ing of the meatus and packing it gently with iodoform gauze, which may be changed once or twice every day. Ice is indicated when there is tenderness of the mastoid process. The patient feels great relief after an hour or two, when free secretion sets in. He usually sleeps soundly the first and every following night. The success is so general that, if it does not ensue, the perforation must be too small or there are complications. Should the perforation close before the symptoms have disappeared, paracentesis is repeated. As soon as the inflammation has ceased the opening will close without leaving any trace, and hearing is restored after six or ten days. Against the one experience of Dr. Hopkinson I can produce dozens of my own histories and hundreds from literature. The advice of free drainage of every acute gathering of pus is as useful in the ear as elsewhere. Why should we always go back and rely upon unsafe medical means, to repeat again and again every unsatisfactory experience? Why not at once use simple surgical treatment for such a typically surgical disease as acute otitis media? Why expose our patients to all the bad consequences that a retention of products of inflammation may bring about?

Respectfully,

J. HOLINGER, M.D.

PERU, IND., March 16, 1897.

To the Editor:—In my comments on the treatment of "acute otitis media," in the last issue of the JOURNAL, March 13, the clause reading "which would have *burned* the moisture, etc., should have read: which would have *lessened* the moisture, etc. In the same issue Dr. W. H. Daly of Pittsburg, Pa., gives instructions about blowing the nose, following the use of the nasal-douche, etc. "To blow one side of the nose only at a time."

I would suggest that the only efficient way of blowing the nose after the use of the douche, etc., as well as other times, is to simply *blow forcibly without holding either side*, on the same principle that you expectorate without holding the mouth. To be convinced of the truthfulness of this statement, you have only to follow out the above suggestion.

J. O. MALSURY, M.D.

Respiration and Phthisis.

OTTAWA, ONT., March 6, 1897.

To the Editor:—Will you kindly give space to the following in an early issue and thus aid in this important work? Without the coöperation of the leading medical journals nothing can be accomplished in that behalf. Trusting you will so favor, I may hereby thank you in advance, and am, sir,

Very truly yours, EDWARD PLAYTER, M.D.

To Members of the Medical Profession, Individually—in the Interest of Medical Science:—

As there is evidence tending to prove the theory that all persons predisposed by heredity to consumption have a respiratory capacity or action insufficient for good vigorous health, probably a proportionately small chest with insufficiency of lung membrane, that the predisposition is mainly or primarily due to this cause; in other words, that the insufficient respiratory function is the special primary feature of the predisposition (a condition which may be, practically, acquired by habit, occupation, etc.), I desire the coöperation of the profession in an endeavor to help to establish by means of collective investigations, the correctness or otherwise, of this theory.

In this behalf I hereby ask all physicians who have patients predisposed to, or in the early stage of, consumption, to send to me on a post card (will suffice), the information below indicated. As soon as I can study and collate the replies I shall make the results known to the profession.

Give 1, name (or initials); 2, sex; 3, age; 4, occupation; 5, height; 6, weight (average, when in usual state of health); 7, circumference of the chest on a level with sixth costo-sternal articulation when momentarily at rest after an ordinary expiration, and also 8, after habitual natural expansion or inspiration (which last usually exceeds the first measurement, expiration, 7, by an increase of only about one-fourth of an inch);

finally, 9, the circumference after a *forced* expiration, and also 10, after a forced inspiration (these two measurements, 9 and 10, varying or showing a range of from 1½ to 4 inches). The patient should be as calm as possible and had better, usually, practice the *forced* breathing for a few acts before these two last measurements, 9 and 10, are taken.

To be of value, all four measurements should be taken as carefully, accurately and free from haste as possible.

Any further information, in brief, as to the degree of heredity (family history) in cases, prominent symptoms, loss in weight, cough, dulness on percussion, etc., etc., or any remarks, will be a decided advantage.

Measurements of two cases, or several, on the average, could be given on one card.

With the hope that many will comply with the above request, and with much respect for and interest in the profession, I am,

Yours truly, EDWARD PLAYTER, M.D.

"Devil on Two Sticks."

CHICAGO, March 5, 1897.

To the Editor:—Is this an authentic quotation of a book published in 1768? As you are an authority on these matters I ask you.

Cordially yours,

E. J. DOERING, M.D.

FOOTE, "DEVIL ON TWO STICKS" 1768.

Hellebore: "I have discovered the primary cause of all distempers incidental to the human machine. And these, brethren, I attribute to certain animalculæ or piscatory entities, that insinuate themselves thro' the pores into the blood and in that fluid sport, toss and tumble about like mackerel or codfish in the great deep."

Yours,

WILL.

Feb. 24, 1897.

"This piece consisted of nothing more than the introduction of several well-known characters in real life, whose manner of conversation and expression this author had very happily hit in the diction of his drama, and still more happily represented on the stage by an exact and most amazing imitation, not only of the manner and tone of voice, but even of the very persons, of those whom he intended to *take off*. Among these characters there was in particular a certain physician, who was much better known from the oddity and singularity of his appearance and conversation, than from his eminence in the practice of his profession. The celebrated Chevalier Taylor, the oculist, who was at that time in the height of his vogue and popularity, was also another object of Mr. Foote's mimicry and ridicule."—From article upon Samuel Foote, in Baker's "Biographica Dramatica," vol. 1, part 1.

Samuel Foote actor and dramatic author, born 1720, died 1777. The character of "Hellebore" was one assumed by the Devil.

Le Sage also wrote a novel with the same title. Of course there was nothing new in Hellebore's suggestion, as Redi a century before had announced it and Vitruvius the Roman architect came very near it, in advising that houses be built away from swamps so as to avoid the exhalations from the "fenny animals."

Ophthalmia Neonatorum.

PITTSBURGH, PA., March 8, 1897.

To the Editor:—Recently I had a case of ophthalmia neonatorum in which only the left eye was affected. This has never occurred in my practice before. The disease has always affected both eyes and this is the reason I report the case. My treatment for this disease is first to wash the eyes out well with warm water by means of a small wad of medicated cotton followed by a wash of muriat. ammon. gr. vi, bichlorid. hydrarg. gr. j. aquæ dest. 3vi. M. Sig. A teaspoonful in a teaspoonful of boiling water, immediately followed by a 20 grain solution of argentic nitrate and then by a saturated solution of chlorid of sodium. This is repeated every three or four hours. Once a day or once in two days I apply a drop or two of the solution of sulphate of atropia 1 grain to the ounce of distilled water. My cases have always rapidly recovered