Finally, let me say a word with regard to treatment,—Where internal remedies fail, but only after a very extended trial, I am persuaded that paracentesis will prove useful. The safety as regards the ultimate result depends partly, however, upon the exclusion of air; I should therefore recommend the method of suction. The chief indication throughout is to improve the general health, and to attain this a variety of accessories may be employed.

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**Part Second.**

**REVIEWS.**

*Arsberättelse från Sabbatsbergs Sjukhus i Stockholm för 1887.*

Afgiven af Dr F. W. Warfvinge.

*Record of Practice in the Hospital of Sabbetsberg at Stockholm for 1887.* By Dr F. W. Warfvinge, Director and Superintendent of the Medical Department.

In this Hospital, which contains 340 beds, there were received in 1886, 3138 cases, of which 263 were remainders of the preceding year, and 2870 admitted during the year. Of these, 1653 were treated in the medical wards under Dr Warfvinge, while 1233 were in the surgical department under Dr Svensson, and 247 were in the gynaecological section under Professor Netzel. Of all these, 2441 were cured or relieved, 172 were dismissed as incurable; deaths, 251, or 8 per cent. The number of days of maintenance was 99,363. The daily expenditure for each patient was, average, 1 kron 47 öre (2 fr. 4 c.), of which 38½ öre (50 c.) for medicines; 8½ öre (11 c.) lights—electric 1:2 c., or 0:88 öre. After a summary account of the diseases treated in the three divisions, a short notice is given of over 1000 operations performed in the surgical wards, and 139 in the gynaecological.

Some special relations of cases are given by the medical men in charge of the Hospital. The first is a very interesting notice of fatal hæmorrhage from a mediastinal tumour, which appeared instantaneously at 3.30 P.M. in a delicate spinster of 43. At 7.30 the same day she came to the Hospital; could leave the carriage and walk up stairs into the receiving-room, breathless and cyanotic; fainted in going to the chamber, and though tracheotomy was performed and a canula introduced, she respired two or three times, then died ten minutes after her reception. The autopsy revealed a tumour of fresh extravasated blood extending under the clavicle and sternum to the pectoral cavity, where it stopped at the level of the arch of the aorta, compressing the great veins; no lesions in the
large pectoral vessels, but in the anterior mediastinum a tumour was found the size of an apple, of medullary consistence, with the anterior part lacerated by the haemorrhage. Compression of heart and large vessels was the probable cause of death.

Dr Ferman reports this case, which Dr E. G. Johnson follows up by an important paper, "Studier öfver löpet i menniskans mage under patologiska förhållanden,"—"Studies on the Rennet of the Stomach in Man under Pathological Conditions." The above-mentioned researches were commenced in the clinique of Professor Riegel at Giessen, and completed at Stockholm. On 24 patients researches were made as to the presence of the milk-coagulating ferment and the pathological and relative circumstances. Fourteen of these suffered from hyperacidity, complicated in 4 cases with moderate gastric dilatation; 1 of the latter peracidity was combined with hyper-secretions of the gastric juice, 1 case complicated with chlorosis, 3 of hyperacidity suffered from gastric ulcers. The author had occasion to examine 4 cases of hyperacidity without over-secretion of gastric juice or dilatation, 3 of which were chlorotic; 1 had catarrhal icterus. In 5 suffering from carcinoma, 4 had chronic dyspepsia more or less pronounced. The contents of the stomach were extracted either fasting or from four to six hours after a tentative meal. No difficulty was experienced in obtaining undiluted gastric juice in the majority of the cases. There appeared no diminution of coagulating powers of the gastric juice on milk from dilution. Experiments were made from 19°-5 C. to 36°-40° C. Coagulation effected, the serum was pressed out, examined for lactic acid; it took from four to fifty minutes, a little longer when the milk was boiled. Dr Johnson draws the following inferences from his researches:

1. Rennet is a permanent product of the granular secretions of the stomach, and is found in the gastric juice in all the stages of digestion, unless in cases of gastric carcinoma, in which the presence of the milk-coagulating ferment has never been ascertained.

2. When the stomach has been washed out on the previous evening, and the subject still fasting, the rennet is found in the hypersecretions of gastric juice all the same.

3. When hydrochloric acid is found in the hypersecretions of gastric juice, the greater or less amount of this acid appears to have no influence on the rapidity or fulness of the curdling produced by the rennet of the neutralized gastric juice.

4. Rennet does not pass into the urine.

5. It is easily destroyed by an excess of alkali, and it is probably hence that it does not pass into the faeces under normal circumstances.

6. In the course of fever it appears that the coagulating ferment may become defective in the contents of the stomach.

7. Rennet seems to cause a slower coagulation in boiled than in fresh milk.
8. In the coagulation of milk by the human rennet the reaction remains neutral. No lactic acid is found after coagulation.

