the delivery, and the blood lost was negligible. Following the delivery there was some improvement in her condition for a few hours, and then quite suddenly an exacerbation of the cholera symptoms. The restlessness, the profuse rice-water stools passing involuntarily, the vomiting, the syncope and the shriveled skin were all more severe in the relapse than in the primary attack. The axillary temperature dropped to 35 C. (95 F.); the rectal temperature was 36.8 C. (98.2 F.); the systolic blood pressure dropped to 75 mm.

On account of the severe collapse, we decided to transfuse an isotonic saline solution and to inject slowly for several hours. Sterilized tap water was used in making up the solution. This was passed through the candle of a Berkefeld filter before being run into the vein. Two and five-tenths liters were run into the vein in a little more than five hours. The patient was given bits of ice to control the vomiting, and artificial heat was applied, together with hot compresses, to the lumbar region. Another course of twelve potassium permanganate pills was administered. There was prompt improvement in the stools, but amelioration of the other symptoms was not so marked as that following the first administration of saline solution. As the patient rallied, the flow of urine started again, after having ceased for almost twelve hours.

No food of any kind was allowed from the outset until twenty-four hours following the relapse. During this time she was given cold water, cracked ice, cold tea and lemonade. The first food given was strained rice-water made by boiling browned rice. Convalescence was complicated with a severe gastritis and myocarditis.

Examination of the stools revealed large numbers of the cholera vibrio. The urine passed during the attack had a heavy content of albumin.

[While we have no cholera in this country, it is interesting to hear of such cases in the hands of our confrères abroad, and how they manage them.—Ed.]

Edward Ezra Building.

A SIMPLE METHOD FOR THE COLLECTION OF SPECIMENS FOR THE EXAMINATION OF SUSPECTED TYPHOID CARRIERS

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When a large number of persons are to be examined as suspected typhoid or paratyphoid carriers, it is occasionally difficult to devise a satisfactory method of obtaining specimens of stools. This is especially true in the case of an institution, for example, in which a large number of food handlers are to be examined at regular intervals as a matter of routine and prevention, for the detection of carriers, in the absence of any occurrence or suspicion of enteric disease.

If the persons to be examined are quartered in dormitories or barracks, and are using common toilet facilities, suitable vessels for the collection of stools are not usually available. A satisfactory sterilization of toilet bowls is practically impossible. Their use for this purpose might, therefore, readily result in contamination by a carrier, leading to serious error in the findings obtained for other members of the group. To obviate this difficulty, use has been made of a large paper container, known as a "hemorrhage cup." These cups are carried and sold by some of the manufacturers of burnable paper sputum cups for tuberculosis institutions. This style of cup, which is about 6½ inches square and 3½ inches deep, is made of heavy paraffined card board and is water-proof. It has straight, flaring sides and is not provided with any

Cup used in Klotz method of obtaining specimens in examination of typhoid carriers.

flange or fold of the upper edges. Stools are evacuated directly into the paper cups, and a small thoroughly mixed portion transferred with a spatula (ordinary wooden tongue depressor) into a small tin pill-box, and labeled for laboratory investigation. The paper cup and its contents are immediately deposited in a large paper sack, and, as soon as the specimens have been collected or the paper sack is filled, it is taken to the boiler house and burned.

This method has proved so simple, satisfactory and practical that it is recommended to others for trial.

A SUPERFICIAL DRAIN

HERBERT T. WIKLE, M.D., BROOKLYN

Realizing the importance of small incisions with free drainage, particularly in infections of the face, I have been using, in preference to rubber tissue or rubber band forms of drains, a small drain made from horsehair.

Drain made from horsehair.

The horsehair may be kept in a small jar of alcohol; and, when a drain is needed, one of the horsehairs is removed from the jar and wrapped tightly and closely about a probe, as illustrated at *a* in the accompanying illustration. The portion of the probe about which the horsehair is wrapped is then passed through the flame of an alcohol lamp. This helps to sterilize and dry out the horsehair, and makes it set in the desired shape, that of a coil, as illustrated at *b*. The size of the drain depends, of course, on the diameter of the probe about which it is wrapped. The horsehair is then removed from the probe and is gradually fed into the wound with the notched probe or small forceps, as illustrated at *c*. A small rubber band may be inserted through the center of the coil, forming a cigaret drain, as illustrated at *b*. The ends of the horsehair may be drawn through small openings in the rubber band. This prevents the drain from uncoiling; but this procedure makes the drain a little more difficult to make, and is not necessary when the drain is changed daily. The black silkworm gut is a very good substitute, if the horsehair is not available.

This type of drain acts exceedingly well for twenty-four hours or thirty-six hours, after which time it begins to uncoil, and does not give very free drainage; but, if well placed in an infected area with a small incision, it remains in place better and gives freer drainage than either the rubber band or rubber tissue forms of drainage.

I have found this very satisfactory in furuncles and infections about the face, and also as a drain to place between the sutures of a wound.

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