

during loading or shoveling, and, as every physician knows, the most efficacious way of administering nitroglycerin is to dissolve the triturate in the mouth. Another way of absorbing this poison is through the skin. Hence, these miners complain of headache, palpitation and nausea. Sometimes the men working on the tippie out in the open complain, too, as they breathe this dust when the cars or wagons are dumped.

During the past year Congress passed a law establishing a Bureau of Mines on account of the great number of miners killed or maimed annually as a result of a lack of safety devices. It may be opportune for the physicians to make some effort to better the condition of the miner from a hygienic and sanitary standpoint.

If in one of our naval ships we did not have elaborate systems of ventilation and did not make careful tests for the least increase in carbon dioxide gas for the several hundred men confined below—if we did not prohibit promiscuous expectorating, urinating and defecating, what a deplorable ship and state of health we should have!

It is no less important to have a clean, well-ventilated mine for the several hundred men working in it. The mere fact that the filth is hidden in darkness is no excuse for permitting a lack of sanitary precautions which we would not countenance one moment in the open light. We should provide our mines with better ventilation and more experts capable of analyzing the air.

Physicians in mining towns are without authority. It seems as though it might come within the province of this new bureau to make rules in regard to sanitary measures outside the mine as well as inside. Without chronic gas poisoning, typhoid, tuberculosis, hookworm, chronic nitroglycerin poisoning, and other preventable diseases, as well as fleas and chiggers, perhaps there would be no "miners' consumption."

Some physicians jump to the conclusion that the miner has general pulmonary fibrosis (anthracosis). As a matter of fact, the miner of to-day inhales very little dust, much less than the coal-handlers outside inhale, and he does not have evidences of catarrhal inflammation of the respiratory tract to the same degree as the men working in coal dust, who undoubtedly have anthracosis.

Other physicians account for the miner's pallor by the lack of sunshine, without considering real anemia. Many men have continued to work in dark but well-ventilated places other than mines for many years without developing anemia or marked pallor.

It is our duty to conduct some serious investigations in regard to the health of our miners. We should have more data at hand obtained from blood-examinations, post-mortem examinations, air analyses and other examinations which may give us exact information.

FATAL GUNSHOT WOUND

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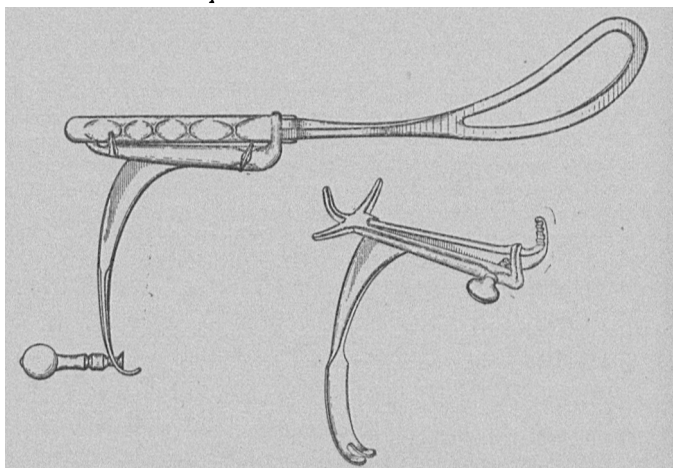
Oct. 21, 1910, I was called to see a boy about 10 years of age, who had been accidentally shot by a .44 caliber rifle, in the hands of a younger brother. The bullet entered the knee-joint from the anterior side, just internal to the patella, and passed completely through the joint, severing the popliteal artery. I arrived about ten minutes after the accident had occurred, but the loss of blood was so great, that the patient lived but a few minutes, never having regained consciousness. This emphasizes the necessity of instruction in the public schools regarding "first aid to the injured."

AXIS TRACTION HANDLE FOR OBSTETRIC FORCEPS

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The illustration shows a handle that can be readily and quickly attached to any obstetric forceps thereby making the latter a complete axis traction forceps, possessing the following advantages:

1. It is light, simple in construction, having only three parts, and very easy to apply to any forceps handle when axis traction is required.



Axis traction forceps. The figure at the top shows the handle attached to the ordinary obstetric forceps. Below on the right is a view of the handle detached.

2. It prevents the lock of the forceps from slipping and at the same time does not hinder the forceps blades from being opened or closed at the wish of the operator.

3. The handle alone is sufficient for most of the axis traction cases, but when a great amount of traction is required a "T" or cross-bar can be attached through the slot in the lower end of handle, making a larger grip.

4. This handle with the ordinary forceps that is found in the obstetric bag of every physician will prepare him successfully to terminate cases demanding a high forceps operation.

WARNING AGAINST THE INDIA-INK METHOD FOR THE SPIROCHÆTA PALLIDA*

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Since recognition of the *Spirochæta pallida* as the probable cause of syphilis, now five and a half years ago, the staining methods, as has been said, are almost as numerous as the investigators who have studied it. Out of the many, there is one which has of late been especially prominent. I refer to the India-ink method first recommended by Burri,¹ and since by a number of other investigators.

This method, which consists in mixing the serum with diluted India ink on a glass slide and allowing it to dry in the air, is so easily carried out and requires so little technic, that its use, sooner or later, would have become quite universal. Recently, I used this method on a number of occasions, and I desire to relate my experience with it.

* Presented at the clinical and pathologic meeting of the Allegheny County Medical Society, Oct. 18, 1910.

1. Burri: Deutsch. med. Wochenschr., 1910, No. 38, p. 1762.