

over 73 per cent. of the cases at the onset of the hemolysis. This is certainly presumptive evidence, at least, of the malarial plasmodia as a causative factor, and would seem to justify the use of quinin. The question of the possibility of doing harm to the patient with this drug must, of course, be borne in mind.

Quinin is best given in an infusion, since it is not retained by mouth. Besides this, the infusion is not an unimportant part of the treatment, for the demand for fluids is urgent. Yorke and Nauss<sup>10</sup> observed that anuria and death were less likely to supervene in rabbits injected with a hemoglobin solution if the rabbit had been previously supplied with fluids, than if it had been deprived of fluids. Hemoglobinuric fever patients usually vomit all fluids, and proctoclysis will often not be absorbed. From 300 to 500 c.c. of saline solution in which not more than from 5 to 10 grains of quinin dihydrochlorid have been dissolved may be given and repeated every six to eight hours so that the patient gets from 15 to 30 grains of quinin in twenty-four hours.

**Don'ts to Be Observed in the Management of Hypertensive Cardiovascular Disease.**—1. Don't tell the patient with moderate hypertension, few symptoms and whose kidneys are functioning well to stop eating meat, or go on a milk diet.

2. Don't tell him to immediately give up his business; try to readjust his life so that unnecessary cardiovascular strain is reduced to a minimum.

3. Don't tell him his kidneys are "all right," just because his urine exhibits neither albumin nor casts.

4. Don't miss the significance of nocturnal polyuria and a persistently low gravity.

5. Don't give nitroglycerin tablets to your patient the moment you discover that he has hypertension. Perhaps he requires a high pressure to get the blood through his small inelastic vessels.

6. Don't be satisfied with the systolic pressure—the diastolic is often of more significance.

7. Don't attribute the insomnia, nervousness and headaches in the middle aged woman to "the change"—take her blood pressure and examine her eye grounds.

8. Don't make a diagnosis of neurasthenia till after a blood pressure estimation and a Wassermann test. It may save subsequent embarrassment and even be of advantage to the patient.

9. Don't think you are doing your whole duty to your pregnant patient when you have examined her urine. She may have hypertension but no albumin today and eclampsia next week.

10. Don't consider hypertension solely a condition of middle life; it is occasionally present in childhood.

11. Don't forget the old man's enlarged prostate. It may be the cause of the nephritic syndrome.

12. Don't hesitate to give digitalis when symptoms of cardiac failure are evident. It will not raise the blood pressure.

13. Don't wait until the patient is water logged and the heart dilated before suspecting a failing myocardium.

14. Don't deny your sleepless gasping patient, whose course is nearly run, the relief that only morphin will give.

15. Don't make a prognosis solely on the blood pressure or phenolsulphonethalein test. Each tells but part of the story.

16. Don't overlook the fact that cardiovascular disease is to a certain degree a familial condition sometimes present in several generations; nor neglect to explain the importance of a yearly blood pressure estimation of all members of the family.

17. Don't exclude syphilis, especially a parental infection, as the cause of the hypertension solely because the Wassermann is negative. Study the family history; examine the brothers and sisters, and your patient's children for signs of hereditary syphilis.

18. Don't fancy that the management of hypertension consists in watching a column of mercury or that success is measured in millimeters.—HENRY FARNUM STOLL, M.D., Hartford, Conn.

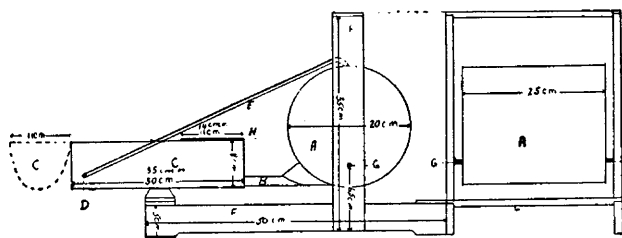
## New Instruments and Suggestions

### A PORTABLE SHELLACKING DEVICE FOR KYMOGRAPH RECORDS\*

R. G. HOSKINS, PH.D., CHICAGO

A shellacking device should have the following characteristics: It should be compact, should contain a fairly large quantity of the fluid adequately protected from evaporation, and should be as nearly as possible automatic in action. The use of rubber tubing should be avoided. With these requirements in mind, the apparatus herein described has been devised. Several months' use has proved its practicability.

