twice a day and to one dose daily. The improvement has been rapid and the patient is now out of doors.

This case was one of acute hemorrhagic purpura of the most severe type. The prognosis in a large proportion of these is extremely grave.

Sahli,⁴ as late as 1905, made the statement that the value of calcium chlorid in hemophilia is still awaiting judgment.

In view of the cases here reported, it seems that the calcium, or probably the magnesium salts as well, offer the best hope of relief of any therapeutic measure so far advised.

We are, of course, aware that theoretically there is some danger of causing thrombi formation, but this must be slight if we determine with each case the minimum dose necessary to make the patient comfortable. Thirty or forty grains of calcium lactate once or twice a week is usually sufficient in the chronic cases. The large doses given to the patient with acute hemorrhagic purpura is evidence of the harmlessness of the drug when such doses are necessary.

The lactate is more easily absorbed by most patients than the chlorid of calcium and the taste is much more agreeable. The chlorid is nauseating to many individuals, while the lactate is a tasteless, chalk-like powder.

All the patients were also directed to drink from one to two quarts of milk a day, and some of the improvement probably results from this, for Wright and Knapp⁵ have shown that this accelerates coagulation.

Summarizing the coagulation experiments in the above cases, it is seen that in two of the five it was decidedly above normal, in two others a high normal, and in the fifth a low normal. In all cases the blood must have had a high content of calcium, so the results attained are in accord with those of Wright and Knapp,⁵ who demonstrated by chemical means, in 1902, that blood which contains a small amount of calcium is not always less coagulable, and also that blood containing much lime salts is not necessarily more coagulable than usual.

It has been claimed that the continued administration of calcium chlorid is not effectual in keeping up an increased coagulability of the blood, but, on the contrary, serves to lengthen the time. Consequently, its use has been confined to stopping acute hemorrhages or to prevent hemorrhage at an operation. Whether the effect of the lactate is different in this respect or the improvement is due, in the chronic cases, to the fact that the patients have taken the minimal effective dose I can not say, but concerning the improvement there can be no doubt. In no case has the coagulation time been lengthened by the lactate.

The patient in Case 1, the physician, and the patient in Case 3, the teacher of Latin, are educated men and keen observers. One of them has now been under treatment for five months, the other for four months. By regulating the calcium lactate carefully they can keep themselves infinitely more comfortable than for years.

In the course of these examinations many blood examinations were made. The one constant feature was the very small number of blood plates. Other observers have reported this, but, we believe, have not attached sufficient importance to it. Following such bloods from day to day one can not help thinking that there is a close relationship between the small number of the plates and the liability to bleed. In one of the cases, the plates

suddenly disappearing, it was suggested, fully forty-eight hours before it began, that bleeding was about to recur. Blood from another patient (Case 2), taken the same day on which had occurred the most severe attack of epistaxis for months, showed a total absence of plates, whereas they had previously been present, but much below normal.

After the cessation of the bleeding arsenic was given with the idea of stimulating the hemogenetic organs. While the origin of the plates is still a much disputed point, the fact that they rapidly increased in number soon after beginning the arsenic in Case 5 would argue in favor of the bone marrow as their seat of origin.

During the last few years much has been written on the technic of counting the plates. Pratt's method of diluting the blood with a 2 per cent. solution of sodium metaphosphate and obtaining the ratio of the plates to the red cells is probably the best. While the actual enumeration is more accurate and especially valuable in reporting cases, the technic is arduous and can not be applied in many cases. Heretofore nearly all observers have agreed that little concerning the plates could be learned from a stained specimen. It must be remembered, however, that such investigations were made before the use of the azure dyes was common. We believe that by making evenly smeared, thin specimens and using a stain like Wright's, Leischmann's or the Nocht-Jenner of Hastings, which we have employed, fully as good an idea of the plates can be obtained as by counting them.

Secondary anemias, whether from hemorrhage, neoplasms or various other causes, always show a marked increase in the plates. In all the cases above reported there was at some time distinct anemia, but the plates were constantly reduced.

Another point of difference between the two varieties of anemia is that a leucocytosis is usual with secondary anemias, while it is uniformly absent with the anemia of purpura.

Keeping these points in mind, one should always be able to differentiate between a bleeding from a hemorrhagic diathesis and a hemorrhage from other causes.

New Appliance

A BED LIFT.

