

cause, Trever 30, and Wisnig 50. Dennis reported 149 cases of intestinal obstruction due to gallstones and enteroliths, of which 133 were the former and 16 the latter.

In the pre-anesthetic days the mortality in operation for the relief of intestinal obstruction is quoted at 75 per cent.; since the days of anesthesia Senn quotes the mortality at 58 per cent.

Curtis reported 328 cases operated since 1873 with a mortality of 68 per cent.; 101 cases were operated with the patient moribund. In 45 of Curtis' cases there was excision and suture with a mortality of 86 per cent.; in 190 cases in which the constriction was merely relieved he reported a mortality of 57 per cent.

The treatment, except in some cases of intussusception and of fecal impaction, is purely surgical and needs no discussion here.

From the somewhat extensive perusal of the literature I am unable to find any reports of cases similar to the one herewith presented, which occurred recently in my practice. The unexpected complication and the non-malignant nature of the growth found at the sigmoid flexure make the case one of interest.

I was called in consultation with Dr. W. L. Keller, of the Army, to see Mrs. H., aged 31. She complained of pain and tenderness over entire abdomen; menstruation was profuse and irregular; nausea and vomiting present to a slight degree; temperature at time of first examination was 99, pulse small and with little tension.

On inspection the face presented a somewhat drawn and anxious expression; abdomen was slightly distended and tympanitic. On palpation a tumor mass the size of a child's head could be easily outlined, at a point corresponding to the fundus of the uterus. Vaginal examination revealed the presence of a mass occupying the pelvic outlet and well down in the vagina. Diagnosis: myomata of uterus. The patient was referred to hospital for operation, and Dr. W. A. Jayne, of Denver, was called in consultation. After 24 hours in the hospital the patient said that her bowels had not moved for six days, and that previous to this time her evacuations had been scanty. There was no previous history of diarrhea; cathartics were freely resorted to in our efforts to move the bowels. Thirty-six hours after entrance to the hospital the abdomen became markedly distended and tympanitic; colicky pain and tenderness existed over entire abdomen; nausea and vomiting now became a prominent symptom and the vomiting so pronounced that everything taken into stomach was rejected. Repeated high enemas failed to move bowels.

The diagnosis of complete obstruction was made and the patient operated on by Dr. Jayne and myself. Median abdominal incision was made. The intestines were enormously distended with gas, and only after numerous punctures to eliminate the gas could they be manipulated. A thin serous fluid escaped from the peritoneal cavity, the walls of the intestines were acutely inflamed and there was every evidence of a beginning peritonitis. The myoma of the uterus was plainly visible. At the site of the sigmoid there was a mass about $3\frac{1}{4} \times 2$ inches, which involved the gut and produced complete occlusion of its lumen.

The tumor was with difficulty resected, owing to the extensive adhesions to surrounding structures. End-to-end anastomosis performed by means of Murphy's button; the abdomen was then closed in the usual manner. Forty-eight hours after operation the patient died; postmortem examination revealed the presence of a leak at the site of button.

The pathological examination of specimen as given by Dr. Wilder, pathologist to St. Luke's Hospital, is as follows: Sections made from the tumor of sigmoid flexure, which was submitted for examination, show the growth to consist entirely of a mass of rather dense fibrous tissue containing a few blood vessels. The latter having well developed walls. I find no evidence of either tubercle or of malignant changes.

MODIFIED TREATMENT OF TYPHOID FEVER.

T. B. GREENLEY, M.D.

MEADOW LAWN, KY.

The treatment of typhoid fever might be termed a hackneyed subject, but as it is a prevalent disease in many sections of the country, and there seems to be no settled mode of treatment, I regarded myself at liberty to try something new in its management. As it is usually a protracted disease, anything that we can use safely in its treatment, by which its extent can be shortened, I regard as legitimate.

Some say: Treat the patient instead of the disease, while others say: Watch and treat symptoms as they arise; others again contend that diet is the main thing in its control. I am of the opinion that we must, to some extent, pay attention to all these considerations, and at the same time not neglect the mind and pleasant surroundings.

