

from their points of origin on the iliac crest and crural arch, producing a triangular laceration with the apex toward the anterior superior spinous process. The peritoneum was intact. Thus, in the words of the text-book, the coverings of this hernia were integument and peritoneum.

Recovery was perfectly satisfactory and the man returned to work in three weeks.

This man at first refused operation. Of course it is apparent what the result would have been had he not consented.

Perhaps the most instructive feature of this case is the fact that the muscles and fascia, the most rigid structures in the wall, gave way, while the integument and peritoneum, the elastic tissues, were unharmed.

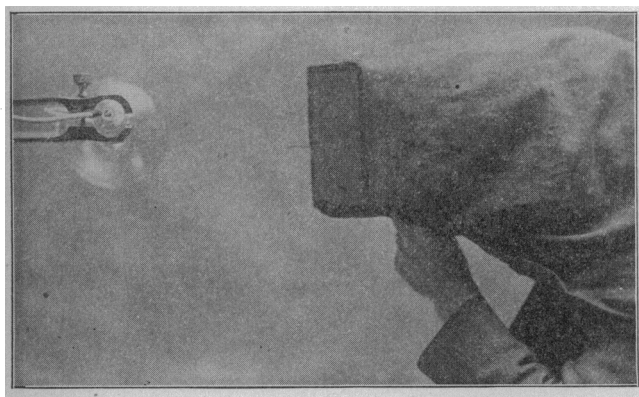
502 Main Street.

### SUBSTITUTE FOR DARK ROOM DURING FLUOROSCOPIC EXAMINATIONS.

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HELENA, MONT.

Physicians who use the fluoroscope only occasionally do not find it convenient to equip a dark room for the purpose and are consequently at a disadvantage when working by daylight. To obviate the necessity of heavily screening windows and



other avenues of light, a hood can be easily improvised which serves the purpose admirably. A sheet of rubber lead composition is chosen by preference, for it serves also as a protection to the operator. If the latter is not at hand, several layers of newspapers enfolded in a suitable piece of black muslin and fastened to the fluoroscope will effectually shut out the light. So arranged, the observer is in absolute darkness and can see only the image reflected on the fluoroscopic screen.

### DIPHTHERIA ANTITOXIN IN THE TREAT- MENT OF EXOPHTHALMIC GOITER.

ADRIAN F. BURKARD, M.D.

OMAHA.

The symposium on "Exophthalmic Goiter"<sup>1</sup> reminds me of a short report<sup>2</sup> under the same heading as my note, written by Dr. Robert T. Legge, of McCloud, Cal. The doctor reported several cases of the above disease, in which he had used diphtheria antitoxin with curative results.

Prompted by his report, I lately used the same antitoxin for the same disease, and also with very satisfactory results. For, though only about five weeks have elapsed since the injection (of 3,000 units), already the

tumor has almost disappeared, the circumference of the neck having diminished almost one and one-half inches. The pulse rate has fallen from 135 to 80; the tremor, before injection very marked, is now almost imperceptible; the exophthalmos can no longer be detected; the nervousness and weakness have almost disappeared. There have been no untoward effects whatever. No other treatment has been used except local inunction with ointment of red oxid of mercury, which before injection had no effect. When I reported this case to our local medical society lately four other cases of the same treatment were reported. In three of these the results were good or excellent; in one no marked results were reported after several injections.

Of course, one case, or a dozen cases, are of very little value. But I make this report principally in the hope that other physicians, who may have used the same treatment, may be prompted to report. Thus the collective testimony of many may be of value. Or probably Dr. Legge may have used the antitoxin since, in which case a word from him would surely be of interest.

1902 South Seventeenth Street.

### STRIKING IDIOSYNCRASY TO THE USE OF COCAIN IN THE EYE.

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The patient here referred to has an idiosyncrasy for two drugs, quinin and cocain. Such susceptibility to quinin has been frequently reported, and I have seen several cases so afflicted, but I am not aware of any one being affected by cocain in this manner, and a cursory examination of the literature fails to reveal a similar case.

During January, in testing the refraction of L. L., a bank clerk, aged 25, I had a nurse in the office instil a solution of homatropin, gr.  $\frac{1}{2}$ , in  $\frac{1}{2}$  dram of 4 per cent. solution of cocain, one drop in each eye, repeated every five minutes until six drops were used. Just before using the last drop the nurse called my attention to the fact that the patient's eyes had become very much swollen. To my astonishment I found the lids so swollen that it was only after the greatest effort that the patient could separate them at all. There was considerable chemosis and redness, the cornea appearing sunken. Hot fomentations, continued for half an hour, reduced the swelling enough for the patient to go home on a car, but it had not disappeared sufficiently for him to resume his duties the next morning, fifteen hours after the first instillation.

I was extremely puzzled as to the cause of this until about six months afterward when this patient came to me with a foreign body in one eye. I used one drop of 4 per cent. solution of cocain and the patient exclaimed immediately: "That is the medicine that swelled my eyes," and in five minutes the swelling of lids and conjunctiva was very apparent and in half an hour (nothing being used to counteract the action of the cocain), the palpebral fissure had become a narrow slit. This subsided almost entirely before morning, the patient having applied hot fomentations for half an hour that evening.

This young man has considerable nasal obstruction, both the inferior and middle turbinates being almost in contact with the septum when he is free from a cold (which he rarely is) and when suffering from an acute exacerbation of his rhinitis his eyes are red. He tells me that he is very susceptible to the influence of quinin, his body becoming nearly covered in a very short time with giant hives with great swelling, from so small a dose as 2 grains.

1. THE JOURNAL A. M. A., Sept. 1, 1906.  
2. THE JOURNAL A. M. A., April 22, 1905.