This important and valuable communication is followed up by the researches by Dr G. D. Wilkens, entitled, "Bidrag till kännedomen om blodkropparnes hos friska ock sjuka,"—"On the Number and the Hæmoglobin of Blood Corpuscles in the Healthy and the Sick."

By means of the hæmatometer—an apparatus devised by Professor Fleischl of Vienna—the author has experimented on the intensity of the hæmoglobin in the blood of sound and sick men, and of the relations of the number and of the hæmoglobin of the blood corpuscles among the diseased. Of 642 healthy individuals, infants under 2 months had 100 per cent., and above that in ages from 12 to 62. After the latter age they again diminished. As the result of his observations, the author is in accord with the general opinion, that the point at which Professor Fleischl has fixed the normal number of 100 per cent. is too low for the inhabitants of Stockholm.

The different maladies in which the author has had occasion to examine the blood of the sick have been divided by him thus:

**Primary Anaemia**—Chlorosis, simple anæmia, progressive pernicious anæmia, purpura hæmorrhagica, leucæmia, pseudo-leucæmia.

**Secondary Anaemia**—Hæmorrhages, typhoid fever, acute croupous pneumonia, intoxications, acute articular rheumatism, pulmonary tuberculosis, cancer and sarcoma, organic cardiac lesion, diseases of the digestive organs.

As a rule, the author's results have been the same as those furnished by the excellent experiments of Laache, Engelsen, and Leichtenstein. In accordance with Laache, Dr Wilkens has discriminated simple primary anæmia from cases which were not to be classified as either chlorosis or pernicious progressive anæmia. In the latter malady he has found the lowest proportion per cent. of hæmoglobin, namely, 8 per cent., nine hours before death. In the same disease Dr Wilkens has found an increased quantity of hæmoglobin in relation to the number of the blood corpuscles and extraordinary size of these. Differing from Leichtenstein, his observations agree with Laache with regard to typhoid; the blood has betrayed an increasing anæmia, coming to its maximum after the cessation of the fever, then begins to diminish. One noticeable fact mentioned is that in 14 cases of hysteria and neuræsthenia, 12 presented a large amount of hæmoglobin.

The result of the various experiments is comprised in these propositions: The diseased organization does not present constant relations between the number and the intensity of the hæmoglobin of the blood corpuscles. Unless where progressive pernicious anæmia concerns a great amount, the one corresponds to a large quantity of the other, but a small quantity of hæmoglobin relates merely to a smaller or larger number.
Anæmia which, as a symptom of the blood diseases, unless chlorosis, consists in a diminution of the quantity of the hæmaglobine of the blood corpuscles; secondary anæmia and chlorosis are produced by a great and often unique diminution of the quantity of the former, and a minor diminution of the corpuscles, which often remain at the normal point.

This able paper is illustrated by numerous wood engravings in the first style of the art. The same author has also a case of chyluria, "Ett fall af chyluri," the subject of which was a Swedish workman of 25, who had never emigrated, whose urine was lactiform, with no other symptom. It contained fatty matters 0.76 to 0.36, and albumen 0.66 to 0.27. During two weeks' sojourn in the Hospital, if the patient kept his bed and micturated hourly, the urine became normal, but when he wrought, or after the bladder being filled at night, it became lactiform; there were no bacteria, and the blood presented nothing abnormal. Dr Wilkens inclines to believe that chyluria is a symptom of various maladies.

Drs Svensson and Wallis describe a case of duodenal ulceration, with obliteration of the choledochus, cystic hepatic ducts, and the canal of Wirsung. The patient submitted to an operation made with the view of opening a communication between the gall-bladder and the small intestine. The patient died some days after, and the autopsy revealed an ulcer situated at the common duct of the duct. chol. and the canal of Wirsung; at the bottom of this ulcer was a mass of laminated tissue that had closed these all up, showing that the object of the operation could not have been attained.

But previous to these two notices there is a longer communication by Dr Perman: "Contribution to the Operative Treatment of Hip-joint Ankylosis" ("Bidrag till den operativa behandlingen af höftledsankyllos"). The author relates two cases of osseous hip-joint ankylosis on which he operated, one bilateral, act. 40, who at 4 was attacked by acute diffusive osteomyelitis, resulting in bilateral osseous ankylosis, with considerable abduction of thighs and a right-angle stiffening of left knee. On 21st May 1887, Dr Perman operated on Volkmann's method, performing resection of right haunch, forming a new acetabulum, and rounding the superior extremity of the femur. Healed all but a small drain canal on the 29th May; for a month an extension bandage was used, as also massage and electricity. On 28th June 1887, the author operated on left haunch, forming a subtrochantero-osteotomy, and resection of left knee; gypsum plasters over the whole limb; the wound healed on the 7th July. At the end of October the patient left his bed with the plasters on, and began to walk with a pair of crutches like clothes-horses of his own devising, and by the beginning of January 1888 was able to go about unaided on two ordinary crutches. On the left side the patient required a slight bandage. The mobility of the articulation on the right side good; passive flexion to 90°, abductors to 40°, and active flexion to 30°.
The second case, a blacksmith of 28, was similarly treated on the 8th September 1887; dismissed cured on 14th December, and at the end of March 1888 he could walk without a stick and work all day at his forge. There is an extensive purview of cases of this operation which have been performed in Sweden and elsewhere, and of the various methods adopted he mentions his preference for cuneiform resection below the grand trochanter, and gives his reasons for it.