As far as I am individually concerned, I have had but few cases of the disease coming under my control for several years. The plan of treatment I have recently adopted, as it pertains to therapeutics, has been confined to only some three cases of recent occurrence. The first and third of these cases were very short in duration, only continuing eight days from the time I first saw them. The third patient had been complaining about a week, and his father, thinking he had malaria, had given him quinin and laxatives. The second case was of longer duration, partly due to neglect in the way of nursing as well as diet. When called to see this patient I found him alone in his room, and had to get some of the neighbors to attend him and give the medicine. He had poor attention during his illness.

In these cases, when the fever was above 102 F., I increased the quantity of medicine, say one grain each of quinin and acetanilid, but did not shorten the intervals; but when the patient was asleep and resting quietly, I prolonged the intervals of giving the medicine. I regard rest, quietude and sleep of great advantage in the treatment of typhoid fever. This is why I dislike the Woodbridge plan of frequent doses.

Should the temperature resist antipyretic effects of the medicine I have the surface sponged with tepid water, which is quite soothing to the patient and keeps the skin in good condition. It is more convenient and more pleasant than the cold bath.

It has been a rule with me for many years, in the treatment of typhoid fever, to administer small doses of turpentine in cases troubled with tympanites. It not only relieves the tension of the bowels by expelling the gas, but acts as an antiseptic. I have had little trouble with diarrhea in this disease for years, and entertain the opinion that turpentine acts as a preventive. Another benefit we may derive from the use of turpentine is its prophylactic action against hemorrhage, either from the nose or bowels.

I am greatly in favor of milk, given as patients call for it, but in some cases it may be necessary to urge them to take it. I also allow them to have oatmeal mush, with sugar and cream, several times a day. Now and then we find a patient who dislikes sweet milk, but prefers buttermilk, freshly churned. I find no objections to the latter, as it contains the same elements as the sweet milk that has been skimmed; they both contain the fat and muscle-making principles, namely, hydrocarbon and casein. Should sweet milk curd on the stomach, a little soda or lime water will prevent it.

Milk may, by way of change, be alternated with soups of different kinds. It is very essential, in the

convalescent stage of the disease, to watch the patient, both as to diet and muscular over-exertion. I have lost some three patients from imprudence in these particulars after they were dismissed.

One reason why I think quinin a proper remedy in the present type of typhoid fever is the fact that it occurs during the malarial season of the year. When I commenced the practice of medicine in 1845, and up to 1875 I only met with winter and spring typhoid, and did not think it necessary to give quinin. The first case of summer or fall typhoid I ever saw was in the fall of 1875, when I had an introduction to it of six cases at the same house. They fortunately all recovered. The old-time winter typhoid was generally attended with symptomatic eruption. We also expected a week or ten days of what is called the nervous stage.

In the fall and summer typhoid fever, we usually find the pulse much slower than it was in the old winter typhoid, as well as in remittent fever. This is one of the distinctive characteristics of identity between the summer or fall typhoid and the latter disease.

My reason for the use of acetanilid with quinin is that it has a soothing and quieting effect and prevents the possible irritating effects of the latter on the nervous system. It also, to some extent, acts as an antipyretic. I have not observed any depressing effects of acetanilid on the heart. It is always well to increase or diminish the dose according to amount of temperature.

MEDICATION OF THE RESPIRATORY TRACT BY ANTISEPTIC NEBULÆ.

HOMER M. THOMAS, A.M., M.D.

CHICAGO.

The antiseptic value of nebulæ in the treatment of diseases of the respiratory tract is well recognized by the profession. How to administer them in sufficient strength and quantity to control respiratory septic processes has been the problem. If administered by the stomach in suitable strength and quantity to sufficiently saturate the lungs, as a rule the stomach and lower alimentary tract is so irritated that digestive functions are greatly deranged, hence Nature's method of controlling these processes by vital resistance is much impaired; if introduced directly into the lungs by a parenchymatous injection, so much irritation is produced that an exudate is thrown out which occludes the finer air passages and prevents the introduction of the medicaments; therefore, the normal method of reaching these septic processes is by combining in a respirable form antiseptic nebulæ.