It consists essentially of a cylindric reservoir, *A*, with an outflow, *B*, leading to an open trough, *C*, in which the records are dipped. The height of the fluid in the trough is determined by the position of the mouth, *D*, of the vent tube, *E*. The reservoir is mounted eccentrically in a wooden supporting frame, *F F*, by the pinions, *G G*. The purpose of this mounting is to make the apparatus stable either in the horizontal position, as shown, or with the trough elevated. When so elevated by rotation on the pinions, the fluid flows into the reservoir. The proximal part of the trough is covered by the lid, *H*, soldered on to form a receptacle for the fluid, when the apparatus is first moved into the elevated position. From this receptacle it drains quickly back into the reservoir while an equal quantity of air is displaced through the vent, *E*. (For wide records the larger dimensions of *C* should be used.) The reservoir trough and outlet tube, *A*, *B* and *C*, are made of galvanized iron. The vent tube is of brass, 1 cm.



Lateral projection of portable shellacking device for kymograph records.

outside diameter. When the apparatus is not to be used for some time, the opening of the outlet tube is closed by a cork stopper mounted on a wire handle.

The formula for the fixing fluid used in this laboratory is:

Gum dammar.....	300 gm.
Benzol (benzene, $C_6H_6$ ).....	2,000 c.c.

This gives a hard elastic semigloss finish. It is said that a similar result may be obtained by diluting ordinary "hard oil finish" with benzene.

### A SEPTAL SPLINT†

CLIFFORD B. WALKER, M.D., BOSTON

Cotton or gauze plugs wrapped with Cargile membrane make a very satisfactory nasal packing as regards hemostasis, easy withdrawal and prevention of adhesions. It is very uncomfortable for the patient, however, in that it occludes the breathing space and distends the nose painfully. Further, it is almost impossible to pack the septum truly in the midline. A proper septal splint, therefore, would be desirable.

The vertical opening of the lower nares is only about one third of the vertical extent of the septum, yet septal splints have always been limited to the size of the lower nares. Experimenting with a variety of expanding splints, I have found wire unsatisfactory in that it readily embeds in the soft tissue and allows an edematous or hematomaous ballooning between wires, making removal difficult unless

\* From the Laboratory of Physiology of the Northwestern University Medical School.

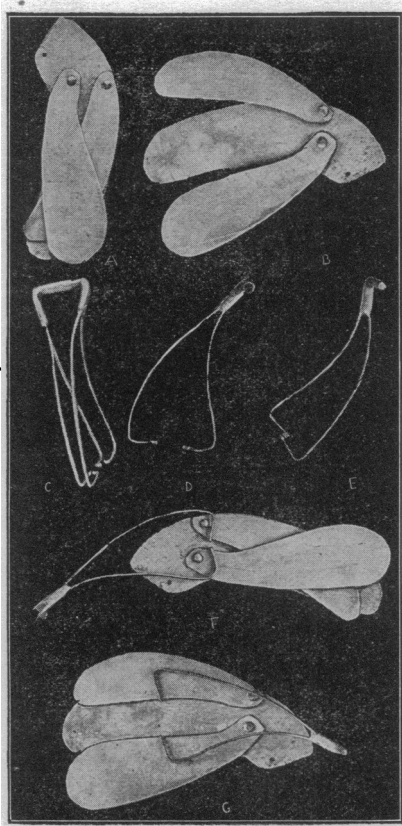
† From the Peter Bent Brigham Hospital.

they are straight like the ribs of a fan, without loops or meshes. The same thing occurs with blades having large perforations. Devices having the two members on a fixed spring are difficult to place and move and difficult to withdraw, because of the enlarged external portion of the septum. Finally, a splint satisfying our demands was made as described below.

After a study of the size and shape of the area to be splinted in the average nose of a sagittally sectioned cadaver head, a splint blade having three wings and shaped as at *B* in the accompanying illustration was cut from 0.5 mm. aluminum sheeting and pivoted together with single flat rivets. When these wings are collapsed (as at *A*), they readily enter the lower nares, the wings shifting somewhat in accommodation to the constricting point in transit. After passing into the nose, the anterior member may be held either with a forceps or with a thread passed through a small perforation (as in the illustration), while the wings are moved by use of a probe or forceps into position to cover the entire septum. The wings of the splint being very light, adhere sufficiently to the moist membranes while the adjustment of the retaining springs is accomplished.

