

should undertake a systematic search for evidence of mesenteric glandular caseation. If macroscopic evidence of such caseation were forthcoming in even a moderate proportion of the cases so examined, the inference of its universality, and of its real responsibility for the peritoneal lesions, would be more than justifiable. We know from the researches of Dr. Rosenberger that the mesenteric glands are quite commonly inhabited by living and virulent tubercle bacilli even when they preserve the appearance of normal health; we have seen also the difficulties in the way of accepting a circulatory origin for the multitudinous focal infections of this disease, and the assumption is legitimate that, if in a certain number caseation of the mesenteric glands is demonstrable by the unaided eye, in the remainder such caseation is present though latent. When it is remembered that a small caseous focus may contain a vast number of virulent tubercle bacilli, it is not hard to credit that the rupture of such a focus into the peritoneal cavity, while it escapes notice, is none the less a possible source of sufficient bacilli to produce the high numerical count of isolated lesions common to the disease.

<sup>1</sup> Amer. Jour. of Med. Sciences, July 1905.

#### ENLARGEMENT OF THE LIVER IN DIPHThERIA.

HEPATIC enlargement in diphtheria has been noticed chiefly in connection with the morbid anatomy of the disease. Dr. Rolleston,<sup>1</sup> however, believes that it is a sign of some clinical and prognostic importance, and that more attention should be directed to it at the bedside. He studied 310 cases of diphtheria with special reference to enlargement of the liver, and he found appreciable increase in size of this organ in 36 cases, or 11.6 per cent. All of these cases were classed as "very severe," or "severe," and the sign was observed in 70.5 of all cases which were considered severe. The prognostic significance of hepatomegaly is indicated by the fact that the mortality among the cases in which the liver was enlarged was 44.4 per cent., while of the total 310 cases only 7.7 per cent. ended fatally.

The two principal complications of diphtheria, albuminuria and paralysis, were more frequent in those cases in which enlargement of the liver occurred than in other cases. Thus albuminuria was present in all the thirty-six instances of hepatomegaly and in fifteen the albumen was abundant and persistent, and 75 per cent. of the survivors suffered from post-diphtheritic paralysis.

The actual enlargement is due, Dr. Rolleston says, to vascular engorgement associated with the failing heart and, to a lesser extent, to fatty changes in the liver cells. The onset of hepatomegaly is most frequent between the fifth and eleventh days of the disease. The sign may be accepted as an alarm signal by its occasionally preceding the physical signs of cardiac paralysis. It also serves to confirm the gravity of other symptoms, which, taken by themselves, are of less value. This particularly applies to cardiac vomiting, which not unfrequently precedes the physical signs denoting its true nature. Enlargement of the liver, even with an apparently

normal heart, when associated with vomiting is, therefore, of very grave prognosis, and is often a prelude to fatal cardiac paralysis. In conclusion, Dr. Rolleston says that determination of the size of the liver should form as essential a part in the routine examination of the patient in all severe cases of diphtheria during the first three weeks of the disease as the investigation of the condition of the heart and pulse.

<sup>1</sup> Metropolitan Asylums Board's Annual Report, 1904.

#### AN EXAMPLE OF FAMILY TABES DORSALIS.

DR. E. F. TREVELYAN<sup>1</sup> relates the following family record:—A man who married when aged 22 years showed early symptoms of tabes eleven years later, and subsequently became markedly ataxic; he died aged 58. His wife, who was 19 when she married, developed tabetic symptoms at 29 years and, later, suffered from attacks of vomiting and bladder symptoms with arthropathy of each knee-joint; at the present date the disease appears to be stationary. The eldest daughter, now aged 43 years, complained of pains and occasional double vision when 36, and since has manifested such characteristic symptoms as loss of the knee- and heel-jerks, Argyll-Robertson pupils, girdle sensation, and zone-anæsthesia of the trunk. There was no satisfactory evidence of past syphilis in the parents, but such a conclusion is indicated both by the occurrence of tabes and by the family history in the second generation. The daughter married and had five pregnancies; there was no reason to believe that either she or her husband suffered from acquired syphilis.

Conjugal tabes has been recorded on many occasions. Usually the disease begins in the husband and the wife develops symptoms some years later. Tabes in husband, wife, and offspring is extremely exceptional. Cases of tabes in one parent and in the offspring are comparatively numerous. Dr. Trevelyan gives a very full bibliography bearing on all these questions, and many of the records quoted are of great value. The article should be consulted by all who are interested in the subject.

<sup>1</sup> Lancet, Sept. 9, 1905.

#### PREMATURE BALDNESS.

AN anonymous correspondent, writing to the *Lancet*,<sup>1</sup> advises the following procedure in cases of premature baldness: The hair to be kept short and the head to be washed every morning with a pint of warm water containing one drachm of izal and applied without soap and by means of a soft sponge; after the hair has dried there must be well rubbed into the scalp a pomade consisting of boric acid ointment, salicylic acid ointment, and lanoline. Then the scalp is rubbed with a soft towel until all greasiness is removed.

<sup>1</sup> Aug. 26, 1905.

#### TURPENTINE IN RENAL HYDATIDS.

DR. E. MACKAY relates the case of a patient, a man aged 60, who for a period of 15 years had suffered from attacks of colic associated with the passage of hydatids in the urine. On examination