There are many mechanical methods for the introduction of antiseptic nebulæ into the respiratory passages. These vary from the single hand-bulb nebulizer on up to the elaborate mechanisms found in the efficiently equipped offices of the modern medical men. The problem in this form of treatment has been to provide an efficient mechanism for home treatment by patients. For, with the thorough measures of treatment instituted in our offices to be supplemented by the patient's home use of remedies under the guidance of the physician is to reach the most effective results from this form of treatment.

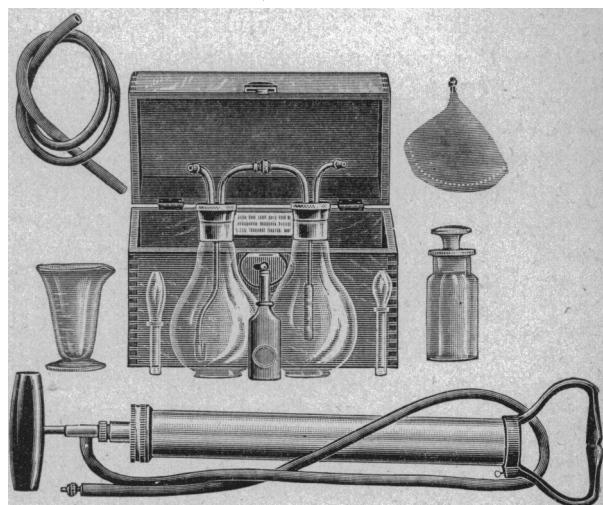
In this connection I may state that I have found a new device, Benson's Home Nebulizer, very satisfactory for the individual use of patients. The accompanying cut makes any extended description unnecessary. This apparatus is compact, portable, inexpensive, and of considerable capacity for complete lung inflation. Its practi-

cally steady current of compressed air is filtered and antiseptized before performing its nebulizing duties proper.

As to the formulæ valuable for use in antiseptic nebulæ, the experience of the physician as to the specific case must necessarily be determined largely by his own judgment.

My personal preference has been in favor of simpler rather than complex mixtures. I seldom combine more than one antiseptic in a given mixture. The best vehicle with which to combine an antiseptic is the commercial preparations of the liquid hydrocarbons. In a 4-ounce mixture of oleum petrolati I frequently add 30 drops of the chemically pure oil of wintergreen, for use in cases of slight catarrhal bronchitis. Merck's oil of cloves in the proportion of 40 drops to 4 ounces of the vehicle is very useful in cases of subacute bronchitis. One of the most delightful as well as soothing nebulæ consists of the imported chemically pure oil of pine needles in the proportion of 50 drops to 4 ounces of the vehicle where there exists acute catarrhal coryza of the respiratory tract.

The above will readily suggest to the physician the general scope and character of the large number of remedial agencies from which to choose. Formulæ contain-



ing cocain muriate with gum camphor will do much toward allaying the discomfort in tonsillitis. Mixtures can be made up containing iodine crystals, beechwood creosote and oil of tar for laryngeal and pulmonary tuberculosis, and so on through the wide range of efficient antiseptics at our command. I believe the chances of successfully coping with respiratory disease are greatly enhanced by general adoption of the inhalation method.

Trauma in the Etiology of Infectious Cerebral Affections.—Ehrnrooth of Helsingfors had occasion to treat two cases of infectious brain affections which developed consecutive to a contusion of the skull, without solution of continuity. He produced a similar contusion on the skulls of 167 rabbits, and inoculated 90 with streptococci, 16 with staphylococci and 11 with pneumococci. More than 63 per cent. of those inoculated with the pneumococci, 56 of those inoculated with staphylococci and 54 per cent. of those inoculated with streptococci died with evidences of an infectious process in the brain. Of the 50 animals infected, but without trauma, only 9 showed traces of an infectious process in the brain. The contusion therefore must have afforded a favorable place for the colonization of the bacteria in the blood, even in the absence of any lesion of the skin or meninges.—*Nord. Med. Ark.*, February 6, 1902.