September 9: At 9 a. m., temperature was 100; pulse, 78; respiration, 34.

September 10: At 10 a. m., temperature was 98.8; pulse, 75; respiration, 28.

September 11: At 10 a. m., temperature was 99.5; pulse, 76.

September 12: At 10 a. m., temperature was 98.4; pulse, 72.

CASE 3.—A. P., aged 41, molder, had had a cold for one week. He was taken ill Sept. 12, 1905.

Examination.—On September 12, at 8 p. m., temperature was 104; pulse, 120; respiration, 35. His breathing was labored. There was no pain. Auscultation showed breath sounds suppressed over the lower lobe of the right lung, and percussion indicated congestion of the same area. The patient was very drowsy.

Diagnosis.—Pneumonia.

Treatment.—Thirty grains of quinin were administered at 8 p. m. and thirty-five grains at midnight, followed by ten drops of the tincture of chlorid of iron every three hours.

September 13: At 8 a. m., temperature was 99.8; pulse, 88; respiration, 32. There was severe pain in the right side, and the man was raising bloody sputum.

September 14: At 9 a. m., temperature was 100.4; pulse, 88; respiration, 34. There was consolidation of the lower lobe of the right lung.

September 15: At 9 a. m., temperature was 101.5; pulse, 90; respiration, 30.

September 16: At 10 a. m., temperature was 101.8; pulse, 90; respiration, 32. Twenty grains of quinin were given.

September 17: At 9 a. m., temperature was 100.6; pulse, 86.

September 18: At 9 a. m., temperature was 99; pulse, 78.

September 19: At 9 a. m., temperature was 100; pulse, 80.

September 20: At 9 a. m., temperature was 98.4; pulse, 74.

Remarks.—The results obtained in my other cases have been just as satisfactory as in these three cases.

With the exception of Case 1, at the time of the extension of the pneumonia to the other lung, none of the patients had a temperature exceeding 102 nor a pulse rate exceeding 96 after beginning this treatment.

What I wish to emphasize most is the effect of this treatment on the circulation. Instead of the high tension pulse which is usually present in pneumonia, the pulse was of nearly normal tension and of good volume. When there was cyanosis it was promptly relieved.

I trust that others will publish their results with Dr. Galbraith's treatment, so that we shall be able to arrive at a correct estimate of its value.

My experience is too limited to form satisfactory conclusions. Still, I am led to hope that the general use of this treatment will cause a great reduction in the mortality from pneumonia.

REPORT OF A CESAREAN SECTION.

JAMES W. ROWE, M.D.

Adjunct Professor of Obstetrics, University of Cincinnati.
CINCINNATI.

Previous History.—The patient was 26 years of age and weighed 96 pounds before the uterine contents were removed. She asserted that, when 2 years old, she was very sick with a fever, after recovering from which she did not walk for over a year. She was perfectly normal at birth and grew until 5 years old; since then she has grown broader, but very little taller.

Examination.—On examination the patient was found to be 41 inches in height. The head, face and neck were normal and the intelligence above the average. The trunk was small, but not especially deformed. From the spine of the seventh cervical vertebra to the tip of the coccyx measured 20½ inches. The extremities were markedly short, stumpy and deformed. The arm from the shoulder to the tip of the middle finger measured 14 inches. The legs were approximately 16 inches long.

Pelvis: The pelvic measurements were as follows: Between spines, 19.7 cm.; between crests, 21.8 cm.; between trochanters, 25.2 cm.; external conjugate, 14.7 cm. The true conjugate of the brim was estimated to be 6.5 cm.

History of Labor.—The patient last menstruated Nov. 23,

1904. On Sept. 11, 1905, labor began. I first saw the case on September 12 after she had been in labor twenty-four hours. At this time the os was as large as a quarter and the presenting part lay very high. Position and presentation were normal and the child was alive.

Operation.—The section was made following the usual technic. The uterine incision was made vertically through the anterior wall of the organ and, unfortunately, went through the placenta, so that it was necessary to work rapidly. After removal of its contents the uterus was closed with heavy catgut sutures one-third of an inch apart and extending through the entire thickness of the uterine wall, except the mucosa. Between these more superficial and finer sutures were placed to approximate the edges of the wound. A piece of gauze, the end of which extended through the os into the vagina, was left in the uterus. The abdominal wound was closed with three tiers of sutures. The gauze was removed *per vaginam* after twenty-four hours.

Result.—The patient recovered most uneventfully. Lactation began promptly and the baby flourished from the start. It weighed seven pounds and ten ounces. Mother and child were discharged after twenty-five days.

New Appliance

COMBINED MOUTH GAG AND STOMACH TUBE PROTECTOR.

LAURENCE M. HYNSON, M.D.

WASHINGTON, D. C.

While resident physician at the Emergency Hospital in this city several months ago and having occasion to use the stomach tube in a great number of emergency cases brought into the hospital suffering from the effects of poisonous substances (taken for suicidal intent and otherwise), acute alcoholism, indigestion, etc., and finding in many of these cases the use of the mouth gag unsatisfactory, inasmuch as it was with the greatest difficulty that one could retain the gag in position with obstreperous patients, I was led to devise a simple instrument or bobbin which has proved to be very effective and which has the double feature of being mouth gag and stomach tube protector combined. I made and used a mouthpiece of hard wood, as shown in the accompanying diagram, for the first time Sept. 6, 1904, and on subsequent occasions to great advantage.

It causes no laceration of lips, gums or tongue, and when once in position can not easily be removed by the movements of the patient's head or body. With one hand the operator holds both tube and mouthpiece in position, giving freedom of the other hand for the funnel end of the stomach tube. The gag has now been in use for several months at the Emergency Hospital of this city.

Those used so far have been made of hard wood, principally ash and hickory. The illustration is full size.