The retaining springs (*C*, *D*, and *E*), act in two ways: first to spread the wings gently to the extent of the septum, and second to press them lightly against the septum when the lower or external portions are united. This union is made up of a male and female sliding lock acting at right angles to the spring. By this device the springs may be made to press together with any desired pressure and the pressure thus developed automatically locks the parts in position.

The distal ends of the springs are bent so that their pressure will be distributed from about the center of the upper and the lower wings, and they are provided with claws to engage the margin of the wings, which are slightly everted to receive them. At the same time the claws may slide along these margins (*G*) so that the external portion may fit snugly and neatly into the angle between the upper lip and the external portion of the septum. These claws are also used to assist in placing the springs in position, since they are so designed that they can be caught in each other, as shown at *E*. Then the spring is reduced to a size which will readily pass through the lower nares. When in the proper position between the upper and lower blades, a slight push on the upper distal portion of the spring will release the claws, and they will immediately engage on the ridges of the wings, if at the same time the claws are pressed against the middle plate. If by chance either claw fails to engage, it is easily pushed into position with the forceps.



Septal splint: *A*, aluminum wings collapsed; *B*, wings widely opened to show shape; *C*, retaining springs locked; *D*, one member of springs open; *E*, spring closed to pass through lower nares; *F*, position for combination insertion; *G*, approximate final position in nose.

It is not necessary, however, to put the spring on as a second step. Indeed, it has usually been found easier first to attach the spring near the rivets, as shown at *F*, and then, after the blades have been passed into the nose, the spring is pushed in a sufficient distance and locked with its fellow.

If turbinates have been cut at the operation sufficiently to demand packing, Cargile membrane may be easily placed properly in the nose, since the splint occupies a negligible amount of space. Thus the septum may be kept symmetrically centered, whether or not packing is used. The splint is very easily removed, disclosing a beautifully smooth unruffled septum. The splint may be removed in from twelve to thirty-six hours, but it can be left in for three days, or after removal it may be reapplied the next day if from trauma or other cause the septum should bleed or become distorted. The instrument, finished much better than the original model here shown, may be obtained from E. B. Meyrowitz, New York.

697 Huntington Avenue.

### AN ASPIRATING APPARATUS FOR OFFICE AND HOSPITAL USE IN OBTAINING GASTRIC CONTENTS

PHILIP ATLEE SHEAFF, M.D., PHILADELPHIA

The device shown in the illustration may be assembled at small cost by any plumber; it is an improvement over the usual method of obtaining gastric contents by the use of the bulb or Politzer bag. The large vertical portion is composed of 1¼ inch pipe and fittings and measures 38 inches over all, with a half-inch water gage attached to its upper half. Both extremities terminate in quarter-inch pipe, one end being connected by rubber tubing to an aspirating bottle, and the other end equipped with a cock and discharging into the wash stand basin, being a permanent fixture in proximity to it.

Before use, the standpipe is filled with water to the level of *A* by connecting *B* and the wash stand faucet with a piece of rubber tubing. When in use the stomach tube is slipped over the glass tubing at *C*, its free end passed into the patient's stomach, cock *B* is opened, the column of water descends, and the gastric contents flow into the bottle.

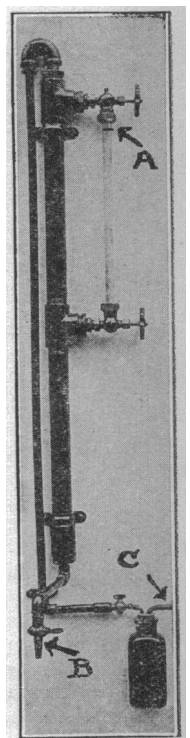
4006 Baring Street.

### A SUGGESTION FOR THE DIAGNOSIS OF HAY-FEVER

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Diagnosis in hay-fever is in some ways more difficult than diagnosis in the case of bacterial infections. Indeed, if we include all the conditions concerned in periodic attacks of sneezing and periodic conjunctivitis, identification of the causative agent may be much more difficult; for plant pollens are not by any means the only source of protein substances in the atmosphere to which certain individuals may be hypersusceptible.

We are not yet acquainted with the complete catalogue of pollens concerned in hay-fever. Of the very common causes, the list is probably small; in fact, we shall relieve a very great majority of our patients if we can render them insusceptible to a few of the grass pollens in the spring; and in the fall, if we eliminate ragweed, the number of persons with a severe type of the disease will be small.



Apparatus for aspirating gastric contents.