figure, but he felt it was some real experience. It is quite probable that this related to some actual event of his very early childhood. The fear of infection and of death, as well as the palpitation of the heart consequent on such fears, were, by means of the method of hypnoidization and the hypnoidal states induced, traced, as have been the rest of the recurrent psychomotor states, to dissociated subconscious experiences.

But why those insistent ideas about the eyes? For some time this could not be answered. One time, however, the patient happened to go into a deep hypnoidal condition, he fell into one of those intermediary states closely bordering on hypnosis. In this intermediary subconscious state new episodes from the patient's child-life emerged. We may characterize this cycle of subconscious experiences as "the great-grandmother episode." An ancient great-grandmother of his lingered in the same house with the patient. While in his deep hypnoidal state the patient could clearly see the tall figure of his great-grandmother. She was greatly emaciated, skin and bone, and he stood in awe of her. Now this great-grandmother of his suffered from inflammation of the eyes. In his hypnoidal state the patient could recollect the many different liquids she used as washes for the eyes. She lived in a dark room and complained she could not see, the eyes pained her so much. And now a new experience emerged. Once the patient happened to get an inflammation of the eyes. How he dreaded those great-grandmother's bottles! And now he had to undergo the ordeal of having his eyes bathed by his great-grandmother's various washes. He also remembers some horrible stories told of people who have pains in the eyes, how the eyes "swell and bulge and then crack and burst." He also recollects stories of people with "glassy eyes," who can take the eyes out and have them "crushed and cracked by passing objects." We can well imagine what a deep and lasting though subconscious, influence such gruesome tales may exert on the sensitive mind of a highly imaginative child.

Thus by means of the method of hypnoidization and of the hypnoidal or intermediary states the various threads of the complex web of insistent or recurrent psychomotor states with their concomitant symptoms have been traced to dissociated subconscious activities having their origin far back in the dim regions of the patient's child-life. The dissociated subconscious experiences, like the moment consciousness of low types, kept on recurring with the same or similar mental content and psychomotor reactions, giving rise to apparently unaccountable, irrational, insistent ideas and emotions, deeply affecting the patient's selfconsciousness.

(To be continued.)

SEVENTY-FIFTH BIRTHDAY OF DR. S. WIER MITCHELL. On Feb. 15, Dr. S. Wier Mitchell celebrated his seventy-fifth birthday.

New Instrument.

A NEW OBSTETRIC FORCEPS.

BY FREDERICK L. GOOD, M.D.,

Former House Physician, Boston City Hospital, Gynecological Service;
Former House Physician, Boston Lying-In Hospital.

AFTER a service of six months as house physician at the Boston Lying-In Hospital, I feel that the several varieties of axis traction rods now in use are inadequate for best operating and that better results can be obtained if certain difficulties in the application and adjustment of the rods be eliminated.

The main difficulty with the present rods is that in certain varieties they are not permanently attached to the blades, and that in others, although attached, it often takes much time and assistance to secure their proper adjustment.

It is admitted by many obstetricians that some presenting heads, really low in the pelvis (the so-called intermediate heads), are best delivered by traction rods; for this reason it occurred to me that as an aid to the obstetrician, and consequently for the best interests of both mother

PLATE 1. Rods attached showing how they will in no way interfere with low forceps operating.

and baby, the ideal forceps would be one with permanently attached rods which would come well down on the handles and could readily and with no loss of time, be utilized.

Another objection to the present rods is their limited motion at the site of attachment — so limited that in some operative cases it is impossible to get the desired line of traction.

The forceps here presented, I believe, does away with the above mentioned difficulties and reduces the high forceps operation to a more simple procedure.

Plate 1 shows the traction rods already applied to the forceps, in grooves having the same axis as the handles, the left rod running down from

the fenestrum, following practically the same line of direction as the blade itself and attached at the end of the handle and posterior by a spring-lock. The right rod is attached at the fenestrum, is then carried in front of the shank and follows the same general line of direction as the right blade — differing from the left only in its position — it being anterior instead of posterior. The spring-lock at the end of either handle, for retaining the rods in position, will be eliminated in other forceps; not because it is a bad feature, but it is not an essential one and the rods can be as well fastened by means of a pin lightly catching the handles. In order to bring the right rod down into the right handle it became necessary to cross over the lock, consequently decreasing the "depth" of the lock to a slight degree.

Plate II shows the rods free from their attachment to the handles and attached to the traction handle, the blades being locked by a T-shaped clamp passed through the handles and regulated by a thumb-screw at the opposite side. This apposition clamp will in no way interfere with making changes from one method of operative delivery to the other.

PLATE 2.

After having applied and locked the forceps, one uses very little pressure on the thumb-piece of the left rod, thereby freeing it from its attachment and allowing it to drop back to be attached to the axis traction handle. The right traction rod is then lifted from its attachment by means of its thumb-piece, is carried over the left handle and dropped back as was the left. The rods are attached at the fenestra in such a

manner that one can rotate them completely, and when attached to the handle allow of traction at an angle of 90°; they are so made to fit the fenestra that it is impossible for them to fall out, but they can be easily removed by the operator.

The traction handle consists of a modified Y-shaped apparatus, attached to the middle of a transverse bar, hook-shaped at either arm of the Y, and with a spring so attached that the rods cannot slip from the handle. The arms of the Y work on a swivel, thus assuring an equal pull on either rod. The instrument has been made according to my directions by Codman and Shurtleff.

I believe that the above described instrument will facilitate high forceps operations considerably, — facilitate it for the obstetrician because of its easy manipulation; facilitate it for the mother because of the lessened liability to do injury during the delivery; facilitate it for obstetrician, mother and baby because of the less time it will take to apply and utilize traction.

Medical Progress.

PROGRESS IN THE THEORY AND PRACTICE OF MEDICINE.

BY HENRY A. CHRISTIAN, M.D., BOSTON.

THE CLINICAL DETECTION OF ALBUMINURIA.

"ALBUMINURIA" as used clinically is not a very exact term, but refers to the presence in the voided urine of any albumin body which responds to the tests for albuminous material. Further, the sources of such substances may be any portion of the genito-urinary tract. As there is this possibility of variation both in the nature and source of the albuminous material, obviously the presence of it in the urine will be of a varying significance. Catheterization will exclude almost entirely the genital tract as a source, but it is hardly feasible to thus obtain all routine specimens, and even were it done, the bladder, ureter and hilum of the kidney remain as possible extra renal sources for the albuminous material. Fortunately, a determination of the nature of the albuminous material and its association with formed elements in almost all cases gives evidence as to the source and significance of the albuminuria.

Numerous albumin bodies may occur in the urine, but all except four, nucleo-albumin, serum-albumin, serum-globulin and Bence-Jones's albumin, may be neglected in the usual clinical examination. Nucleo-albumin, whether its source be renal, cystic, prostatic, testicular or urethral, occurs alone very frequently in the urine, appears to be non-nephritic in origin and so is to be excluded before using the presence of albuminuria as evidence of nephritis. Bence-Jones's albumin (albumosuria) apparently does not indicate a renal lesion but is of diagnostic importance in multiple bone tumors. Serum-albumin and serum-globulin usually occur