 30 per cent women. The typical syphilitic heart patient is a middle-aged man (average age 47), with aortic regurgitation and no rheumatic history. The 93 arterio-sclerotic patients averaged 59 years of age; the 117 glomerulo-nephritics averaged 36 years. The sexes were about equally represented in the two groups. Practically all the stenoses belonged to the rheumatic group.—ADAM PATRICK.

Pilocarpine in High Blood Pressure. By William Duffield Robinson, M.D. (New York Medical Journal, 7th November, 1914).—For the past several years, the writer says, he has used pilocarpine in practically all cases of hypertension of blood-vessels without marked cardiac hypertrophy, with very gratifying results in nearly all instances. Its use gives evidence of modifying the cause of hypertension. The starting dose for adults in fair condition is one-thirtieth of a grain in a glassful of water after meals. This occasionally has to be reduced still further, seldom increased, to secure a gradual decrease in blood-pressure amounting to about 30 to 40 mm. of mercury after four to six weeks’ administration. In one case an idiosyncrasy seemed to exist, so that the dose had to be reduced to one-hundredth of a grain, well diluted, after meals. The writer quotes Dr. Samuel West, who states it as his observation that “of all drugs for chronic renal disease, I think pilocarpine the most useful.”

—ADAM PATRICK.

OBSTETRICS AND GYNECOLOGY.

Hysterectomy for Concealed Accidental Hæmorrhage. Dr. Jellet (Dublin Jour. Med. Sc., November, 1914), at a meeting of the Royal Academy of Medicine in Ireland, showed a uterus which he had removed from a patient, aged 25 years, who was admitted to the Rotunda Hospital in May, 1914. This was her sixth pregnancy, and on the day of admission she had suffered from haemorrhage for which she had been plugged before being sent to hospital. Her pulse was 104 and she looked fairly well, so the plugs were removed; shortly after, however, some bleeding occurred, and the patient was most emphatic in asserting that the uterus had become larger. She was extremely anaemic and appeared unable to stand any loss of blood. As the diagnosis of concealed haemorrhage was established, the abdomen was opened and the uterus was removed; the uterus was thicker at the site of the haemorrhage than elsewhere; the patient did well.

In the discussion which followed Sir William Smyly, Dr. Sheill, and the President (Dr. Gibson) agreed that the treatment was correct, and that, in most cases at any rate, the haemorrhage could not be otherwise arrested; though Dr. Sheill pointed out that the condition of the uterine wall mentioned above disposed to the view that plugging might also have been satisfactory.—E. H. L. O.

The Serum Diagnosis of Pregnancy.—Jellinghaus and Losee contribute an article to the Bull. of Lying-in Hosp. of the City of New York, June, 1914, on Abderhalden’s reaction. They go into the details of the very