

with urine, and the collodion was removed without difficulty.

LEUKÆMIA.—Weber (*St. Petersburger Med. Woch.—Brit. Med. Jour.*) gives an analysis of some twenty-eight cases of this disease. He divides them after Virchow, into (1) the lienal form, where the white cells are large, the nuclei being small; (2) the lymphatic form, where the white cells are small and the nuclei large; and (3) the mixed form. Twelve of these 28 cases belonged to the first group, four to the second, and twelve to the third. The spleen was enlarged in all the cases. The splenic tumor was smooth, and where the increase in size had been rapid there was evidence of local peritonitis. In ten cases there was considerable enlargement of the liver, but this was not uniform, as is readily explained by the morbid anatomy. In ten cases there was polyadenitis, whereas in four cases the mesenteric glands were alone enlarged, in four the cervical and thymus, in two the mammary glands, and in two the axillary glands. In these last four cases there was suppuration in the glands. In the case of the mammary glands the suppuration began in small foci in the periphery. When the glands were involved, the lymphatic form of the disease predominated. The author's table would show that the disease may occur at all ages. Four of his cases occurred in the first year of life, and three in the seventh decade. It was most frequent between the ages of 15 and 25. The author lays stress on psychical influences as a cause. He then relates in detail two cases, one of which is remarkable, as the patient seems to have recovered. In this case the spleen and many of the glands were involved.

INEQUALITY OF PUPILS IN EPILEPTICS.—Unequal size of the pupils (anisocoria) has long been recognized as occurring in some cases of epilepsy, and has been supposed to have some diagnostic value when the nocturnal form of epilepsy is suspected to exist. Browning (*Jour. of Nerv. and Ment. Dis.—Brit. Med. Jour.*) found unequal pupils in 16 out of 150 cases of epilepsy. He distinguishes three types of the affection: (1) cases in which the inequality is great; (2) slight but fairly constant difference in size; (3) latent anisocoria—that is, inequality only distinct on faint illumination. Three of his

cases were of the first type; two of these were syphilitic; the third was traumatic epilepsy, hence the anisocoria was regarded as being a local symptom. In the ten cases belonging to class 2, the constancy of the condition is opposed to the supposition that it was a parietic symptom due to post-discharge exhaustion. Browning observed latent anisocoria first and more frequently in non-epileptics; he suggests that it indicates disproportionate innervation of the iris by the sympathetic, which only becomes manifested when the action of the oculo-motor is relatively or wholly suspended.

TREATMENT OF THE TYMPANITES IN TYPHOID FEVER.—E. T. Nealey M.D., in the *University Med. Mag.*, says: I have always considered tympanites as a dangerous element in typhoid fever; for I have seen several patients die apparently from the distention due to the accumulated gases, a condition which I was unable to relieve satisfactorily. The bowels often fill up with alarming rapidity, this being probably the cause of perforation in many cases.

I saw a case in consultation last year, which was undoubtedly intelligently treated. The distention was in the extreme. So far as I was able to determine the case was uncomplicated with perforation, and it seemed as though the man would live if relieved of the accumulation of gas. All of the usual methods had been applied—injections, aspiration and rectal intubation—but with negative results.

A similar case occurred in my own practice during the last year. A boy, nine years of age, during the third week of fever, suddenly developed an alarming tympanites. The abdomen was fearfully distended, lower part of chest wall was widely forced out, stomach collapsed and unable to retain drugs, food or stimulants. Respiration was labored and rapid. This was a case that I had been holding up under heroic doses of stimulants, and without them he began to sink rapidly. I considered the end certain and close, unless relieved of this condition. I tried all of the usual methods without giving the needed relief. I then used the injection which I commonly use in abdominal section: one ounce of salts, two ounces of glycerin, three ounces of warm water and thirty drops of turpentine. In thirty minutes the child began