H. H. JANEWAY, M.D.
NEW BRUNSWICK, N. J.

The form of apparatus here described has proved itself so useful in the care of many of my postoperative cases, that it has seemed as though both those connected with larger hospitals as well as many who do most of their work with limited nursing help would welcome its use. There are many forms of bed lifts manufactured by the instrument makers, but all of these, so far as I have been able to discover, are so arranged that the patient must be lifted bodily on the machine, as a patient would be lifted on a stretcher, before it can be used.

DESCRIPTION.

In this form of apparatus, however, one nurse is easily able to place three bands beneath the patient, and thus alone to lift the patient. The one passed beneath the shoulders is readily placed by first lifting one shoulder and pulling the band down underneath the back until the upper border is on a level with the axilla, then the other shoulder is lifted and the band adjusted on this side of the body; the band passing under the hips is first pushed beneath the small of the back, and then first by lifting, or slightly rolling up one hip, and then the other, it is

4. *Ztschr. f. klin. Med.*, 1905, vol. 56, p. 264.
5. *Lancet*, Dec. 6, 1902.

easily pulled down until its upper border is on a level with the anterior superior iliac spine. The other two bands are very quickly put in position, one beneath the calf of the leg, and the other attached to the same end-piece as the shoulder band, under the head (Fig. 1). The placing of all these straps is very rapidly done, being only a matter of a couple of minutes, and can all be accomplished by one person. The patient can now be lifted by one nurse and lies, when the bands are in their proper places, at perfect rest on them (Fig. 2.).

Figure 1.

BENEFITS.

The nurse is then at liberty to change the bed, turn the mattress, introduce the douche pan, or thoroughly rub the patient's back. In cases of any tendency for the development of a bed-sore in a patient who has been obliged to remain for a long time on the back, instead of using one strap beneath the hips, which would rub on the sore, two straps with the bed-sore in the interval may be used, and thus the developing bed-sore readily dressed. In this case one strap passed beneath the small of the back and the other under the thigh just beneath the buttocks. It will thus be seen that any part of the patient's body can be made accessible. The patient is

Figure 2.

still at perfect rest when so lifted. This method of introducing the straps can also be used when, on account of excessive weight, it is more difficult to pull the hip strap down under the pelvis.

Aside from making nursing easier, the apparatus, in many cases, proves a veritable Godsend to the patient. The rest to the back after being lifted is very great. This is especially

noticeable after operations, and is most useful for a long time after such operations as nephrorrhaphy, where it is undesirable for a patient to turn off from the back for some little time. Even after an ordinary laparotomy the possession of a way of lifting a patient off the back without strain contributes greatly to the taking of any tension off from the wound, such as might otherwise be due to excessive restlessness or too early turning. Of course, to that class of cases in which turning is very difficult, such as fracture cases and chronic illnesses, the machine proves a real blessing throughout the entire sickness.

Lately I have used the machine in cases of typhoid fever at the home of the patient with most gratifying results. By swinging the crane out to the side of the bed one nurse is able to give a regular bath without strain to herself or exertion to the patient (Fig. 3). Where the means of the family are limited so that only one nurse can be engaged, this form of bed lift has really meant to the patient the difference of having the bath treatment or going without it. Each nurse who has thus far become accustomed to the use of the lift has expressed herself enthusiastically over it.

The simplicity of the machine enables it to be manufactured at comparatively slight cost, Charles E. Dressler, 143 East Twenty-third street, having reproduced the one here presented at a most reasonable figure.

In one family in which the expense of a nurse was out of the question, and in which the mother lay for several months

Figure 3.

dying from secondary carcinoma of the liver, being absolutely bed-ridden, and before death weighing over 200 pounds, this apparatus enabled the two daughters to care for their mother, to make her comfortable, and to keep her back and bed in good condition until she died.

Clinical Note

CONGENITAL DISLOCATION OF THE HIP.

REDUCTION AT AN EARLY AGE.*

PRESCOTT LE BRETON, M.D.

BUFFALO, N. Y.

In cases of congenital dislocation of the hip diagnosis is possible soon after the child begins to walk, because the limp in unilateral cases or the waddle and lordosis in bilateral cases call attention to the condition.

In a certain number of cases, which are, nevertheless, congenital, dislocation does not occur until a later time. The period depends on the amount of deformity present.

*Read at a meeting of the Eighth District Branch of the Medical Society of the State of New York, Aug. 17, 1906.