

- 10 Importance of Removing the Uterus in Certain Diseased Conditions of the Ovaries and Fallopian Tubes. J. M. M. Kerr.
- 11 The Association of Duodenal Ulcer with Disease of the Appendix. H. J. Paterson.
- 12 *Treatment of Disseminated Sclerosis. E. F. Buzzard.
- 13 Torsion of the Left Broad Ligament and Fallopian Tube in a Child. M. A. Cassidy.
- 14 Massive Infarction of the Renal Cortex. J. A. Torrens.

6. **Influence of Parental Alcoholism.**—The theory discussed by Hyslop briefly stated is: Does parental alcoholism (of a pernicious kind)—apart from parental degeneracy, which, together with a tendency to alcoholism, is heritable—influence the physique and ability of offspring? He says that the association—in contra-distinction to causation—of alcoholism and degeneration in the parent is insufficiently understood, and the difficulty in distinguishing between cause and effect, both in the parent and offspring, is so great that the decision frequently must be mere guesswork. The present problem requires that parental alcoholism shall precede conception or the birth of the child; whereas, in the transmission of a psychoneurosis by direct heredity, the parental alcoholic tendency may be latent, and not come into evidence until after the birth of the child. This necessitates complete differentiation between the two series. Alcoholism would appear to be responsible for a relatively greater number of births than would health or degeneracy without alcoholism, and there appears to be some evidence derived from experiments on animals treated by alcohol that their young, although in greater number, were much weaker. Epilepsy, some forms of insanity, defective inhibition and mental enfeeblement, deaf-mutism and stunted growth, although instances of what has been aptly termed the "general controlling determinant," and transmitted by direct heredity, are apt to be not only intensified in the offspring, but make their appearance at a relatively earlier age, when parental alcoholism has been an additional factor. Parental alcoholism appears to accentuate the downward trend of inherited psychoneurosis, and with each successive generation the period of exemption from alcoholism and degeneracy becomes shortened, so that the offspring become alcoholic or degenerate at relatively earlier ages. Alcohol would in this way act as a complementary factor to parental degeneracy, and aid in the devolution of the stock. The inheritance of psychoneurosis (which would tend to diminish in severity with each successive generation, and with the introduction of new correcting influences through marriage) becomes intensified and prolonged when alcoholism becomes a complicating factor. In this way, the psychoneurosis is kept alight through a greater number of generations.

8. **Subtotal Hysterectomy for Fibromyoma Uteri.**—To the sixty cases previously reported, Doran adds forty—making a total of 100 cases. In forty cases, or 40 per cent., both ovaries were removed, and the menopause was neither immediate, nor complete in four; in three out of four the amputation was above the os internum. In thirty-nine cases, or 39 per cent., one ovary was saved, and the menopause was neither immediate nor complete in twenty-one; in eighteen out of the twenty-one the amputation was above the os internum. In twenty-one cases, or 21 per cent., both ovaries were saved. The menopause was neither immediate nor complete in eight; in seven, possibly all, of the eight the amputation was above the os internum.

9. **Gangrene in Diphtheria.**—Nine cases of gangrene of parts distant to the disease, such as a limb, following diphtheria, were found by Ransome and Corner recorded in the literature. The gangrene in these cases was connected with a definite vascular lesion. In seven cases the lesion was a definite embolism; in one it is termed Raynaud's disease, and in two the origin is obscure. In no less than six out of the nine cases the leg was affected; in one there were, in addition, widespread gangrenous lesions. In two other cases there was a widespread necrotic affection. Thus it would appear that in six out of the nine cases the gangrene was due to a vascular lesion, and that in two it was due to a vascular lesion with the addition of an infective or septic character in the embolus. In only one case, that here recorded, was the diphtheria treated with antitoxin. The majority of the patients were children. The origin of these emboli seems to be in the auricles, particularly the left auricle, because in only one

case was there also a pulmonary embolism. The embolus occurs during convalescence, at the time of reaction from the illness; in the authors' case on the seventeenth day of the illness. It seems to occur only after a severe diphtheritic attack. Subsequently to the embolism the temperature rose to 99.8 F. from subnormal, to which level it subsided, rising again in a few days' time from septic absorption from the gangrenous part.

