has given his patient such nostrils he must not instruct him to avoid anything or any place or thing which has previously excited the periodic sneezing attacks, but rather the patient must be advised to revisit such a place or have some golden-rod brought to him, or, as I often do, have it for him in the consulting room, and insist that he bring his nose in contact with it.

These tests carried on even during the healing process establish a confidence in the operator's efforts, for it will be found that what was previously an excitant is no longer one.

It should not be suggested that the hay-fever patient go to the mountains or take a sea trip, but rather that he remain at home and be cured, and ordinarily he may be assured that it will not be necessary for him to neglect business during the period of treatment.

A SIMPLE METHOD OF OBTAINING STOMACH CONTENTS.

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At times it happens that some difficulty is experienced in obtaining stomach contents by the expression method from patients after a test breakfast or test meal, and the operator hesitates to use violent suction methods by

Figure 1.

Figure 2.

means of pump or otherwise. In such a case the simple device which I have used successfully for some time will be found quick and economical:

A in Figure 1 represents the stomach tube in place in the patient's stomach; B, a glass T tube; and C, a piece of rubber tubing used for suction purposes. To the latter the lips of the operator (Fig. 1) are applied and gentle suction is made; or, a rubber bulb D (Fig. 2) is attached to the end of the tube. When suction is made by the operator's lips the free end of the T tube, E, is closed by means of the index finger and gentle suction is practiced. As soon as fluid makes its appearance in the glass T tube, the finger is withdrawn and the fluid is allowed to flow into a receptacle held in position to receive it. If the bulb is employed, it is first compressed, the free end of the glass T tube is closed by means of the index finger, the pressure is then released from the bulb and the fluid allowed to flow for collection. During the course of

this procedure, care should be exercised to have the end of the stomach tube to which the T tube is attached on a lower plane than the lower border of the stomach. The patient may be placed in the sitting or recumbent posture during this manipulation.

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A PORTABLE APPARATUS FOR STOMACH DOUCHE.

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A simple and at the same time efficient means for irrigating the stomach can be made by bisecting the tube of an ordinary fountain syringe and inserting a glass T tube to which an ordinary stomach tube may be attached.

The stomach tube may be first introduced and then the attachment is made. While the left hand steadies the stomach tube the fingers of the right hand alternately compress at A and B.

By having the stomach tube and a glass T the ordinary household fountain syringe may be made available in less than a minute in emergency cases.

The whole apparatus may be sterilized and wrapped in paper so as to be carried in the coat pocket.

Recovery After Carbolic Acid Poisoning.—The *Gaz. méd. Belge*, xix, 208, relates that d'Hotel was able to save two patients who had taken carbolic acid by prolonged rinsing out of the stomach, although an interval of one and a half and two hours had passed before he saw the patients. In the first case he poured tepid water containing ipecac through a funnel introduced into the nostril, with traction on the tongue, injection of ether and measures to induce artificial respiration. After a time vomiting occurred and the patient was made to drink large amounts of the water. Consciousness gradually returned and in two hours he had practically recovered. The cure was completed by administration of sodium sulphate. The other patient was a young woman who was apparently dead when first seen, with no response to pricks or revulsion, two hours after having swallowed three or four tablespoonfuls of the official phenic acid. He improvised a stomach tube out of a fountain syringe and washed out the stomach thoroughly, keeping up the lavage for a long time. Gradually the complete coma yielded to consciousness and in a short time the patient was entirely restored. The stomach was rinsed out until there was no odor of the carbolic acid in the returning fluid. He believes that the shock and the absolute immobility of the coma in these cases prevented absorption of the carbolic acid remaining in the stomach after the absorption of a certain proportion had induced the symptoms of serious intoxication. The discoloration and odor of the urine showed that only a small percentage of the poison ingested could have been absorbed. No complications of any kind followed.