

condition for fifteen years. His son, now 13, began to show similar symptoms a year ago. The sweat reflex, in himself and in the other instances in this family, cited above, is established through the use of pungent or peppery foods, as well as acids and condiments. The sweating occurs about the eyes, forehead and upper lip. One of us observed the patient, during the ingestion of lobster salad. At the end of one minute profuse perspiration occurred about the eyes, forehead and upper lip, lasting about five minutes and accompanied by a slight erythema. In this case, as in the second one recorded, the sweating was preceded by a sensation of coolness in the skin areas affected.

CONCLUSIONS

1. Heredity is a decided factor in all these cases; in one, the condition was traced through four generations.
2. The condition is not congenital, since it has not appeared in any of the cases before puberty.
3. Localization of the sweating is identical in all members of the same family.
4. The same stimuli produce the condition in all members of the family.

Clinical Notes

A DIVIDED SHEET FOR GYNECOLOGIC EXAMINATION *

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I present a new modification of the ordinary sheet used in gynecologic examination and treatment. This sheet has proved so satisfactory in my hands that I have discarded the older sheet and now use the new device altogether. It is simple and can be easily made in a few moments by any woman with needle and thread or machine.

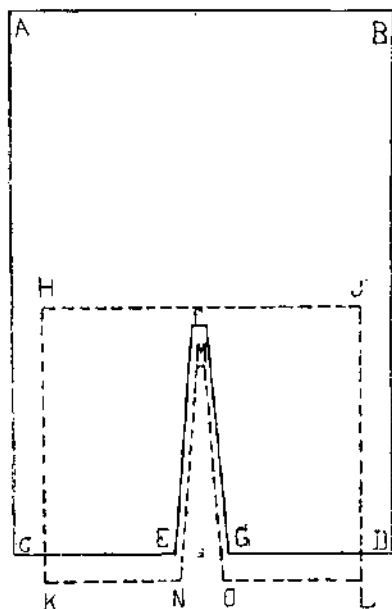


Diagram to show method of making a sheet for gynecologic examination.

To make the sheet take any ordinary sheet of sufficient size (7 by 5½ feet) such as is used in ordinary gynecologic examinations and spread it on the floor; at one of the long ends (CD) mark a dot to show the cen-

ter. From this central point on the edge measure toward the center of the sheet 3 feet (F); from the dot in the center of the end, measure 2 inches on each side; then cut out the triangle (EFG). The edges of this triangle should be hemmed or bound with tape. Take a piece of cotton 5¼ feet square (IJKL) and spread it on the floor. Mark the center of one edge and a point 2¼ feet distant from the first point, on a line perpendicular to the edge. Take the scissors and cut the sheet at this point, hemming or binding the edges. This second sheet (IJKL) is sewed to the large sheet (ABCD) 8 inches above the bifurcation on the large sheet at F. It is an excellent plan to bind securely with silk or thread the edges of the bifurcations at F and M. It will thus be seen that this is a double bifurcated sheet in which a smaller sheet is superimposed on a larger one.

In use the nurse places the patient in the ordinary dorsal gynecologic position, wrapping the left leg with the flap (FGD) of the large sheet and the right limb with the flap (FEC), thus perfectly protecting the lower limbs. The two flaps (KNM and LOM) of the smaller sheet, hanging down in front, are tucked neatly under the buttocks.

It will be readily seen by those who have had any gynecologic experience that examinations, both digital and instrumental, can be made with the slightest possible exposure—very much less than with the ordinary sheet. I have found it especially nice when using specula, as it enables the physician to introduce them, tuck the sheet snugly around and thus secure absolute protection. From the time when I first began to use the sheet, a number of months ago, patients at once commented on the facts herein noted.

115 West Chestnut Street.

MOTOR APHASIA AS A SEQUELA TO SCARLET FEVER

REPORT OF A CASE

NICHOLAS LAWREY, M.D.

BROOKLYN

A child, aged 6, well nourished, had a chronic discharge from the ears, and an attack of measles three months previous to present illness. The scarlet fever started with nausea, headache, vomiting and high fever (105 F.). Cerebral symptoms, as restlessness, delirium and mental apathy, were predominant. The patient could be aroused for medicine and nourishment, but soon sank again into a mental stupor. On the fifth day of the disease his ears began to discharge, the temperature remaining high with remissions, till the seventh day, when improvement began and amelioration of all the symptoms. By the middle of the second week paraplegia of the left side was noticed with motor aphasia. The patient seemed to understand words, and retained full power of hearing, but the power of articulate speech and of producing complicated movements in the region of speech muscles was wanting. The tongue could not be protruded well and deviated to the left. The paralysis lasted a few weeks, and the patient is gradually regaining his power of speech three months after illness.

283 South Second Street.

Autografting.—Marion S. Souchon, M.D., House Surgeon Hôtel Dieu, New Orleans, La.: The following method, though not evolving a new principle, is original in the application of the Reverdin and Thiersch methods of grafting. At the skin edges of a granulating surface are found the proliferating new cells which are particularly active. This new tender membrane is easily removable and may be used as a neograft. One may either make pin grafts, or detach a strip at one end only, and spread it in the shape of a peninsula. The method is so simple and the results so unfailing as to make further description unnecessary.

* Exhibited before the Louisville Society of Medicine.