résumé. In some of the cases there is uncertainty as to whether the primary condition was hemorrhage or thrombosis of the principal veins, followed by hemorrhagic infarction. Lissauer believes that in cases studied by him the primary condition was thrombosis, and it seems to me not unlikely that such was the case in the present instance also. Suprarenal hemorrhage does not seem to have been diagnosed during life as yet, and, while there can be no doubt that bilateral suprarenal hemorrhage or hemorrhagic infarction, as in this case, may cause death after distinctive clinical disturbances, the observations so far recorded probably are not sufficient for the reconstruction of complete clinical picture or pictures, although Arnaud concludes his study of a large number of cases of all kinds of suprarenal hemorrhage by dividing them on the basis of symptomatology into three distinct clinical types, viz.: the asthenic type (suprarenal insufficiency), the peritoneal type (peritoneal irritation), and the nervous type. Lavenson adds two more groups; namely, cases of sudden death and cases, so far observed only in children, with purpuric eruptions or hemorrhages in the abdominal viscera.

PROCTOCLYSIS

A SIMPLE METHOD OF ADMINISTERING THE MURPHY TREATMENT

M. IVERSEN, M.D.
STOUGHTON, WIS.

While there are many devices and arrangements for administering the "Murphy treatment"—proctoclysis—most of them are either costly, clumsy or both. The method I have adopted, and which the accompanying illustration makes self-explanatory, has proved satisfactory. It has the added virtue of being easily carried out with material at hand in any hospital.

The parts consist of a fountain syringe or irrigator (A), a stopcock (B), a Y-shaped glass tube (C). From the latter a long rubber tube, ending in a hard rubber or glass tip, extends downward and another piece of tubing extends upward, ending in a U-shaped glass tube (D), the open end of which projects into the irrigator. I have found an 8-candle-power incandescent electric drop light (E) all that is necessary to maintain the temperature of the saline solution.

The stopcock is set so as to permit a flow of from 50 to 80 drops a minute. The vent tube leading from C to D permits the back flow of liquid or the passage of gas when the patient strains. The container should be from 4 to 14 inches above the level of the buttocks.

Therapeutics

PREVENTION OF TUBERCULOSIS

Dr. Noble P. Barnes, Washington, D. C., presented a paper at the International Congress on Tuberculosis (*Interstate Medical Journal*, January, 1909), which states so well the every-day methods of preventing this disease that it is time well spent to review them.

As unhealthy mucous membranes are probably generally the point of entrance into the system of the tubercle bacillus, Barnes emphasizes the necessity for keeping mucous membranes clean and healthy and with free drainage. He emphasizes the necessity for the complete and prompt removal of adenoid vegetations and enlarged tonsils in young children, and believes that the frequently performed tonsillotomy, while removing obstruction, leaves partially concealed or submerged diseased tonsillar tissue that not only harbors various organisms, but offers an open door for the tubercle bacillus. If it is decided that a tonsil is diseased a complete tonsillectomy should be done. Also, partial removal of adenoids does not relieve the congested turbinates, and proper nasal breathing and nasal mucosa drainage can not be established until the nasopharynx is cleared.

The nose itself should be made as free of bony obstructions and mucous membrane hypertrophies as deemed necessary for the free passage of air. If the mucosa is thickened, the use of mild alkaline antiseptic solutions followed by mentholated pure petroleum oil will aid in causing it to become healthy. In simple catarrhal conditions of the larynx and upper bronchial tubes, the inhalation of some mild aromatic antiseptic oil solution is of value.

Barnes believes that the rising toilet of all individuals who possess sensitive mucous membranes, and of those who inhale city dust, should include the employment of a non-irritating nasal douche, and a cold water gargle. "A free change of air in the lungs is next in order, the method depending on the physical condition, and lastly inhalation for from five to ten minutes of mentholated aromatic oils."

From such a morning toilet of the nose and throat, mucus that may have collected during the night is washed off and expelled, the appetite for breakfast is improved, and the mucous membrane is prepared to counteract the ill effect of the dust and bacteria that must of necessity be inhaled during the day.

If the mucous membrane of the nose and throat is unhealthy, Barnes suggests, besides small doses of iron, small doses of iodid. This is certainly good treatment, provided the dose of iodid is very small, perhaps not more than 0.03 to 0.05 gram (or $\frac{1}{2}$ to 1 grain) three times a day.

If a tuberculous process is going on in the lung, Barnes advises against respiratory exercises as tending to prevent the normal healing of the part. This is certainly good advice, as either the exercise is often carelessly ordered by the physician, or the patient or the patient's family, through the reading of popular articles, begins deep breathing at a time when it is positively contraindicated. Later, when a lung has thoroughly healed, graduated respiratory exercises are advantageous. Barnes suggests the following precautions in lung gymnastics, viz.: never expand the chest beyond the degree of comfort for fear of tearing open old wounds or rupturing air cells. 2. The air should be expelled through the nose instead of through the mouth or puckered lips as taught by most teachers of physical culture, because the turbinates are cooled by inhalation, and warmed by exhalation, and the dust caught on the nasal hair and mucous membrane will be forced out instead of being drawn further in."

The mucous membrane of the digestive tract becomes second in importance as a route of tuberculous invasion