A SELF-RETAINING RETRACTOR FOR THE
SUBMUCOUS RESECTION OF THE
NASAL SEPTUM

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The retractor here illustrated consists of two pieces of steel wire connected by a firm band, which is also of steel, held in position by a screw. The outer face piece consists of malleable material so that one can adjust it to the various conformities of the face.

After it has been placed in position, it is held firm by a linen band which is adjusted to the subject's head. The retractor is particularly serviceable when an assistant is not to be had, and more so when the operation is performed in a sitting posture. The danger of injuring the tissues is lessened, and the operating surgeon has always before him a clear view of the operative field.

214 West Seventy-First Street.

Self-retaining retractor for submucous resection of nasal septum.

HERNIA RECORD CARDS

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In order to facilitate the history taking and keeping of proper records in hernia cases, I have devised the following form to be printed on the history cards in addition to the usual matter. This card should be used throughout the case in order that the record may be complete. The preferable size is 8½ by 11 inches. This size is suitable for filing in the standard size cabinet.

- I. Family history of hernia or hydrocele.
 - II. Previous hernia history.
 - III. History of present condition.
 1. Onset.
 2. Cause attributed.
 3. Duration.
 4. Pain.
 5. Spontaneously reducible.
 6. Any general symptoms.
 7. Truss worn.
 - IV. Examination for hernia, hydrocele and varicocele.
 1. Location and direction.
 2. Appearance of skin.
 3. Shape.
 4. Size.
 5. Character of contents.
 6. Expansile impulse on coughing.
 7. Reducible.
 8. Character of rings.
 9. Normal anatomic structures and position.
 10. Presence of hydrocele, varicocele or inflammation.
 - V. Treatment.
 1. Truss or
 2. Operation.
 - (a) Incision.
 - (b) Findings.
 - (c) Method of repair.
 - (d) Sutures.
 - (e) Character of recovery.
 - VI. Conditions at subsequent examinations.
- 602 Hollingsworth Building.

Therapeutics

ACUTE DIARRHEA

This simple, frequently occurring indisposition may be due to many causes; but whether the diarrhea is due to a poison from without or to a disturbance from within, it is of primary importance to prevent further irritation and further absorption of toxins by free catharsis. This catharsis should be of our own making; the diarrhea is almost never sufficient, especially if a speedy cure is desired. A diarrhea will often cure itself in time, but the disturbance may last for days, and may leave a subacute irritation of the bowels for several weeks. Therefore, the safest and quickest method of curing a diarrhea is to begin with free therapeutic catharsis.

In a few words, the treatment of acute diarrhea, with or without pain, is:

1. Give castor oil (30 c.c. or 1 fluidounce), on black coffee, on water with a little salt undissolved in the bottom of the glass, or on lemon juice; or calomel, 0.20 gm. (3 grains), and sodium bicarbonate, 1 gm. (15 grains), perhaps taken with Vichy; or a Seidlitz powder, Rochelle salt, 20 gm. (5 drams), or magnesium sulphate, 15 gm. (one-half ounce).

2. Allow no food for from twelve to twenty-four hours.

3. Give a good quantity of hot water, or cool water if hot water is refused. Give hot tea if desired.

4. There should be absolute rest on a couch or bed.

5. Two hours after the purgative has been given, begin the administration of bismuth subcarbonate, 1 gm. (15 grains), and phenyl salicylate (salol), 0.30 gm. (5 grains), combined in one powder, and administer such a dose every two hours for ten doses; or, bismuth subcarbonate, 2 gm., and phenyl salicylate, 0.50 gm., may be given every two hours for five doses.

6. If there are much intestinal gas and colicky pains, 2 teaspoonfuls of paregoric, in hot water, should be given every two hours for two or three doses.

7. If the bowels move too many times from the cathartic, ¼ grain of morphin sulphate should be given by the mouth, and repeated in three hours, if needed. Large doses of morphin in such a condition are not needed.

8. If the patient is faint, give ⅓ grain of strychnin sulphate by the mouth, and, if deemed advisable, one-half teaspoonful of the aromatic spirits of ammonia, repeated if necessary.

9. If the intestinal pains are severe, a hypodermic of one-eighth grain of morphin sulphate, with ⅓ grain of atropin sulphate, might be given. Rarely in this condition is a larger dose of morphin needed or necessary. It is, of course, better to avoid morphin, if possible.

10. If the patient is already faint from the pain and from profuse watery stools before the treatment is begun, it may be best to postpone the cathartic and give a hypodermic of morphin and atropin as above, and perhaps ¼ grain of strychnin sulphate. This hypodermic treatment, combined with rest and a hot water bag to the bowels, and perhaps a cup of hot coffee or tea will soon revive the patient. A laxative may be given later, and generally should be, else irritants will remain in the bowels.