

from the diet aids materially in producing the full effect of the bromids. When associated cardiovascular conditions exist, digitalis, strophanthus, amyl nitrate, nitroglycerin, etc., prove of value. Shanahan finds that strychnin can be used without fear as a stimulant or tonic when indicated. Investigators have claimed much benefit resulting from the giving of calcium lactate, but a series of patients at Craig Colony to whom it was administered, failed to show much change, except one boy whose condition did improve some. The treatment of serial seizures, status epilepticus and the various mental disorders accompanying epilepsy is of great importance. Avoidance of constipation, proper exercise, a carefully regulated diet and frequent bathing are of the utmost value as prophylactic measures.

When status epilepticus is once established, the gastrointestinal tract must be emptied thoroughly by cleansing enemata and by stomach tube. Then chloral or amylen hydrate by enema should be used judiciously to control the convulsions. The bromids are of but little value in this condition. Chloroform may be given in the early stage until some chloral has been absorbed. Lumbar puncture to relieve this supposed increased intracranial tension may be used in severe cases. Venesection is used in plethoric individuals. Cold sponges or packs are of great value to control the temperature which may be elevated to 107 or 108 F. For stimulation when required, Shanahan has found enemata of strong black coffee and hypodermic injections of brandy and aromatic spirits of ammonia to act very well. After the convulsions have ceased, a supportive diet and careful nursing are all-important. He warns that pneumonia and bed sores must be watched for. For the mental disturbances close supervision, nourishing food, due attention to the emunctories and hydrotherapy are sufficient. The diet in epilepsy may be fairly liberal, avoiding an excess of meats and all pastries, sweets, etc. Some patients do better without any meat; cooked cabbage and cauliflower are to be avoided. The food must be well masticated, not bolted. For chronic cases in which there is an organic basis, the individual should be placed in the special institution where with his fellow sufferers he may lead as cheerful an existence as his condition will permit. He can have regular and congenial occupation, and recreation with a suitably arranged simple life with avoidance of all undue excitement. Epilepsy is essentially a chronic disorder, consequently treatment must be continued over a long period of years and in all instances a closely regulated mode of living must be maintained throughout the remainder of life. Shanahan presents a few charts which illustrate clearly how many defectives propagate and why their marrying should be systematically discouraged.

81. Vein Sign in Abdominal Inflammations.—In one of his earlier operations for appendicitis Skinner observed, in making the incision near McBurney's point, that the subcutaneous and deeper veins presented a dark and swollen appearance. In the next case, he was aided in making the diagnosis in the presence of rather obscure symptoms of general abdominal pain, vomiting, and little, if any, localized muscular rigidity, by carefully observing the conditions of the superficial abdominal veins. Since then he has never attempted any operative procedure on the appendix, or indeed in any inflammatory intra-abdominal conditions, without subjecting the subcutaneous veins to the most careful scrutiny in a good light with the skin gently stretched in successive areas. Repeated and careful observations, extending now over a period of more than nineteen years, have convinced Skinner that this venous darkening furnishes one of the most valuable and accurate localizing signs in intra-abdominal inflammation; a sign incapable of stimulation and independent in its records and manifestations alike of systemic, nervous and psychic conditions. He has also noted this sign in ulcerative conditions of the sigmoid flexure; in inflammations of the Fallopian tube and of other tissues and structures enclosed in its broad ligament; in cases of septic collections or pus-pools in Douglas' cul-de-sac; and in acute inflammations of the pelvis of the kidney or ureter.

84. Antitoxin in Asthma.—Although convinced that antitoxin gives some positive relief in asthma, Parker also feels

that there is a large psychical element involved, and he has ceased to use antitoxin.

