AN EFFICIENT AND INEXPENSIVE
FOAMING INHIBITOR*

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In seeking an economical substitute for caprylic alcohol as a foaming inhibitor during aeration in the determination of ammonia in urine, blood, etc., we have found that kerosene and amyl alcohol used separately are unreliable, especially when rapid suction is employed. A mixture of equal parts of kerosene and amyl alcohol is as efficient as caprylic alcohol, and can be employed with safety even with strong suction. Greater quantities of the mixture must be used, from 2 to 4 c.c. being required, whereas only a few drops of caprylic alcohol suffice. Notwithstanding this fact, the cheapness of the constituents of this mixture more than counterbalance the greater amount necessary.

We make this note in hopes it may aid other workers in this field who have been embarrassed by the difficulty in obtaining caprylic alcohol.

A SIMPLE METHOD FOR ESTIMATING THE
COAGULATION TIME OF BLOOD

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The query of X. Y. Z. (*THE JOURNAL*, Jan. 22, 1916, p. 298), regarding a simple method of estimating the coagulation time of the blood, calls to mind the simple and cheap modification of the Biffi-Brooks apparatus, illustrated herewith, which I fixed up some years ago and used in teaching clinical laboratory methods.

It consists of a collapsible aluminum cup with a cover, with two pairs of notches cut with a saw opposite one another in the top rim of the cup and two pieces of platinum wire, each with four loops.

In use the cup is filled with water warmed to 37 C. (98.6 F.) to within about 1 centimeter of the top. The loops of the wire are quickly touched in succession to the blood from a freely flowing puncture, and the wires suspended in the notches at the top of the cup and the cover gently laid over. At the expiration of two or three minutes the cover is removed and one loopful of blood is immersed in the water. The wire and cover are quickly replaced and the same procedure gone through with at half or one minute intervals. By noting the lapse of time from the start until a drop fails to wash out, one easily estimates the coagulation time of the blood.

In the hands of students it worked exceedingly well, and when used against the Boggs-Russell-Brodie apparatus gave approximately the same results. When not in use the wires are gently bent and placed inside the collapsed cup. As near as I can remember, the cup cost 10 and the wire 50 cents.

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Apparatus for estimating the coagulation time of the blood.

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"Preventive Medicine."—To lengthen the interval between birth and death has been the aim of the medical profession since the days of Esculapius, but within a generation, in fact since the days of Pasteur, has arisen a new school which is destined to crowd the healers for place—the school wrongfully termed "preventive medicine," wrongfully termed because "prevention" requires no medicine; its use for the individual has passed when medicine is required, except in controlling the relation of the individual to society.—William J. V. Deacon, *Am. Jour. Pub. Health*.

Therapeutics

SCIATIC NEURALGIA AND SCIATIC NEURITIS

While the sciatic nerve or its branches may transmit painful sensations, the nerve itself may not always be affected, as pathologic conditions of the hip joint (arthritis, tuberculosis or tumor growth, as sarcoma) may cause pain down the sciatic nerve.

As with backache,¹ a patient who has sciatic pain should be carefully examined to determine, if possible, the cause. True sciatica is generally a perineuritis, from which this nerve suffers more than almost any other nerve of the body. Sciatica may be either acute or chronic. In the acute form it is perhaps the cause of more continuous and repeated suffering than almost any other curable disturbance.

Hunt² offers a classification of sciatica which suggests etiologic treatment. Unless the cause of the pain is removed, the nerve will continue to cause symptoms. According to this classification, the causes of neuritis are:

1. Intrapelvic disease, such as specific exudates within the pelvis, in venous congestion, pressure from a pregnant uterus, new growths, and a loaded rectum.
2. Constitutional states, such as syphilis, alcoholism, etc.
3. Damage to the nerve trunk from injury or exposure to cold.
4. Damage to the sacro-iliac joint.

The most frequent cause of sciatica in women is pelvic disturbance and pelvic pressure. In men a rheumatic and gouty tendency is frequently an associated cause, and exposure to cold seems to be a frequent exciting cause. A possibly important factor in the development of sciatica is the compression of the nerve against the tuberosity of the ischium by asymmetrical sitting on a hard seat.

The disturbance of equilibrium caused by a weakened plantar arch or other foot disturbance must be considered, as well as the possibility of a heavy patient lying in bed too long on his side, and thus causing pressure in the region of the hip. The springs of the bed and mattress, with extra pillows and cushions if necessary, should be so arranged as to relieve all possible continued injury to the sciatic nerve.

When the cause of the disturbance is considered to be a general one, a possible focus of infection should be sought. A frequent cause in adults is infection in and around teeth, or possibly in a tonsil.

Besides syphilis and alcohol as causes of sciatica, diabetes and malarial poisoning should be considered. Impaired circulation in the legs, from varicose veins or from insufficiency of the heart, may perpetuate sciatica after it has once started, and treatment in such instances must be directed toward improving the circulation.

SYMPTOMS

It is hardly necessary to refer to the symptoms of neuritis of the sciatic nerve. Often a patient can map out the course of the nerve by describing where he feels pain, and if not pain, where he feels twinges or peculiar sensations of irritation. There may be, after some days of a real inflammation of the nerve trunk, regions of paresthesia in different parts of the leg supplied by branches of this nerve, and still later

1. Backache, *Therapeutics*, *THE JOURNAL A. M. A.*, March 4, 1916, p. 740.
2. Hunt: *Med. Rec.*, New York, 1913, lxxxiii, 1153.