12. **Treatment of Disseminated Sclerosis.**—The resemblance between cerebrospinal syphilis and disseminated sclerosis led Buzzard to suspect that the latter disease may be caused by some organism belonging to the same class as that of the treponema. The fact that this class of organism is best combated by mercury or arsenic induced him to commence the tedious experience of treating a few selected patients with disseminated sclerosis by repeated courses, or nearly continuous administration, of arsenic, on the same principle as that which makes the repeated administration of mercury the only effective method of preventing attacks of cerebrospinal syphilis in syphilitics. So far as the experiment has gone, there is nothing to show that it is useless, but Buzzard does not claim any success on the material at present available. He asks for cooperation.

Dublin Journal of Medical Science

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- 15 Treatment of Fractures by Ancient and Modern Methods. W. I. de C. Wheeler.

Journal of Laryngology, Rhinology and Otology

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- 16 Partial Petro-Mastoid Excavation with Preservation of the Tympanic Membrane and Ossicles. G. Mabu.

Annals of Tropical Medicine and Parasitology, Liverpool

December

- 17 *Enumerative Studies on Malarial Fever. R. Ross and D. Thomson.
- 18 A Case of Hemoglobinuric Fever (Blackwater Fever) Followed by a Peculiar Relapse Without Hemoglobinuria or Detectable Plasmodia. R. Ross, D. Thomson and G. C. E. Simpson.
- 19 *Hemoglobin Metabolism in Malarial Fever. G. C. E. Simpson.
- 20 *A Case of Sleeping Sickness. V. T. Korke.
- 21 Malaria in Relation to Splenic Enlargement and the Treatment of the Crescentic Stage. N. F. Surveyor.
- 22 *Peculiar Morphology of a Trypanosome from a Case of Sleeping Sickness and the Possibility of Its Being a New Species (*T. rhodesiense*). J. W. W. Stephens and H. B. Fantham.
- 23 *Pathogenicity of a Trypanosome from a Case of Sleeping Sickness Contracted in Rhodesia. W. Yorke.
- 24 Three New Species of the Genus *Glossina*, Together with a Description of the Hitherto Unknown Male of *Glossina Glossa*, Bigot. R. Newstead.
- 25 *Descriptions of a New Genus and Three New Species of Anopheline Mosquitoes. R. Newstead and H. F. Carter.

17. **Studies on Malarial Fever.**—It is believed by Ross and Thomson that there is a very decided correlation between the number of asexual plasmodia found in the peripheral blood and the fever. As a rule, no fever exists unless the asexual forms exceed some hundreds per cubic millimeter. The asexual forms do not always disappear between relapses (as often thought) but tend to persist in small numbers per cubic millimeter, and often increase again for some days before the actual febrile relapse occurs. These observations give a coherent theory of the malarial invasion, according to which the infection is kept alive indefinitely by the ordinary sporulation of the asexual forms, and not by parthogenesis or by resistant forms; and fever occurs only when the parasites are numerous enough to produce it. The authors estimate from their cases that considerable continued doses of quinin reduced the asexual forms by from 50 to 80 per cent. There are strong reasons for supposing that the sexual forms require eight to ten days for development; that the often noticed long persistence of crescents is not due to their long life, as generally thought, but to constant replenishments of the stock by fresh broods; that they sometimes show a distinct tertian periodicity; and that quinin does not affect them when once generated, but ultimately reduces their numbers by destroying the generating cells. The sexual forms were never seen to produce fever. The leukocytes are below normal during febrile periods and above normal afterward. The percentage of mononuclears rises after paroxysms and is always in excess of the normal. Methylene blue, soamin, Roentgen rays and