the disease for which the operation is performed. And in such cases the tonsillotome is inefficient, and it seems to me that the operation suggested by Dr. Coulter would here be a good one. I have never believed it necessary to remove more of a tonsil than that which will include the bottoms of all the crypts. However, I do not believe the body will suffer any for complete removal, for the tonsil is a part of the general lymphatic system, and the several hundred other lymphatic glands of the body can readily carry on the work done by the tonsils. I think Dr. Coulter should carefully describe and widely distribute the method of his operation, for I am sure the profession does not understand its minutiae.

EPISTAXIS.

A SIMPLE AND EFFICIENT MEANS FOR ITS CONTROL.

BY BOYD CORNICK, M.D.

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Recurrent or prolonged nosebleeding occurs sufficiently often in general practice to occasionally prove a nightmare to those practitioners who must rely on the means of checking it which are recommended by most authorities.

Having witnessed, twenty-two years ago, the ineffectual efforts of a specialist to check the hemorrhage in a case of unilateral epistaxis, I naturally felt no little concern when, a few years later, I was called on to arrest a bleeding from the nose of some twenty hours' duration. The means finally resorted to (with success) was a strong astringent injection, by means of a postnasal syringe, the tip of which was inserted through the mouth into the upper pharynx, behind the velum palati, the fluid flooding the floor of both nasal passages, and flowing out of both nostrils anteriorly. But there is a better and simpler method than this, if I may judge from its prompt success in some half dozen severe cases encountered since then.

So late and so good an authority as Struempell's "Text-book of Medicine" (revised edition) recommends plugging the nares with absorbent cotton. In all the cases in which I have known this measure to be adopted the result was a failure. Perhaps it was not done *secundum artem*. And perhaps, with so unsatisfactory material, this method requires more skill than most practitioners—and some specialists—possess.

My treatises on general surgery, on the other hand, lay no little stress on internal remedies, and fall back on the plugging of the posterior nares with Bellocq's canula as a last resort. Meantime, if they refer to an attempt to plug the anterior nares, it is with the recommendation that a quill, or a section of a gum catheter, be enclosed in the plug, and that a solution of perchlorid of iron be used to first saturate the plug. Of these recommendations the first is needless bother, and the second produces needless irritation.

There may be constitutional conditions predisposing to nosebleed, which call for internal medication. Plethora or cachexia, coexisting with epistaxis, calls each for its own appropriate treatment. Nor is it my purpose to deal in this paper with those cases of intermittent nosebleed, occurring in adolescence, without debilitating the patient, nor with that class of patients in later life where, because of contracted kidney and arterial sclerosis, an occasional profuse epistaxis acts, as a safety-valve in the steam engine, by preventing a degree of intra-arterial pressure which threatens apoplexy.

The class of cases which I have encountered, though generally presenting evidence of some constitutional

disturbance of the normal condition of the blood, or of the normal blood-pressure, has likewise given evidence of the existence of a localized solution of continuity in the nasal mucous membrane itself. In all such cases, were the lesion situated externally, so as to be easily visible and readily gotten at, what authority would lay stress on internal medication to constrict the arterioles, as an aid to checking the hemorrhage? What surgeon would propose astringent or styptic applications to the bleeding site?

It is because the site of the lesion, in most cases of even persistent epistaxis, while not easily visible, is nevertheless as easily subject to compression as though on the external surface of the body that, in all the cases I have encountered within the last fifteen years or more, compression of the bleeding site has been as readily accomplished, and has been as promptly successful, as though it had been located on the external surface.

All that I have found necessary has been to fashion with a pair of scissors a dry plug of prepared sponge, in size and length comparable with the little finger of a 12-year-old-boy. This should be carefully soaked in boiled water, to free it of grit, squeezed dry to free it of unnecessary fluid, and inserted its full length, gently, along the floor of the bleeding nostril. No styptic is necessary; it would be needlessly irritant. The expansive pressure of the soft sponge against the bleeding site, increased by the coagulation of a few drops of blood in its interstices, will check the bleeding at once. Remove it in twelve hours. Under no circumstance let it remain longer than twenty-four. Melted vaselin containing .5 per cent. of carbolic acid applied with a medicine-dropper in liberal quantities is the only local treatment called for afterward.

PELVIC MASSAGE.

BY LLEWELLYN P. BARBOUR, M.D.

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The recent papers in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION discussing massage have been of much interest and of much worth to the general practitioner. It is to be regretted that this valuable remedial measure is not more widely appreciated by all who deal with pathologic conditions of the female pelvis. There is nothing in its technic that may not be done by the general practitioner with a good knowledge of the anatomy and physiology of the pelvis, and with ordinary dexterity. My attention was forcibly called to the subject six years ago by Dr. Dudley, of the New York Post-Graduate School, and the results I have since obtained have been a source of much satisfaction to me. I will report two recent cases, not because they surpass the success of the previous ones, but because they are recent, and because they serve as an example of what can be accomplished.

Case 1.—Mrs. Y. This patient first applied to me for treatment in July, 1897. Three years previously she had miscarried at three months. I could not learn the cause of the abortion. She was quite sick afterward, evidently from septic infection. She has suffered from menstrual pains since—not before—and somewhat from "bearing-down" sensations. She is troubled with constipation; has not been pregnant since the abortion, but is anxious to become so.

An examination revealed a retroverted, prolapsed and subinvolved uterus, glued firmly in its position by inflammatory adhesions. Before coming to me this woman had consulted two physicians—one an eminent gynecologist—and both ha

told her that nothing could be done for her except by surgical means. To this she firmly refused to submit.

