Correspondence

Sign for Distinguishing Gaseous Distention from Appendicitis

To the Editor:—I have on several occasions noted a sign which appears to be of value in differentiating between acute appendicitis and simple gaseous distention of the cecum associated with acute bowel fermentation. So far as I know the sign has never been described. It is elicited as follows:

Gentle pressure is brought to bear over the cecum, pressing in an upward direction. If the condition is simply gaseous distention, the patient will complain of pain in this region, but also complains of pain in left hypochondrium; pain disappears when the pressure is relieved. The explanation appears to be this: The enormous quantity of gas in the cecum is forced upward by the pressure, passing along the ascending and transverse colon, but is caught at the acute splenic flexure. The sharp impact of the gas here causes pain. This sign has on several occasions been of value to me and prevented operation in doubtful cases.

S. Salzman, M.D., Toledo, Ohio.

Emetin: A Warning

To the Editor:—Those using emetin solutions should be very careful not to get any in the eyes. This accident is followed by a very severe reaction. There is no pain at first, but in about eight hours there is an uncomfortable, "scratchy" feeling, intense photophobia and lacrimation, with conjunctival and some circumcorneal injection. Duration is about two days. To date I have seen two cases. A detailed report of these cases will be published later.

Julian B. Blue, M.D., Memphis, Tenn.

Queries and Minor Notes

Anonymous Communications and queries on postal cards will not be noticed. Every letter must contain the writer’s name and address, but these will be omitted, on request.

Lutein Test—Dionin in Cataract

To the Editor:—1. Can you advise me regarding the reliability of the lutein test which is now being marketed commercially? Has any comparison been made between that and the Wassermann and Naguchi tests?

2. Can you express an opinion on the treatment of cataract by the use of dionin (ethylmorpholin hydrochlorid), either in the conjunctival sac or by subconjunctival injection, or by the use of any form of electric current? Is there any recent literature on these subjects?

E. B. J.

Answer:—1. The lutein test is described on page 334 of New and Nonofficial Remedies, 1915. Numerous references are given in the literature to comparisons of results with this and with the Wassermann and the Naguchi modification of the Wassermann. The article in New and Nonofficial Remedies says:

"Lutein is employed for the diagnosis of syphilis. It is of use in the examination of tertiary cases but rarely gives a positive reaction in the primary cases or in untreated secondary cases. In patients who are under treatment by mercury or salvarsan, the reaction is frequently positive even in cases which fail to give a positive Wassermann reaction."

2. The nonoperative treatment of cataract has occupied the attention of ophthalmologists from the earliest times, both before and since its pathology was understood. It is true that in some cases of genuine cataract the opacity has disappeared without treatment, and it is not uncommon to see the disappearance of diabetic striae and the occasional absorption of exudate between the fibrils of the lens which have produced more or less cloudiness. Attempts have been made to cure this condition by the employment of various drugs, massage with various ointments, the use of galvanism, the subconjunctival injection of potassium iodid, dionin, mercury, etc. In cases of incipient senile cataract a number