SUMMARY.

The points of special interest in this case are:

1. The improvement under x-ray treatment.
2. The decrease of the liver from very great size to about normal, apparently due to improvement, but really due to degeneration.
3. The varicosities of the esophageal veins, common in alcoholic cirrhosis of the liver but not expected in this case.
4. The extraordinary and fatal hemorrhage, due to
5. Rupture of the esophageal vein.

We wish to thank Dr. Richard C. Cabot for his advice and interest in this paper.

A summary of all the cases except Umney¹² may be found in F. Parkes Weber's "Critical Review, Polycythemia, Erythrocytosis and Erythraemia," the appendix of which gives the necropsy findings reported up to the time of publication.

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New Instrument.

A NEW MASTOID RETRACTOR.

BY PHILIP HAMMOND, M.D., BOSTON.

SINCE the radical mastoid operation was first performed, recourse has been had to various expedients to enable the operator to obtain a clear view of the cavity, and to keep the soft parts of the canal out of the field. A piece of tape seems to serve the latter purpose well, but there is generally some difficulty in obtaining the proper degree of tension on the tape. The retractor pictured here has been used by the writer for the past two years, and in its present form has given satisfaction. The larger or anterior member is so designed that it not only holds the auricle out of the way, but allows the tape to be threaded through the instrument, passed down into the wound, out the meatus, and after being drawn sufficiently tight, both ends are fastened on the spear-shaped point.

The instrument is self retaining; the more

widely the members are separated, the more firmly it is held in the wound; and the anterior member is not only held by this tension, but also by the fact that it is bound down by the tape through the meatus.

The connecting portion between the two members is shaped like a wish-bone, and is reversible, allowing the instrument to be used for either the right or left ear. In inserting the retractor, this portion is kept in a position at right angles to the side of the head, the margins of the wound are stretched apart and then the portion connecting the retractors is pushed down to a position parallel with the side of the head, either above or below the operative field, as choice dictates.

The apparatus possesses the advantage of imitating exactly the function of retractors held by hand, without the disadvantage of extra hands in the way.

Medical Progress.

REPORT ON PEDIATRICS.

BY JOHN LOVETT MORSE, M.D., AND FRITZ B. TALBOT, M.D.

THE PROTEIN DIGESTION IN INFANCY.

I. *Ferments*. — The saliva of man was shown to contain a proteolytic ferment by Ed. Müller,¹ but up to date such a ferment has not been found in infants.

(a) *Pepsin* was first demonstrated in the mucous membrane of the infant's stomach by Zweifel,² and later Langendorff³ extracted it with HCl from the stomach of a fetus of four months, at which time there is microscopic evidence of glandular formation. The amount of pepsin increases with the age of the baby up to the third month, and from then on remains constant in amount; it is present in larger quantities in bottle-fed babies than in breast-fed babies.⁴ Pechstein⁵ examined the urines of babies at different ages and under different conditions and found that all babies excrete pepsin and rennin in their urine from the day of their birth onward. These ferments are present only in the form of their proferments. They are found in minute quantities in the early days of life and increase in amount up to the end of the first year, at which time there is about one twentieth as much as in the adult. The urine of the artificially fed baby contains more than does that of the breast-fed baby. During an acute disturbance of digestion they are as abundant as in health, but during chronic diseases they