Treatment.—His mother tried many drugs and electricity without any good result. She assured me that she would co-operate to the best of her ability in any treatment I should suggest. With her I went over his diet very carefully, excluding tea and coffee, all fried food, fresh bread, cake and pastry, and all eating between meals. A cold sponge-bath was advised daily on rising in the morning, to last two or three minutes, followed by a good rubbing with a rough towel. The child was to be kept out in the air as much as was possible, and pills of stychnin, 1/60 of a grain each, were ordered three times a day after meals.

In spite of his mother's assurances, John objected to the cold sponge-baths, and his mother began to omit them inside of a week. Incontinence of feces was noted once on the day after treatment was begun, and then not again for five weeks, during which time his pills were taken somewhat irregularly, and he got about one sponge-bath a week. Then his mother was unable to return to the hospital, so that two weeks passed without any medicine at all, during which time the incontinence recurred three times. At her next visit I insisted on a more rigid treatment, which was at once begun, with such good effect that the incontinence has not reappeared since, a period of eight weeks now. John is still under treatment, taking the pills regularly, though only getting two cold sponge-baths each week.

The following table of statistics shows that the above patient is both below the normal height and weight for his age, six years. He shows no deformities or malformations, omitting his slight speech defect.

	Height. Inches.	Weight. Pounds.	Circumference of chest. Inches.	Circumference of head. Inches.
John	41	41	22	19½
Normal—Roth ²	43.75	45.07	21.75	20.50
Normal—MacDonald ³	44.64	45.01		20.51
Normal—Holt ⁴	44.10	45.10	23.20	
Normal—Griffith ⁵	43	44		

There seems little doubt that incontinence of feces, in such cases, will recur soon after treatment is stopped, unless the treatment, rigidly carried out, extends over three months or longer. In this connection I might refer to the first case which I reported¹ in 1904, also in a boy of six years, in whom treatment was continued irregularly for several months, with apparent recovery. But five months later, after an attack of diarrhea following the ingestion of unripe fruit, the incontinence of feces recurred. The boy was left without treatment for the past two years, until I looked him up three months ago. I persuaded his mother to begin treatment again, and the child, now a big boy of nine years, is trying hard to overcome the condition, of which he is thoroughly ashamed. He is taking stychnin, cold sponge-baths daily and practically lives out of doors. Besides, he will soon begin to take swimming lessons daily.

Fresh air, cold water and stychnin all seem to act by raising the lowered tone of the rectal muscles. I wish to lay stress on the fact that the treatment of this condition, which fortunately is rare, should be instituted early, carried out regularly and continued as long as possible, in order to prevent recurrence of the incontinence.

Since reading this report two cases of incontinence of the feces have been reported by C. G. Kerley in his new book on the "Treatment of Diseases of Children." An interesting review of the treatment of the conditions, by G. F. Still, appeared in the *London Clinical Journal*, April 24, 1907.

The incontinence has not recurred in either of these cases since June, 1907.

DISCUSSION.

DR. A. W. FAIRBANKS, Boston, thought that most of the cases of incontinence developing after control has once been established are really due to lack of mental control. In many of these cases the child has some anatomic or physiologic defect in other respects, or the other children in the family, or parents, may be defective in some way. Some of the children show no visible mental defect, but it is nearly always a matter of mental control. The earlier in the life of the child the incontinence occurs, after control has already attained, the less, as a rule, will be the outward evidence of slightly defective mental stamina. The later its onset in childhood, the more noticeable is likely to be some evidence in other ways of deficient cerebral capacity. In other words, the longer control has been established, the greater must be the temporary lapse of cerebral power, causing the incontinence. Incontinence, therefore, is not likely, in the absence of disease, to occur in later childhood, except in those children who show in other ways well-marked defective cerebral function.

CONCRETION IN LUSCHKA'S TONSIL.

JAMES H. MORROWAY, M.D.

RIDGEWAY, MO.

The following case is of interest from its rarity. I have been unable to find a report of a similar case in the available literature. It is further of interest from the symptoms, which resembled those of hay fever:

Patient.—A. B., male, aged 28, has always had trouble with his throat and nose, but otherwise presents no clinical history of importance. He at first appeared to be a victim of hay fever, although there was no sneezing at the moment. The face presented a vacuous expression; nose was long and narrow, giving a pinched expression. The alæ moved feebly, and considerable thin discharge flowed from the nostrils. The mouth was open to aid breathing, and there were fetor of the breath and painful deglutition. Deafness was also present.

Examination.—Anterior rhinoscopy showed the picture of trophic rhinitis: crusts and scabs, showing shallow ulcerations underneath when they were lifted by the probe. Inspection of the mouth revealed a high palatine vault, moderate hypertrophy of the faucial tonsils and pharyngitis. Posterior rhinoscopy showed a few adenoid pieces surrounding a centrally located, greatly hypertrophied single growth, presumably the pharyngeal tonsil of Luschka's gland. The latter was onion-shaped, with a few crypts showing inspissated yellowish secretion and one rather large crypt at the most dependent portion. Uniform redness was everywhere seen.

Diagnosis.—A cystic degeneration or abscess of the third tonsil.

Treatment.—As the patient refused curettage, he was given iodine as an alterative. Appreciable relief as to ability to swallow was experienced in twelve hours. The patient was beginning to show signs of iodism and commenced to hawk and spit, when an object was felt to drop into the throat. This seemed to be a rhinolith. Inspection showed that the concretion came from the center of the enlarged tonsil, which now had a shrunk, baggy appearance and was discharging blood and pus. Improvement soon became manifest and has continued under the use of douches, etc.

The concretion had a somewhat cretaceous character, but was much harder.

The patient lives in what was evidently the bed of an ancient river, and the drinking water of the region is hard. I removed some renal calculi from a woman living half a mile south of him, and half a mile from her lived a patient on whose parotid gland I operated for calculus. These facts seem to lend some support to the theory that the calcium in the drinking water has something to do with the etiology of such calcareous deposits.

2. T. M. Roth, "Pediatrics," 1901, pages 45 and 81.

3. MacDonald, quoted by H. Koplik, "Diseases of Infancy and Childhood," 1902, page 56.

4. L. E. Holt, "Diseases of Infancy and Childhood," 1897, page 20.

5. J. P. Crozer Griffith, "Care of the Baby," 1903, page 53.