"to wait and outgrow it." Experience has shown in the most positive manner that an enlarged pharyngeal tonsil enormously increases the danger to the ear whenever the child takes scarlet fever, diphtheria or measles or merely acquires an acute nasal catarrh. The family physician should insist, without exception, on the removal of adenoid vegetations whenever they are of sufficient size to produce the easily recognizable symptoms of nocturnal nasal obstruction. The operation is free from risk of any kind and properly done causes very little pain.

A second important influence which often leads to a suppurative otitis is the misuse of the nasal douche. I do not condemn the nasal douche as such. It is a valuable therapeutic method with definite indications. But it should not be advised except for these specific indications, since in other instances it is useless. I do not think that it ought to be recommended by any one not fully familiar with nasal pathology. In spite of numerous warnings by otologists, many physicians are still not fully aware of the dangers of the douche. When water gets into the Eustachian tube a violent otitis is almost sure to follow. Many an ear has been permanently damaged and much needless suffering has been caused by the careless advice to a patient "to syringe out the nose." Worse even than this is the suggestion to snuff up fluids or to pour them into the nose with some spoon-shaped device intended as a substitute for the douche. The different contrivances sold for this purpose have not even the valid excuse which can be claimed for the douche itself. The latter does really remove viscid secretion from the upper part of the nasal cavity, where its presence perpetuates disease. The substitutes do not accomplish this at all, but carry with them all the danger to the ear incident to nasal irrigation.

A physician not well versed in nasal diseases will do better to avoid the nasal douche and to substitute for it the liberal use of the spray from a good atomizer for the purpose of removing secretion. Though less efficient than the douche, it is safe. Its frequent employment, especially in the suppurative rhinitis accompanying the infectious diseases of childhood, lessens to a moderate extent the liability to infection of the middle ear. The material used in the atomizer is nearly irrelevant. It is the mechanical effect, which can only be obtained by a coarse, watery spray, upon which its utility depends.

Clinical Reports.

PRIMARY UNION IN A GUNSHOT WOUND.

REPORT OF CASE.

ALBERT SOILAND, M.D.

LONG LEAF, LA.

S. V. C., night-watchman at a planing-mill, was accidentally shot while stooping to pick up an object from the floor, his pistol falling out of its holster and being discharged upon striking the floor. The ball, of 41-caliber size, entered the anterior fold of the left axilla, between the third and fourth ribs, and emerged at the back, between the sixth and seventh ribs, just external to the axillary border of the scapula. The patient was able to walk from the place of accident to his house, a distance of 500 yards, and when I arrived I found him bleeding profusely and complaining of an intense burning pain through the entire left side. There was very little shock noticed and he was in good spirits. The anterior wound was

round, clean and surrounded by a few powder-burn marks. The posterior wound, or point of exit of the bullet, was large and ragged, and from this the hemorrhage ensued. On careful palpation I could not detect any crepitus nor signs of extravasations of blood in the pleural sac.

Treatment.—Both wounds were syringed out thoroughly with hydrogen peroxid, packed with sterile gauze, and a moderately tight bandage applied. Ten grains of citrophen were administered and a like amount ordered taken in one hour if very restless. On the following morning the dressings were removed and the same procedure gone through with as before. Pain was now nearly gone and hemorrhage reduced to a mere oozing of serum. No further internal medication was deemed necessary, as the pulse and temperature were found to be normal. A saline was administered, however, and a generous diet of easy digestibility instituted. On the fourth morning dressings were found to be absolutely dry and the anterior wound nearly closed up, the posterior being reduced to one-half its original size and filled with healthy granulations. A fresh dry dressing was now applied, plain sterile gauze being placed over the wounds and a minute quantity of iodoform was sprinkled into the meshes of the gauze, this dressing to remain on indefinitely. On the sixth day the patient walked about and suffered no inconvenience, except a little stiffness noticed in the left side. On the morning of the tenth day dressings were removed and both wounds found to be nicely healed, a firm cicatrix covering each one. That night he resumed his work as watchman, exactly ten days from the time of accident.

It might be well to state that that patient had taken a bath and donned clean undergarments just prior to the accident. He wore no coat nor vest, as the weather was extremely warm. This may account for the absence of infection and the aseptic condition of the injury throughout its course.

CASE OF TYPHOID IN AN INFANT.*

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DENVER, COLO.

The only notable thing in this case is the age of the patient. She was born March 8, 1900, so that she was 8 months old at the time of contracting the fever. When I began taking her temperature, regularly, I found it ranging between 102.5 and 103 in the mornings, and 103.5 and 104 in the afternoons. I was attending an older brother who had scarlet fever, and the mother called my attention to the baby, saying that she had had considerable fever of nights for over a week. On examination, I found rose spots on the trunk, and a dry, brown tongue. Although the clinical picture was so plain, I was skeptical, and asked Dr. J. N. Hall to see the patient with me. He was of the opinion that it was an undoubted typhoid, and the examination of the blood by Dr. Wilder, for the Widal test, confirmed the diagnosis. The course of the disease was typical, the temperature gradually declining, and reaching normal about the twenty-first day. The rose spots were very plentifully distributed over the trunk and limbs. The temperature, from about the tenth to the seventeenth day, rose to 104 F., every evening. The babe was entirely breast-fed. There was no tremor nor delirium noticeable, no tympanites and no diarrhea. This was the third case in the family since September 6. A girl of 10 years was very ill, a severe relapse prolonging the attack to over seven weeks. Ten days after the first, a child 3 years old developed a well-marked case, but it aborted about the fourteenth day. Between eight and nine weeks elapsed between the first and third cases. The mother had typhoid twelve years ago, but, as the oldest child had such a severe attack, and the 3-year old a more moderate one, we may exclude any condition of the mother's blood being transmitted to the baby which would give a Widal reaction. Unfortunately, the mother, who nursed all the children, destroyed the temperature records. This case is interesting, as it is rare to see typhoid under 2 years of age.

Nevada Building.

* Read before the Denver and Arapahoe Medical Society.