

first excised; in the other two the operation of lateral implantation was performed; all of them necessitating a division of the intestine.

Before we were acquainted with this method, the treatment of cases of intestinal obstruction requiring surgical interference might have been arranged into three classes:—1. Those in which some definite obstruction was found and was relieved by operation. 2. Cases in which the obstruction was found and could not be removed, an artificial anus being made. 3. Cases in which, after a prolonged search, either the obstruction was or was not found, the patient dying of shock. It is for the treatment of such cases as occur in Classes 2 and 3 that Senn's method offers such advantages. In Class 2 the artificial anus is obviated. In cases belonging to Class 3, if the obstruction cannot be found after a reasonable time has been expended in the search, then lateral anastomosis offers the best chances of a successful termination. From assisting at a large number of cases of abdominal sections, it has always struck me that time is a very important element in the success of a case. By this method there is a great saving of time. With a little practice on the cadaver, or having seen or assisted at the operation, it can very quickly be performed (in about ten or fifteen minutes). I have ventured to suggest a modification of Senn's plates, with the idea of (1) doing away with the four stitches attached to the upper and lower margins of the apertures of the plates, which perforate the whole thickness of the intestinal walls; (2) of performing the operation more quickly; (3) of ensuring a good opening between the two pieces of intestine. The plates have been made for me by Messrs. Maw, Son, and Thompson; the accompanying drawing is by Mr. Haigh. The suggested modification is to fix a tube of decalcified bone (Fig. 3) into the aperture of one of the plates (Fig. 2). This should be made to accurately fit into the aperture of the other (Fig. 1); by this method the two plates could be held together, and the two parts of the intestinal walls between them brought evenly into contact with each other. It might be well to have a piece of fine silk attached to each of the ends of the apertures (as marked A a, B b in Figs. 1 and 2), so that by tying A a and B b together greater security would be made. The intestinal walls around the margins of the plates should be attached by a few sutures.

In a very interesting paper by Dr. Halsted of Baltimore a method of lateral apposition by sutures is described. He insists very strongly on the importance of including some of the submucous layer of the intestinal wall in these and all suturing operations of the intestine. I am sure it is very important to recognise this observation, but cannot help thinking the bone plates will have the advantage over any method of suturing, owing to their simplicity and the time saved in using them.

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Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE NASO-PHARYNX IN INFLUENZA.

BY ARTHUR E. NEVINS, F.R.C.S. EDIN.

SINCE the influenza appeared in Europe a couple of years ago there have been abundant opportunities for everyone to become acquainted with the symptoms peculiar to this disease, and it has been generally recognised that catarrh of the nasal passages, with a more or less free evacuation of mucous, is a very common symptom. Many cases, however, come under observation in which there is comparatively little mucous discharge from the nose. But in these cases also there is always, so far as my observations go, a severe inflammation of the whole mucous lining of the naso-pharynx, which is often more intense, and productive of more acute distress to the patient than in the cases in which the catarrhal symptoms are more obvious. It seems, in fact, as if it was a rule, almost without an exception, that in influenza the infection first attacks the naso-pharynx, and it is the intense

inflammation of this mucous membrane (which, when all its ramifications through the ethmoidal and frontal sinuses are taken into account, represents a very large superficial area) that is the cause of the intense debility and grave constitutional disturbances that ultimately supervene. The shock to the system is quite comparable to that of an extensive burn or a rapidly spreading attack of erysipelas. The appearance of the tonsils and pharynx in many cases quite bears out this idea, for the mucous membrane is seen to be of a deep red colour, rather dry, and from its puffiness suggestive of subjacent cellulitis. Nasal respiration is impeded, and there is a heavy, unpleasant smell, which is very perceptible to the patient, and also to those about him.

The intense cardiac and general enfeeblement which accompanies a "hospital throat" is well known; to many members of the profession it has been a painful personal experience. The prostration in cases of influenza is very similar in character, and probably dependent upon the same cause. If this is the case, it would lead us to look to local remedies, applied to the inflamed naso-pharyngeal mucous membrane, as likely to be efficacious in treating the general condition. The object of the present note is to describe a simple line of treatment, based upon a belief in this theory, which has been singularly successful in every case of influenza that has come under my own observation; furthermore, I can testify from personal experience to the immediate relief which it gives to the headache, feverishness, rigors, and other discomforts of the acute stage of an attack. It consists of spraying the nostrils and throat with a lotion composed of four grains of chlorate of potassium, four minims of tincture of perchloride of iron, to one ounce of peppermint water. The patient leans his head well back, and the spray is sent up one nostril until it can be felt trickling into the throat. In about twenty to thirty seconds a free expectoration of tenacious, viscid mucus takes place. The other nostril is similarly treated, and then the throat is sprayed. While this is being done the patient should inhale deeply, as by that means the spray is carried down into the larynx and trachea, which is important, as these parts are often affected by the inflammation. The relief and comfort which immediately follow the application is remarkable, and decrease in the fever is soon noticeable. The patient is able to take some liquid food without retching after it, and as a rule sleep soon follows. If the treatment is repeated at intervals of two hours for the first twelve hours, and of four hours during the next twelve hours, it will be usually found that the temperature is by that time nearly normal, and that convalescence has fairly commenced. As regards general treatment nothing need be said here; it must be adapted to the special circumstances of each case. There are, however, two lines of treatment which should in most cases be avoided. Inasmuch as intense cardiac enfeeblement is very common in these cases, the antipyretic drugs, which are all-powerful cardiac depressants, are contra-indicated. As a rule, purgatives also are undesirable, for it is very common to find some degree of inflammation of the caecum or colon as a complication in these cases. Hot applications to the abdomen are much more beneficial, as a rule. In conclusion, it may be well to mention that if a spraying apparatus is not at hand, the same effect can be got by pouring about twenty drops of the lotion up the nostril with a teaspoon and making the patient gargle the throat afterwards, but the spray is the more comfortable mode of application.

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NOTE ON PRICKLY HEAT.

BY J. A. WETHERELL, M.D.

UNDER the term "lichen tropicus" must be embraced three primary lesions, in frequency taking the following order:—1. A vesicular eruption, the vesicle, of the size of a pin's head, elevated on a roseolous, inflammatory base, being filled with colourless perspiration; sometimes arranged in segments of rings, at others diffusely spread. On a superficial examination, it resembles much the efflorescence of measles or scarlatina, and occurs principally on the nape of the neck, the flexor surfaces of the forearms and legs, and the front of the abdomen. Even inhabitants for many years of semi-tropical regions are apt to exhibit this form, especially those who wear woollen underclothing. 2. A wheal with a red surrounding halo, accompanied by intense itching,