

cells is to a certain extent dependent on the number of organisms present, it is advantageous to work with an emulsion which, with normal blood serum, should not give a higher percentage than 50. This will allow for an increase of the index in the patient's blood to at least 2, which is sufficient for all practical purposes.

I have also shown that, working with non-diluted blood serum, neither the phagocytic index (number of organisms pro cell), nor the percentage value of phagocytizing leucocytes gives an adequate idea in all cases of the amount of opsonin present, if we are willing to admit that the amount is greater, the more the serum can be diluted, without extinction of phagocytosis (corresponding to the usual method of estimating the amount of agglutinins). For this reason I suggest that the usual determinations (by percentage index) be controlled by corresponding examinations of the blood in dilutions of 1:20 or even 1:40.

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CASE OF GASTRIC AND OMENTAL HERNIA.

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Mrs. S., widow, aged 63, with negative family and personal history, had, in years past, performed the usual duties of a housewife, and in addition served as farm helper during the harvest season. At the age of 36, in an attempt to lift a heavy forkful of hay on a wagon, she was suddenly stricken with excruciating pain in the middle of the epigastric region and immediately fell to the ground unconscious. She soon recovered, but felt as if she "had been torn to pieces." The pain and weakness persisted for several days and no medical advice was sought. At variable intervals the pain was felt, but on lying down and having hot applications applied to that region the attacks seemed to be aborted.

This state of affairs continued for several years and apparently grew no worse. About five years ago, however, she experienced a severe spell, similar to the first, but accompanied with retching and straining, vomiting of bile and some blood. A physician was called and pronounced the trouble hepatic calculi.

From that time her condition did not improve and she was advised to have the stones removed. She did not give her consent until September 15 last, when after a more severe and prolonged attack than usual, she called for my services and was taken to Our Lady of Lourdes Hospital, where I performed a laparotomy two days later. I had confidently corroborated the previous diagnosis and was very much surprised to find the liver, gall bladder and duct, not only normal in every respect, but without hyperemia or any adhesions. An attempt to bring the stomach into the field was then made and met with failure, as many adhesions were noted at the pylorus, and on making tension at this point the organ appeared to be firmly adherent below and to the left. The incision was then prolonged in an elliptical and upward, as well as in an inward, direction, and, in sweeping the finger snugly up and immediately beneath the parietal peritoneum, I was surprised to find that neither the stomach nor any adhesions were encountered.

Grasping the gastric pouch firmly at its upper margin and making traction in an upward direction, I easily brought into view the stomach and the greater omentum, the latter being folded and refolded on itself. A distinct rent was found, with pouching of the peritoneum; into this the stomach had escaped, drawing with it the omentum. The stomach was freed from many adhesions, the omentum removed *en masse* and the laceration of several inches of the peritoneum repaired.

Recovery was uneventful, the patient returning home on the seventeenth day. A letter from her dated November 20 says:

"I am entirely free from pain and have been ever since the operation. My appetite is good, I have not vomited and have gained 25 pounds."

NASAL SCISSORS FOR OPERATING ON THE MIDDLE TURBINATE.

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In the treatment of nasal hypertrophies, it not infrequently is found advisable to remove a portion or all of the middle turbinate, either to restore free nasal respiration or to obtain unobstructed sinus drainage. To accomplish this, I have found the instruments usually employed defective, as they are apt to damage the openings into the ethmoidal cells, thereby interfering with their proper drainage.

Seeing the advantage of an instrument with which a portion or all of the turbinate may be removed by a clean section through all the tissues—mucous membrane and bone—I have devised the shears herewith illustrated. The shaft and handles are placed at such an angle as not

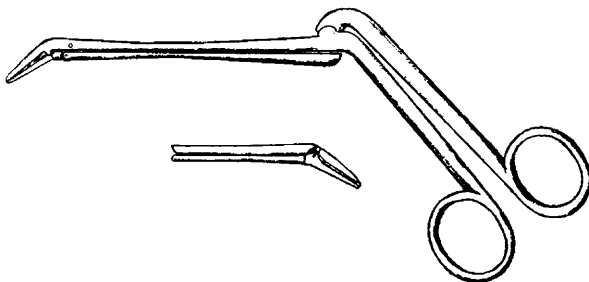


Fig. 1.—View of both sides of scissors closed.

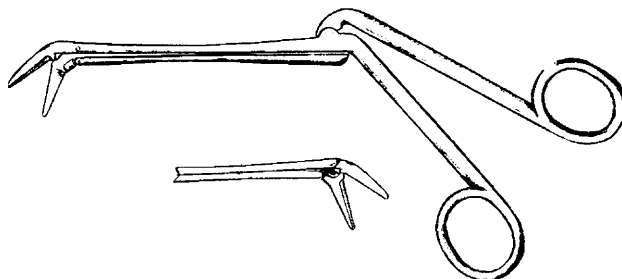


Fig. 2.—View of both sides of scissors open.

to interfere with observation, while the shears are placed at the angle best adapted to follow the line of attachment of the middle turbinate.

I have used these shears for some time, the operations being done quickly and without pain or excessive hemorrhage under local anesthesia. The cut being clean with no injury to adjacent parts, the wound heals promptly, with complete renewal of mucous membrane, consequently with a minimum of cicatricial or scar tissue.

Railroad Accidents.—The slaughter on American railroads is terrific and terrifying. In our happy-go-lucky way of running railroads not much regard is paid to protection of human lives if it interferes with the economy of management, says the *Medical Times*. We hold human life too cheap in this country; we read with no sense of responsibility of these railroad accidents and we thank our good fortune that we escaped, but this is a problem which should interest even the most selfish individual, for he will never know when he stands in its shadow. This slaughter is of to-day. It did not occur in ancient Rome or in the Middle Ages, but is going on now.