

three feet high, on which the table is balanced on a pinion, like a pair of scales, so that the head can be raised or lowered with the slightest pressure. Two iron bolts fasten the top of the table to the legs, and are provided with thumb-screws, which can be tightened up in a moment. The table is prevented from teetering by means of two folding bars fastened at one end to the head of the table, the other end passing through a notch in legs, where they are fixed in any position by steel pins passing through them. The legs are stayed with folding bars, one end being provided with a slot which passes over a screw head in the leg opposite to the one to which it is attached. As to strength, the table had been several times tested with persons weighing over 200 lbs. lying upon it. As to lightness, it weighs altogether only 30 lbs. It folds up so small that it may be easily carried in the hand or under the arm. It is provided with a strap of broad webbing which not only serves to bind the legs and the table together when being carried, but also to fasten the patient securely to the table. The greatest claim to originality is the *low cost*. Cleveland, Edebohls, Trendelenburg and Förster have each invented tables, but they are not only too heavy and bulky to be portable, being made of iron, but they are exceedingly expensive, costing from \$35 to \$150. With this description and the accompanying engravings any carpenter can make the table for about \$10. Therefore its cheapness is as valuable a quality as its comparatively great strength and portability.

Friedreich's Disease.—Dr. Schmidt regretted that he had not been able to obtain permission to bring the patient, an inmate of St. Bridget's Home, before the Society, but gave the following history of case:—The patient, a girl of 21, suffers from a train of nervous symptoms. Her mother died fourteen years ago, having been paralyzed for some time; father died three years ago of influenza; one sister is affected in the same way as the patient, and is at present confined to bed; a female cousin cannot walk, and has clonic contractions of the face and hands; and one brother died of consumption. She first noticed difficulty in walking nine years ago. She now walks with great difficulty, the gait being very ataxic, feet wide apart; the whole foot touches the ground at the same time. She looks continually on the ground, the body being bent forwards. Movement of the hands and arms also ataxic. Speech is scanning and is difficult to understand. Tremulous movements of the tongue when protruded. Slight nystagmus, but no other eye symptom discovered; pupils dilated. She can stand alone with the eyes closed, though vacillating; Sensibility of the skin unaffected. Sometimes has pains in the hands, but pain along the spine, is almost constant. There is a slight left lateral curvature of the dorsal region of the spine, the hollow of the

lumbar region almost obliterated. There is loss of patellar tendon reflex; no ankle clonus. She sleeps well and her mental condition is good.

Progress of Science.

DYSENTERY; ITS ETIOLOGY AND TREATMENT.

By J. P. Lapsley, M. D.

At the earliest periods we find dysentery was one of the most common diseases, well known both to physicians and the laity, although, as we think now, very absurd ideas were entertained as to its etiology. Herodotus first called the disease dysentery in an account of an epidemic in the Persian army as they were marching through the deserts of Thessaly. It is evident from his definition of the name that he knew the same disease we now call dysentery, although numerous other diseases were called under the same name at that time.

Etiology. The etiology of dysentery has been from time immemorial a subject of discussion and disagreement between members of the profession, and even to this day a diversity of opinion exists among authorities, but it is the almost universal opinion of those with best opportunities of observation that epidemic dysentery is due to a specific cause, a miasm which emanates from the soil; but the precise nature of the morbid agent is still unknown. More difficulty is encountered in the study of micro-organisms in diseases of the intestinal tract than in any other set of diseases, because of the great numbers of micro-organisms found in the intestines in health, since decomposition, and fermentation begin in the large intestines forming the bacteria and torulæ producing these processes. It is a well-known fact that a large portion of the human feces is composed of micrococci, bacteria, and torulæ, and in dysentery, although the two former are not increased in numbers yet the torulæ are much more numerous than in health. Although the exact nature of the germ has not yet been discovered, it is a settled fact that dysentery can not be had without the presence of a specific germ, by whatever name it may in the future be called.

The numerous other factors in the etiology of the disease may be explained as influencing and producing the germ and thereby causing diseases. Dysentery may then be classed with typhoid fever as a specific and miasmatic contagious disease, due to a germ not yet isolated and possessing remarkable tenacity of life, as cases are on record where the disease has been contracted from privies and vaults being closed ten or more years after dysenteric stools have been emptied into them. Epidemics of dysentery almost always prevail in the hot seasons