whom the exhaustion following the paroxysm may cause a period of apnoea prolonged till death, unless artificial means of respiration are resorted to in time.

Such are the chief varieties of sudden death in childhood, leaving out of account those which occur in the course of serious organic disease such as morbus cordis and pleural effusions.

¹ Pediatrics, May 1905.

ORAL SEPSIS AS A CAUSE OF IRITIS.

MR. E. KENNETH CAMPBELL¹ suggests that iritis must be added to the somewhat lengthy list of evils which in recent years have been laid to the charge

of oral sepsis. He quotes three cases in which, though a history both of rheumatism and syphilis was entirely wanting, there was in each instance marked evidence of oral sepsis (pyorrhœa alveolaris). Signs of absorption were present in a dirty, sallow complexion suggestive of septic anæmia, and in a sour smell in the breath. All the cases recovered after proper attention to the mouth and gums, combined with the use of mydriatics and the administration of tonics. Mr. Campbell considers that about 50 per cent. of the cases of iritis are due to syphilis, but suggests that even in some of these oral sepsis may complicate the situation, and may thus give rise to a mixed infection.

¹ Lancet, July 22, 1905.

PROGRESS IN MEDICINE AND SURGERY.

DISEASES OF THE INTESTINES.

Visceroptosis.—This condition, according to McCallum,¹ is not accompanied by any symptoms as long as the patient is in good health; in neurasthenic conditions the symptoms which occur cannot be alleviated by local measures, a cure for the neurasthenia alone can remove them. Occasionally single local symptoms and secondary complications occur, such as Dietl's crises, hydronephrosis, dilatation of the stomach, constipation or bladder and uterine irritation. On the whole, however, Weir-Mitchell treatment for the neurasthenia is the main indication in visceroptosis. Over 90 per cent. of female neurasthenics suffer from visceroptosis, the main causes of which are, bad standing posture, badly fitting garments, absence of fat, imperfect use of the lower segment of the thorax, and poor tone of the abdominal muscles. The symptoms are abdominal pain in very varied regions, possibly simulating appendicitis, or radiating down the leg, or felt over the liver, malnutrition, anæmia, and occasionally pre-senility and arterio-sclerosis. The shape of the thorax is important and suggestive, especially in the cases of gastropotosis. Dawson² describes it as elongated downwards so that there is only a small space between the lower ribs and the iliac crests. The lower ribs are oblique and rigid, and expand but little on inspiration, and the descent of the diaphragm is well marked. Dawson thinks that the tenth ribs are only occasionally "floating," but McCallum says they are found so in a considerable number of cases. The profile view of the anterior abdominal walls shows a double inclined plane, the apex of which McCallum notes is well below the umbilicus, and Dawson describes the hollowing out of the epigastrium. Both writers note the feeble tone of the abdominal muscles and the possibility of making out the curves of a prolapsed stomach, which is aided by inflation or transillumination, or by the use of the fluorescent screen after coating the interior of the stomach with bismuth. McCallum points out also the importance of careful palpation of the solid organs. Dawson, in considering gastropotosis, points out that tight-lacing is a potent cause especially among long-waisted women, and considers that the symptoms usually come on

owing to some condition of general ill-health, or as a result of over-distension of the stomach with food, which adds dilatation and motor insufficiency to the pre-existing ptosis. The treatment advised by both writers is essentially identical. Rest in bed from four to eight weeks, cold baths and massage, and careful feeding up are the main points, with exercises to increase the tone of the abdominal muscles and to expand the lower segment of the thorax. McCallum thinks 10 weeks the shortest period for building up the abdominal wall by massage; he notes that the recumbent posture is necessary for feeding these patients, as most of them have some gastric prolapse, so that food cannot pass easily out of the stomach in the erect position of the body. In cases which are improved, rest in the middle of the day or after each meal is necessary, according to Dawson, the foot of the bed being raised 9 to 12 inches. A good exercise, this writer says, consists in lying on the back and then raising the trunk to a sitting posture without raising the heels or using the arms. McCallum notes that in some cases where the kidneys are prolapsed, albumin and casts appear in the urine, which are not due to Bright's disease, but to twisting of the vessels. With regard to surgical measures, Dawson considers gastro-enterostomy useless, and McCallum says that the vast majority of operations for displacement and prolapse of the pelvic organs are unscientific and unnecessary, and those for ptosis of the kidneys and stomach are even more so.

Ankylostomiasis.—An examination of the conditions found in the coalfields of Westphalia and Hungary, and the metalliferous mines in Cornwall by Oliver,³ demonstrate the economic importance of prophylaxis against the parasite. Ankylostomiasis has cost the Miners' Union in Westphalia nearly £200,000. It is not clear how the disease was imported, but its enormous increase in 1900 was due to the watering of the mines, which then became compulsory, owing to the number of explosions which occurred. Todd⁴ notes that the necessary conditions for the development of the ova are a moist, pasty medium, a high temperature (*optimum* 78°–86° F.) and the absence of sunlight. Under these conditions the larvæ when hatched