Yale Medical Journal, New Haven

December

- 80 Infantile Paralysis. J. G. Stanton, New London, Conn.
- 90 Id. L. F. Wheatley, Meriden, Conn.
- 91 A Case of Irregular Micturition. J. L. Buttner, New Haven, Conn.
- 92 Treatment of Infection Following Abortion, Miscarriage and Labor. C. A. Monagan, Waterbury, Conn.
- 93 Surgical Treatment of Gastric and Duodenal Ulcers. E. J. McKnight, Hartford, Conn.
- 94 Treatment of Fractures. G. W. Hawley, Bridgeport, Conn.
- 95 Principles of Intracranial Surgery. W. F. Verdi, New Haven.

Laryngoscope, St. Louis

January

- 96 Surgical Consideration of Tumors of the Larynx. J. F. Erdmann, New York.
- 97 *Analgesia of the Larynx by Alcohol Injection of the Internal Branch of the Superior Laryngeal Nerve. A. Lewy, Chicago.
- 98 Non-Suppurative Ethmoiditis. G. P. L. Mardis, Chicago.
- 99 Nasal Polypl. C. C. McCullough, Fort William, Ontario.
- 100 General Anesthesia in Operations in the Pharyngeal Region and About the Neck. M. Metzbaum, Cleveland, Ohio.
- 101 A Modified Aural Speculum Especially Adapted for Incision of the External Canal. D. C. Smyth, Boston.

97. Analgesia of Larynx by Alcohol Injection.—Lewy describes a practical method for the relief of the pains in some cases of tuberculosis of the larynx which he has employed successfully in three cases. The injection is made directly through the skin of the neck. From 0.5 to 2 c.c. of 75 per cent. alcohol (with or without 1 per cent. cocain), warmed a little above body temperature is injected at a sitting. The patient's head is inclined to the side opposite the one to be injected; the skin, previously shaved, if necessary, is cleaned with alcohol; the operator's left hand grasps the larynx to steady it and hold it prominently under the skin of the side to be injected, in such a way that the thumb is on the uninjected side while the left index-finger seeks the comparatively tender point where the internal branch of the superior laryngeal nerve penetrates the thyrohyoid membrane, a point about half-way between the upper border of the thyroid cartilage and the hyoid bone, and about a centimeter in front of (mesially from) the superior cornu of the thyroid cartilage. The index-finger is held firmly in place while the needle is inserted at the point marked by the center of the nail to a depth of 1 to 1.5 cm. perpendicularly to the surface. If the nerve has been accurately located, this insertion will cause a pain radiating characteristically toward the ear. However, the injection may be made in this locality, drop by drop (after the pain caused by the insertion subsides), until the original pain ceases or until the full amount (2 c.c.) is used. The injection may be repeated next day, if necessary. In Lewy's cases there was no loss of the cough reflex or aspiration of food, which could be taken with comfort following the injection. An ordinary hypodermic syringe may be used, but a special obturator needle is perhaps preferable. No after-treatment is required. The puncture may be sealed with collodion if desired.

St. Paul Medical Journal

January

- 102 *Diseases of the Stomach and Duodenum from a Surgical Standpoint. W. J. Mayo, Rochester, Minn.
- 103 Ophthalmic Migraine. C. E. Riggs, St. Paul.
- 104 The Climate of Minnesota. H. L. Taylor, St. Paul.

102. Also published in *New York State Journal of Medicine*, January, 1910.

Medical Fortnightly, St. Louis

January 10

- 105 So-Called Chronic Rheumatism—Chronic Fibrositis: Treatment. M. Packard.
- 106 Salvarsan in Syphilis. J. L. Boehm, St. Louis.
- 107 Cause and Cure of Inrowing Toe-Nail. C. C. Miller, Chicago.
- 108 Surgical Eponyms. M. Hagen, Chicago.

Alabama Medical Journal, Birmingham

December

- 109 Cesarean Section: Report of Seven Cases with Loss of Mother or Child. E. M. Prince, Birmingham.
- 110 Bismuth Paste in Thoracic Empyema. G. A. Hogan, Birmingham.
- 111 Home Treatment of Tuberculosis and Use of Tuberculin. C. M. Nicc, Birmingham.
- 112 Ovarian Cystadenoma Weighing Seventy Pounds—Removal and Recovery. E. M. Robinson, Birmingham.