

wall with adhesive, thus acting as a barrier to the ingress of air around the tubes. Pus will escape underneath the dam as well as through the tube, but inspiration approximates the rubber shield to the chest wall and but little air enters the chest. To the intake end of the tube an ordinary hemostatic forcep is attached when the tube is not in use for irrigation, to the other end is placed an ordinary ball air check such as is in use in certain forms of bulb syringe. This check should be placed in either an upright or horizontal position to be effective (Fig. 2).

At my request for a check to use in this case. Dr. Roosevelt secured a large one from an abandoned syringe, and its use resulted in a free outflow of pus, little or no intake of air, and a comfortable, permanent and portable method of drainage, with irrigation tube already in place when desired.

I do not claim for this method any originality unless it may be for the application of the check, but I have found it so simple of operation, so convenient and comfortable, and withal so adaptable to almost all complications of empyema where simple rib incision is sufficient that I desire to suggest it as one method in handling these extremely trying cases.

CHRONIC ACETANILID POISONING FROM HARPER'S "BRAIN FOOD."

L. W. GLAZEBROOK, M.D.
WASHINGTON, D. C.

Having read with much interest Dr. Wynn's report¹ of a case of acetanilid poisoning, I desire to give an experience somewhat similar which has come to my attention during the last few weeks:

History.—Mrs. W., aged 45, presented herself at my office for treatment, with a history of general malaise, drowsiness to the extent of falling to sleep while sitting at her work, marked fatigue with little exertion, numbness in her lower extremities, with a certain degree of interference with locomotion, the symptoms having come on gradually during the last few months. She had attributed the condition to "change of life" or malaria.

Examination.—There was a marked bluish-white palor and general puffiness of the skin, more marked below the eyes; her lips were of a dark blue color and the conjunctivæ a peculiar bluish-red. The nails were a blackish-blue and the veins beneath the tongue were greatly enlarged. There was marked tremor of the extremities, with slight atrophy of the calf muscles. Respirations were about 22, with a pulse rate of 120. After a thorough examination I felt satisfied that there was no organic disease. Examination of the blood showed a red count of 4,600,000, with a pressure of 130 mm. On inquiring as to whether she suffered from insomnia, or headaches, or ever took medicines for these conditions, she replied in the negative.

Treatment.—She was put to bed and watched. Stopping one day at a drug store in her neighborhood, I asked the proprietor if Mrs. W. ever procured any drugs from him. To this inquiry, he replied in a jocular manner as follows: "If you doctors asked your druggists oftener about your patients you would be aware of many things; she has been buying a headache cure from my store for the last five years, during the last few months she has purchased one bottle every day." I secured a bottle of the preparation, which is put up by R. N. Harper, Washington, D. C. According to the label it contains 16 gr. of acetanilid and 30 per cent. alcohol to the ounce. The directions call for two teaspoonfuls (4 gr. acetanilid), every 2 or 3 hours in nervousness. For headache, two teaspoonfuls, to be repeated in twenty minutes if relief does not follow, and again repeated in thirty minutes if the desired effect is not reached.

1. THE JOURNAL A. M. A., Sept. 21, 1907, p. 1027.

It states also on the label that "the use of this preparation is not followed by any depressing effects."

Under careful watching and treatment the patient's condition improved markedly and the natural color returned to her lips and nails. Her pulse, however, remained accelerated. Muscular weakness was still noticeable, and a certain anxious expression, to her countenance. When told that she was suffering from chronic acetanilid poisoning, she admitted only that several months ago she had headache and took one or two doses of this preparation.

2022 P Street, N. W.

A LID ELEVATOR FOR CATARACT OPERATION.

EDWARD SWASEY, M.D.

Oculist and Aurlst to Worcester City Hospital.
WORCESTER, MASS.

In an operation for removal of cataract it is a serious situation if the patient suddenly attempts to close the eye while the speculum is still in place under the lids.

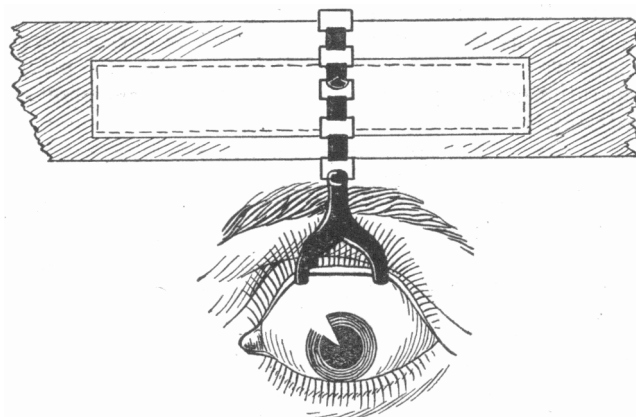


Fig. 1.—Front view of lid elevator, showing method of use.

Many an eye has been lost by this accident after the corneal section has been completed; for the lens may be forced out, followed by a serious loss of vitreous. Some of our most skilful and experienced operators have entirely done away with the use of the speculum for this

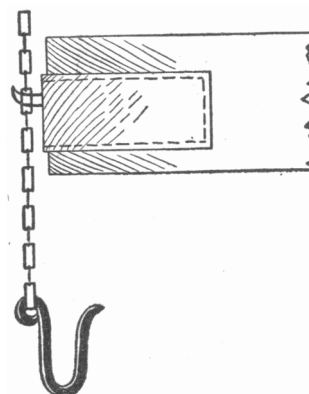


Fig. 2.—Side view of lid elevator, showing size of hook and method of attaching linked chain to head-band.

reason, and in its place use the thumb and fingers to keep the lids open, or they have a trained assistant to do this, or use a lid elevator. But not all operators can have such an assistant and at all times. Others remove the speculum as soon as the corneal section is finished and the capsule opened.

To avoid this source of danger as far as possible, and