The concluding article is a paper by Dr Warfvinge on "Clinical Experiences of Acetphenitidine and Antifebrine" ("Om Acetfenitidin och Acetanilid"). As a rule, this first medicine has been administered in 59 cases as long as fever lasted, most frequently in half-gramme doses once or twice a day, which dose has acted decidedly febrifugie, but not without disagreeable secondary effects. Temperature was lowered with moderate rapidity, attaining its average in three hours, its minimum in two. In one-half of the cases there was considerable perspiration, in the other half little or none. Only for about an hour did the temperature remain at its lowest point, followed by an increase for the same time, frequently accompanied by rigors, well marked in at least one-third of the cases, but neither collapse nor cyanosis. A roseoloid eruption was once noticed.

The antifebrile effect of this remedy was equally shown in typhoid, erysipelas, pneumonia, and phthisis. In acute articular rheumatism it acted very much inferior to salicylic acid, but equal to antipyrin and antifebrin; in mild cases it caused to disappear in a few days, not only the fever, but the pain and swelling of joints. It exercised a calmative effect on the irritated nervous system. Dr Warfvinge made use of acetanilid (antifebrin) in 187 cases in the Hospital of Sabbatsberg of various maladies with and without fever; it manifested a considerable energy in lowering temperature even in small doses from $\frac{1}{2}$ to $\frac{1}{4}$ gramme, which frequently sufficed to diminish the temperature 2° in some hours. He treated continuously 41 cases of typhoid, and can state that, when a dose was given sufficiently strong to lower the temperature to normal, the effect remained from seven to eight hours. After being lowered three hours, it remained from one and a half to two hours at its lowest point; only in one-seventh of the cases was there a rigor at the re-elevation of the temperature. The dose of $\frac{1}{4}$ gramme on a pretty sharp case of fever requires to be renewed from two to four or six hours a day. In erysipelas and phthisis the drug exercises a relatively strong influence, but still more in pneumonia. In 58 cases of acute rheumatism, while inferior to salicylic acid, it nevertheless exercised a curative effect; but in chronic rheumatism it was inert.

It displayed equal power with antipyrine in neuralgias and other painful affections, which, if it did not always cause them to entirely disappear, diminished their intensity invariably.

With nearly equal claims to confidence as a febrifuge, they are
both marked by absence of disagreeable secondary effects; while antifebrine is preferable as regards force and moderation of doses.

This nicely-printed little volume is illustrated by a well-executed view of the Sabbatsbergs Sjukhus—seven separated buildings, offices, and a long corridor connecting the four posterior pavilions. The structure appears to combine every modern improvement and amenity; while the report of its year's history gives us the highest opinion of the capacity, energy, and devotion of its medical officers and administrators.

**Congrès Français de Chirurgie. 3\° Session. Paris, 1888. Procès Verbaux. Mémoires et Discussions.** Publiés sous la direction de M. le Dr S. Pozzi, Secrétaire Général. 8vo, pp. 663. Paris: Félix Alcan: 1888.

We have in this volume a collection of valuable surgical papers, representing the work of the French Congress which was held in March 1888. The system of prescribing certain subjects for discussion, and having a number of papers read on each of these subjects, has been carried out with obvious advantage. The four subjects selected were as follow:—

1. The treatment to be adopted in gun-shot wounds of the abdominal, thoracic, and cranial cavities (exploration, extraction, and various operations).
2. Chronic suppurations of the pleura and their treatment (Letrésant's and Estlander's operations): indications, contraindications, and final results.
3. On the value of radical cure of hernia, from the point of view of permanent cure.
4. On the return of new growths after removal; researches into the causes of prophylaxis.

In addition to numerous papers on each of these subjects, there are a large number of important papers on many questions of surgical interest, which will well repay perusal. We can cordially recommend this volume as a valuable work of reference.

**L'Enseignement et l'organisation de l'art Dentaire aux États-Unis:** Rapport adressé à Monsieur le Ministre de l'Instruction publique. Par le Dr Kuhn. Paris: 1888.

What occasion there was for a disquisition of some 300 pages being compiled upon the subjects of this volume at the present day it is difficult to imagine. The arguments in support of insisting upon dentists being, like other specialists, also medically qualified, or on the other hand, of excusing them from such requirements, are already threadbare. No one would ever think of denying that in the present position of dental practitioners there is an amount of handi-