Clinical Notes, Suggestions, and New Instruments

A JUVENILE PARETIC AND HIS FAMILY

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P. A. came to my service in the City Hospital, an emaciated and crippled boy of 12. Physically, he showed pupils that were unequal, irregular and immobile, a coated and tremulous tongue, and a coarse tremor involving the entire body. The speech was hesitating and distinctly ataxic. He was paralyzed from the waist down.

The physical signs showed a spastic paraplegia with the reflexes all exaggerated, and loss of control of both sphincters. There were contractures of both legs so that he lay in bed a helpless paralytic.

Mentally, he showed marked dementia. If touched he would scream, and if given orders he would obey them only after considerable repetition and explanation.

The story that the family gave was that up to about 9 years of age he had been able to attend school. After that he was unable to keep up in his lessons; the teachers found him almost impossible to manage, and his schoolmates considered him irritable and uncompanionable. He was taken out of school, but the family found him too great a care at home, and he was sent to the hospital.

The laboratory reported a markedly positive Wassermann reaction in both the blood and the spinal fluid. In the latter the cells numbered twenty. The butyric acid test was positive, and the colloidal gold test revealed a typical paretic curve.

The case was diagnosed as one of juvenile paresis. The young patient is still in the hospital, slowly losing both physically and mentally.

The intern staff took considerable interest in a 14-year-old brother of the patient who came to see him. They induced him to allow them to take some blood for a Wassermann test. The laboratory reported this as being markedly positive.

It then developed that there was still a third boy, aged 10. After a time we succeeded in getting a specimen of his blood. The Wassermann test on this boy was like that of his brother, markedly positive.

The boys were sometimes accompanied by a little sister of 8. Her blood was then examined. The report showed a strong positive Wassermann reaction.

The parents of the children were next approached with a view to obtaining a blood test. The father absolutely declined; the mother consented. The Wassermann report in her case was positive.

Here, then, is a family of six, in five of whom the Wassermann blood test was markedly positive, and one of whom presented a typical case of juvenile paresis.

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CASE OF FOREIGN BODY IN THE NOSE

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A foreign body in the nose of a child is a matter of comparatively common occurrence, but not common, I believe, in adults who are sane and of ordinary intelligence; therefore, I am prompted to report this case:

Mr. A. B., aged 33, a student of mechanical engineering, came to my office, Dec. 28, 1918, saying that during the past three years, breathing on the right side of the nose had been almost completely obstructed. At times he could inhale a little air through that side of the nose, but he could not exhale. He also complained of a very foul discharge dropping back into the throat which sometimes even produced nausea.

On examination, the nasal septum appeared moderately deflected toward the right. The left nasal chamber showed no particular abnormality, but it was possible to obtain a view of only about the anterior one third of the right nasal cham-

ber. The application of a little 4 per cent. cocain solution brought about enough shrinkage of the membranes to disclose a grayish brown mass of irregularly flat form lying against the septum and occluding inspection farther back; on examination with a probe this proved to be of a hard mineral or stony-like character and extended well back where the probe met definite resistance by what seemed to be a larger mass of like substance. Considerable thick, foul secretion was present in this side of the nose.

With a pair of Hartmann forceps I gently grasped what could be seen of this mass, and two small pieces were removed. This was followed by quite free bleeding which subsided shortly and the patient was directed to return two days later, at which time the two larger pieces were removed with some small fragments. The large and more flat piece was removed anteriorly, but the irregularly spherical piece had to be pushed backward and expectorated by the patient; rather free hemorrhage followed, which subsided shortly. The nasal chamber was irrigated and sprayed with an iodized oil and the patient directed to return the following day, when further examination of the nose did not reveal the presence of any more foreign substance. The nose was treated by mildly antiseptic oil sprays daily for about ten days, at the end of which time the foul smelling discharge had ceased and the patient was breathing freely through both sides of the nose. The large spherical specimen was found to contain in its center a cherry pit, which, it is quite evident, became lodged in the posterior part of the nasal chamber, and gradually the mineral-like substance became deposited around it. But the patient was at a loss to explain how the cherry pit became lodged there. The only explanation seemed to be that he had sneezed or coughed at some time when eating cherries and the pit had then been forced up through the nasopharynx and into the posterior part of the nasal chamber. No evidence of sinus infection was found.

7 West Madison Street.

Therapeutics

A DEPARTMENT DEVOTED TO THE IMPROVEMENT OF THERAPY.
A FORUM FOR THE DISCUSSION OF THE USE OF DRUGS
AND OTHER REMEDIES IN THE TREATMENT OF DISEASE.

USE AND ABUSE OF CATHARTICS *

(Continued from page 1363)

OLIVE OIL AS A LAXATIVE

Olive oil, cottonseed oil and other food oils and fats can do all that liquid petrolatum can do—and one thing more: they can nourish the body.

That digestible oils may act as laxatives, it is necessary to give more than can be digested and absorbed. This, in the case of an infant, may be one or more teaspoonfuls daily. To obtain laxative effects from olive oil in an infant, it is well to commence with one-quarter teaspoonful once or twice a day after feeding, and to add one dose a day until a dose is given after each feeding. It may then be increased to half a teaspoonful at a dose, if required and if it is well borne. It is inadvisable, however, to use more than 10 or 15 c.c. in a day in case of a young infant; even less than this would be the limit, if the character of the stools becomes abnormal.

The adult must take considerably more of digestible oil than of petrolatum to obtain the same laxative action. The exact dose will differ, of course, chiefly with the amount of other fat ingested and with the

* This is the fourth of a series of articles on the pharmacology, physiology and practical application of the common laxatives and cathartics. The first article appeared October 18.