Remembering unexpected successes in the past, I cautiously held out some hope from massage. I was cautious, because I had never before attacked a case with such a mass of adhesions and with the organ so seriously misplaced. I warned her, too, that it would take some time to accomplish noticeable results. The results have, however, been all that one could ask—absorption of the plastic material, loosening of the adhesions, restoration of the uterus to its normal size and position, and finally, what to my patient has been the source of greatest satisfaction, a pregnancy six months along.

It is doubtful whether a mere operation, such as had been suggested to this woman, would have given her much relief. At least my observation does not make me at all enthusiastic for such work. Mechanic separation and suspension of the uterus would most certainly not have brought about the complete restoration of size, position and function that was thus accomplished, as it were, physiologically. I should say that in this, and in all my cases of this kind, I used an occasional douche of hot water, tamponage and faradism. It is not wise to neglect remedial resources of value for any one method of treatment, as long as they are not incompatible.

Case 2.—Mrs. E. K. The patient consulted me because of her sterility. She was 28 years of age; had been married six years, and had never been pregnant. Menstruation was always scant, but with very little pain; it began at 18 years of age. Her general health has always been good.

An examination revealed a very small uterus—nothing else abnormal. Two years before this the patient had been told that the sterility was due to the small mouth of the uterus, and had submitted to an operation for relief. This operation had been successful in enlarging the os, if it had ever been necessary, but not in relieving the sterility. My diagnosis was: sterility due to an "infantile uterus."

Massage seemed in this case the one thing that held out most hope of stimulating the uterus to growth and activity. After the third month of treatment there was a decided increase in menstrual flow, but no appreciable increase of size of organ. After ten months she became pregnant and is now a happy mother. This woman, besides submitting to the operation for enlarging the os, had taken various compounds containing saw-palmetto, viburnum, etc., but without any results. I used massage alone, with results given above.

Dr. Westerschulte, in the *JOURNAL* of Jan. 28, 1899, says that "cases hitherto considered incurable or only accessible to operations, have been cured in comparatively short time." I do not know how long a time he means by "comparatively short time," but I have found the length of time a serious objection. Patients become tired and impatient; I do not mean they tire of one séance, but of the number necessary. The successful results, however, justify even a comparatively long period of treatment, and it may be I shall learn that a more complete knowledge will make the time I have hitherto used unnecessary.

Before closing, I would repeat, for emphasis, from Dr. Westerschulte's paper: "For success with pelvic massage an accurate diagnosis is necessary, and whatever manipulation is applied is to be done lightly and without using force."

Differentiating Test Between the Eberth and Colli Bacilli.—Gorbuoff recommends the following simple method: Two test tubes are filled with liver bouillon tinted violet with an infusion of litmus. One is inoculated with the bacillus coli and the other with the bacillus typhi. Both are kept at a temperature of 37 degrees C. for twenty-four hours, when the first tube will be found tinted reddish, while the tube with the bacillus typhi is colorless. Grains of blue will be seen on the bottom, which color the contents unevenly when shaken and soon settle to the bottom again.—*Gaz. degli Osp. e delle Clin.*, February 9.

SYPHILIS OF THE NERVOUS SYSTEM AS THE GENERAL PRACTITIONER SEES IT.

Presented to the Section on Cutaneous Medicine and Surgery, at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898.

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Syphilis of the nervous system is undoubtedly a disease of common occurrence, but, as the general practitioner sees it, in the majority of instances it might be considered a rare as well as most formidable one—rare, for the reason that he does not recognize it; and formidable, because in its very nature it is such, and made more so through failure of proper recognition, permitting the stage of exudation to enter far into that of degeneration, long before the true character of the malady is brought to light.

If we might be permitted to judge from our own observation, we would be led to say that in the vast majority of cases of syphilis of the nervous system coming under the observation of the general practitioner, it is not recognized until too late for the neurologist or syphilographer to do more than make a correct diagnosis or write a death certificate. This being our conception of the condition, what is to be done? Our answer is: nothing, save to more thoroughly educate and acquaint the general practitioner, if possible, with the pathologic changes which syphilis produces, and at the same time give him a clearer insight as to the general as well as the special symptomatology of the disease.

It is well for him to remember, first, that in man there is not a single organ or constituent part that is exempt from the ravages of syphilis, and that syphilis and hysteria—whatever that may be—go hand-in-hand both as simulator and imitator, and as such, may be mistaken for almost any disease which humanity may have fallen heir to. He should know that absence of skin lesions and chancre or evidence of its former existence counts for naught in women presenting history of frequent abortions with subsequent symptoms of an invaded system, for the reason that syphilis by conception is a common accident. Have him understand that absence of knee-jerks in young persons without other symptoms being present in the nervous system is strongly suggestive and is well worth his timely and careful consideration, no matter how negative the history of syphilis may be. He should become an expert in traversing the entire lymphatic system, recognizing blindfolded as it were inguinal epitrochlear and postcervical adenitis without hesitancy.

It would do him no harm if examination of the hemoglobin and blood cells were made, in order to ascertain the degree of anemia, which is almost invariably found in syphilitic subjects who have not been subjected to antisyphilitic treatment, regardless of the age of the disease. Now the headaches, leg aches nocturnal in character with bony enlargements, diseased nails with either past history or present, falling off of the hair in spots, with copper-colored discolorations about the skin and iritis, should not be forgotten.

He should bring to mind and keep ever in view the fact that syphilis of the nervous system may be found