which render them more liable to cough while the tongue depressor or the laryngoscope is being used.

So far as I know, a glass in metal frame suspended on a movable arm between the face of the patient and the face of the physician is the only device which has been used to protect the physician up to this time. This is certainly a great protection, but it has many obvious disadvantages, among which are the clouding of the glass by the breath of the patient and physician, and its size and position.

During a recent visit to the New York Municipal Clinic for Tuberculosis, Dr. Waters, chief of the clinic, showed me a celluloid shield which had been made for him, but which was not satisfactory and did not seem to me practical. It was simply a sheet of celluloid, with temples similar to those used on spectacles, fastened to the sides, the idea being to wear this shield under the head mirror.

DESCRIPTION OF SHIELD.

I have thought out and had made for me the following device which seems to me satisfactory in most particulars:

It is of celluloid, which, of course, is inflammable if held too close to a flame or very hot surface. I have protected it partly from this by binding its surface with thin strips of aluminum.

In this form if it is not held within four inches of the top of the gas or oil lamp, directly over the flame, the danger is very slight, as I have proved by tests. Even if the shield is brought directly in contact with the metal condenser on the lamp after it has been burning for some time it does not ignite. If by chance it does ignite it does not burn rapidly enough to expose the wearer to great danger.

I have considered the possibility of making a shield of mica, but in sheets large enough to make such a shield it would be very expensive. Then, too, it is very easily cracked or splintered, so that it would not be durable. If expense were no object this shield could be made of mica in the same way I have my celluloid shield.

The shield is 7x9 inches and is attached to the posterior surface of the head mirror by four clamps fastened to its surface. A hole is made in the shield in the proper place for the shank of the mirror, and this can be at either side of the center line, according to which side of the light the patient is placed. If the examiner wears glasses a hole may be cut in the shield corresponding to the aperture of the head mirror. The shield may be easily detached from the mirror to be cleaned or disinfected in formalin, or in case the mirror is to be used without the shield.

With good sharp illumination I have no trouble in being able to make the ordinary nose and throat examination while using this shield.

Keenan Building.

A CASE OF POISONING FROM OPIUM OR MORPHIN IN A 7-WEEKS-OLD BABY.

EDWIN OLANDER, M.D.
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On July 6, 1906, I was hastily summoned to see a seven-weeks-old baby whom the mother said was getting blue in the face at times, as if in the last throes of death.

When looking at the child I observed that when it became cyanosed the cyanosis was not caused by a typical convulsion,

but rather by embarrassment of respiration. I immediately examined the eyes and found typical pin-point pupils, not reacting to the light. I questioned the mother as to any medicine which had been given, and she brought me a bottle of Jadaway's Elixir for Infants, manufactured by the C. W. Wilson company. The directions read:

A child less than 2 weeks.....	5-8 M.
A child 2 to 4 weeks.....	8-12 M.
A child 4 to 8 weeks.....	12-18 M.
A child 2 to 4 months.....	20-30 M.

The mother stated that she had purchased the bottle at a neighboring drugstore, and on the evening of July 5 had given the child five drops for colic. I believe that she had really given this small dose. I knew that I was dealing with a case of opium or morphin poisoning, and told the mother so.

Emetics, high enemas, massage and stimulants were administered, and on the morning of July 7 the child was fully recovered.

The pure food bill which has passed Congress, from a physician's point of view, is many years behind time. We must now see that it is strictly enforced, as it will aid in the prevention of such cases of poisoning as this.

Here a child had been given one-third the dose which the bottle stated could be given and yet suffered severe poisoning from this dangerous preparation.

A CASE OF INTESTINAL OBSTRUCTION.*

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I have made no extensive examination of the literature of intestinal obstruction, but from the nature of this case I believe that it is a rare one.

History.—Mrs. A., aged 30, married one year, was operated on by me two years ago for destructive disease of the appendages. Nine years ago she suffered from pus tubes and general pelvic inflammation. Both ovaries were mere sacs filled with soft necrotic material, and all the other evidences of long-continued inflammations were present. She was a physical wreck. For about a year she suffered severely from the artificially-induced menopause; after that she commenced to put on flesh and became, apparently, the picture of health.

Present Illness.—On the evening of May 9, she partook liberally of sauerkraut. She returned home and retired with a feeling of well being. Some hours later, after midnight, her husband saw that she seemed ill, as she was groaning and rolling about though still asleep. He aroused her and she said that she had great abdominal pain; the abdomen was found to be swollen. Soon she commenced to vomit and the pain increased in severity. I was summoned some time later and was loth to diagnose obstruction because one classical symptom, the element of shock (as registered by pulse, temperature and skin) was wanting. The patient vomited incessantly for sixteen hours.

Treatment.—I made many unsuccessful attempts to pass a long colon tube, but at last my efforts were rewarded by such an immense discharge of gas and feces that I thought, and told the family, that things were now all right. The pain and vomiting stopped for an hour and then the same symptoms returned and I found that I had only emptied the colon and that the small intestine was still enormously distended. I suspected volvulus near the lower end of the cecum.

Operation.—An eight-inch incision was made through the right rectus and was followed by evisceration of practically all the ileum, which was greatly distended and cyanotic. Not having a Paul's tube or other similar contrivance, multiple incisions were made in the bowel which allowed of evacuation of contents. The emptied bowel was sutured and returned. The cecum was located and an effort was made to elevate it and the adjacent ileum but it could not be done. The constriction could be felt, however, and a distended black loop of bowel was fished

* Abbreviated from a paper read before the Upper Des Moines Medical Association, Spirit Lake, Iowa, July 11, 1906.