

suggestion because, in all my reading upon the subject, I have never met with a similar observation; hence I am glad of this opportunity to place it on record. Inserting the bulb of the thermometer into the left ear, the animal bent his body laterally in the opposite direction, and for a moment seemed to have a tonic spasm, clearly proving that the power of reflex action still remained.

Having thoroughly satisfied myself that the animal had hydrophobia, I caused my attendant to pass a collar around the dog's neck and fasten thereto a chain. The collar was of leather, one inch and five-eighths wide by one sixteenth of an inch in thickness, and provided with a large stout buckle. The chain was the ordinary one "sold in our shops." During the operation of ligating the neck, and in order to prevent my attendant from being bitten, I engaged the dog's attention by a to-and-fro motion of my leg, thus increasing his hold. This I have found, by an experience in one hundred and fifty-two similar cases, to be very effectual, provided the animal's teeth have not already entered the flesh.

After being conducted to the kennel and secured, the attendant had a narrow escape. While in the stooping posture, pouring some water from a pail into a smaller vessel, the dog leaped and snapped at his buttocks, and just missed the skin. By a timely jump, no other injury than a loss of a portion of the pants was suffered. Immediately on being released the attendant gave the dog a smart kick in the perineum, when the animal uttered a short yelp, retired to the corner, and had an abundant evacuation from the bowels, at the same time urinating freely. This may have only been a coincidence, but I refer to the circumstances to show that the sphincters were in good condition, and that the posterior extremities were not paralyzed.

I may state, in passing, that this animal was kept under constant observation, as are all my other dog patients, night and day, each watcher being relieved every two hours. The enclosure is abundantly shaded by trees, each kennel is supplied with a curled hair mattress, a urinal, earth-closet, and a special drain for subsoil moisture. Besides this, each patient is regularly supplied with ice-water, by direction of the Society for the Prevention of Cruelty to Animals. I mention these facts to show the facilities I have for treating these cases.

Well, to make a long story short, the patient met a violent death by attempting to climb over his kennel, with a short chain, and falling on the wrong side.

Before proceeding further, I may state that the portions of pants that were lacerated by the dog's teeth were carefully cut out for purposes of analysis. I shall confine myself to a description of that portion removed from my own person. Examined with the naked eye, there were six distinct perforations by the animal's teeth, and one tear an inch long, slightly smeared with saliva. No blood visible. Examined under the microscope, the damp portions of the cloth were found to consist of a glairy mucus with a mixture of salivary corpuscles, which were mostly congregated around the perfora-

tions. Besides this, there were numerous granules, spindle-shaped cells, fibres, oil globules (high refraction power with a short focus), the whole mixed in a confused stroma of woollen fibre. Except for the oil globules and granules, the microscopic examination was negative. The fabric being treated with dilute acetic acid, gave rise to effervescence, due to the accidental presence of some whitewash. A drop of concentrated sulphuric acid gave rise to a momentarily brilliant red stain, followed by a marked and immediate loss of substance. Except for the character of the stain the same may be said for nitric acid tried in a similar manner. Examined again under the microscope with a high power, oil globules and granules still existed in great quantity with broken-down woollen tissue. With the view of obtaining some extractive matter, the fabric was then digested in a retort heated to redness. The cloth quickly curled upon itself, became crisp, and gave forth a characteristic odor of burnt wool. Nothing but ashes left in the retort. (This I intend to send to a young medical student, a friend of mind, who is taking a practical course in a laboratory.)

Now we shall proceed to the most interesting part of the autopsy. Cadaveric rigidity marked. Froth oozing from the mouth; abdomen tympanitic; eyes congested; mark of cord around the neck; marked turgidity of vessels of the hemispheres and effusion in the arachnoid. Aside from the ordinary lesions of suffocation, I noticed a punctate injection in the left optic thalamus, an embolus in the middle meningeal artery, a thrombosis of the left lateral sinus, and a small clot quietly undergoing fatty degeneration in the left lateral ventricle. At the point where the spinal cord was separated at the autopsy, there was a marked laceration. The corpus striatum was intact.

The larynx was filled with mucus, which I intend to analyze and report upon. The brain of the animal was at once placed on ice, to prepare it for microscopic examination.

PINE RIDGE, ON THE HUDSON.

CARDIAC DILATATION.

By ALFRED L. LOOMIS, M.D., PROFESSOR OF PRACTICAL MEDICINE AND PATHOLOGY IN THE MEDICAL DEPARTMENT OF NEW YORK UNIVERSITY.

(Phonographically reported for THE MEDICAL RECORD.)

GENTLEMEN:—To-day I will invite your attention to the subject of cardiac dilatation, which in its causation and anatomical changes is closely allied to cardiac hypertrophy, the subject of our last lecture.

By the term *cardiac dilatation*, you may understand a condition of the heart in which there is an increase in the capacity of its cavities; but the contractile power of the organ is diminished.

There are three recognized forms or stages of *cardiac dilatation*.

First:—*Simple cardiac dilatation*, in which the capacity of the heart cavities is increased without any marked change in the cardiac walls. Such a condition is apt to occur in connection with con-