

group are among our most useful remedies. This opinion I have often heard expressed also by physicians practicing in Carlsbad, Kissingen, Homburg and other European resorts where the waters are of this type.

I have used the French Lick waters in all of the cases here reported and, after making due allowance for such favorable extraneous influences as resorts of this character afford, I am confident that much benefit has been obtained from their use.

I have not, however, even in the cases in which constipation was most obstinate, prescribed the water in large quantities nor have I relied wholly on the drinking of the water but have employed it locally as well. The greatest benefit to be derived from its use is, I believe, in its influence on secretion, and for this purpose large quantities are not advisable. Warm enemata of olive oil are often of the greatest service in the cure of the attendant constipation. Tonic baths, conjoined with local and general massage, have been largely used both for their effect on the circulation and the relief of intestinal atony. Warm fomentations over the abdomen are very grateful if there is much pain or tenderness.

The indications for abdominal massage are much the same as for the coarser forms of diet. It should never be employed when it produces pain. In many cases I have found that vibratory massage acted even better than when manually performed.

Exercises, particularly such as bring into use the abdominal muscles, are most beneficial in promoting peristalsis, and in fact outdoor exercises generally, provided they are not carried to the point of undue fatigue, serve an excellent purpose. The greater the diversion and interest they afford, the better will be the results obtained.

There are few conditions in which the psychical element enters more largely into causation than it does in colitis, and we are justified, I think, in availing ourselves of the same influence in treatment; in some cases its importance is to be placed before that of any other measure. Optimism on the part of the physician and his ability to obtain the confidence of the patient count for much in the relief of mental depression, a common feature of these cases, and like influences are to be obtained from change of scene and cheerful surroundings.

SURGICAL TREATMENT

As regards the operations of appendicostomy and cecostomy recently exploited with some enthusiasm by certain surgeons in the treatment of colitis, chronic constipation and other intestinal conditions hitherto regarded as within the scope of medical art, I can only say that I believe it is possible to reach any part of the colon by lavage through the rectum and the advantages to be gained in providing an artificial opening through which to apply local treatments are more than offset by the depressing effect of the operation and the presence of a fistulous tract which must later be closed. As Richardson has recently observed:

Operations on the neurasthenic return nothing to the patient. Her last state is worse than her first and is often pitiable. The best rule is to forbid surgery until every medical and palliative measure has proved useless.

PROGNOSIS

The prognosis is, as a rule, favorable, although improvement is often tedious. It is impossible to give any statistical data on this point regarding the cases here referred to, as most of them have been lost sight of

after leaving the springs. The immediate results have been most gratifying, and in a large proportion of those cases in which I have been able to follow the subsequent history, the improvement has been of a more or less permanent character. A considerable number have been cured.

A CASE OF EXTENSIVE LEUKEMIC INFILTRATION OF THE MAMMARY GLAND AND SKIN*

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This case is reported because it exhibits some rare features, as lymphatic infiltration of the lips, nose and pinna, and a most remarkable involvement of the mammary glands, which I have been unable to find described in the literature.

History.—Mrs. S., Austrian, aged 47, came to the Rush medical clinic complaining of shortness of breath, hoarseness, swollen lips and nose, and pain on swallowing. There was nothing of any moment in the family history. The patient had always enjoyed good health, and had had four children; no miscarriages. Her teeth, however, had been in a bad condition for years without receiving proper care. Her present trouble began about nine months before she came to the clinic with redness and itching of the nose, which was soon followed by swelling of the nose and lips. During this time she had been treated by various physicians for "cold" and eczema, and in the course of the treatment all her teeth were extracted.

Examination.—The patient was a medium-sized woman, fairly well nourished, skin clear; there was no jaundice or abnormal pigmentation. The lower eyelids were edematous; the pupils reacted to light and accommodation, and were rather contracted; the eye muscles worked well. The retina showed spots of a grayish exudate; the margins of both disks were somewhat indistinct and striated on the nasal side, but the sight was not appreciably impaired. There was no exophthalmos.

The nose appeared symmetrically enlarged, reddish in color, firm and indurated on palpation. Breathing through the nose with mouth closed was difficult and brought out a marked stridor.

The lips were considerably swollen, the upper somewhat more than the lower one; the mucosa was tense and shiny, the tissue hard and indurated. The patient complained frequently of a severe burning and itching sensation of the lips and to a less degree of the nose. The oral cavity was without teeth; the gum margins were ulcerated and bleeding, the palate was abnormally arched, and posteriorly there was a diffuse swelling which extended on both sides into the pharynx. Tonsils, palate and postpharyngeal wall, all seemed involved in this swelling. The voice was very hoarse or whispering. The dyspnea was at times associated with distinct stridor and marked inspiratory descent of the trachea. Periodically there appeared a violent, brassy cough.

The pinna of the right ear was enlarged to almost double its normal size and was of a reddish color, the tissue being firm and infiltrated. The left pinna was normal. Both drums were retracted and opaque in color. The hearing power was not diminished to an appreciable extent.

All superficial lymph-glands of the body were enlarged to a various extent. The least enlargement was in the glands of the neck, especially in those of the posterior triangle, although even these were easily palpable. There was no fusion of the glands and no fixation of the overlying skin. The largest superficial glands were those of the axilla.

The mammae appeared symmetrically enlarged, firm and infiltrated. The glands were somewhat movable; the skin over them was tense, shiny, but not fixed; the nipples were not

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