

healthy children, which had thriven and are now living, was delivered early in the year (1895) of a child weighing six and one-half pounds, after a two and a half hours labor. The presentation was R. S. P., the legs extended against the front of the body, the placental insertion low and posterior, as diagnosed before labor by the location of the round ligaments and confirmed by the clean cut hole in the membrane close to the placenta found after delivery. A large amount of liquor amnii was present. The child was very rapidly expelled by pressure on the fundus; the delivered parts were enveloped at once in flannel, without traction; the flexed arms were slipped out readily; complete flexion of the head was maintained by pressure through the abdomen and on the face, so that no traction was made on the neck (Wigand-Martin method) and the funic pulse was certainly not arrested two minutes up to the time when the mouth was brought up to the vulva, swept clean, and the child began to breathe. Then the head was very slowly shelled out. At no time was much force required, at no time was the child cyanotic, and at no time was there any indication of convulsive movement or attempt at respiration before birth. A good pink color, regular respiration and heart action, were present from the first, so that it is not in the least likely that cerebral or spinal injury, or inhalation pneumonia, could have accounted for the subsequent cyanosis. The child did well until its fifth day, losing less than half a pound. On the fifth day a slight diarrhea developed, without temperature and without sepsis from the navel, which sloughed off that day. Three grain bismuth powders three or four times a day were ordered for the diarrhea. They were in a pink box which had been used for the other child, about a year old at this time. On the sixth day, four of the powders were given, making seven in all, the diarrhea ceasing. On the night of the sixth day the baby was very fretful and somewhat weak, and purplish in color. On the seventh day the eyeballs were jaundiced, color dusky, and the child restless, but otherwise her actions were entirely normal except for some hebetude. The digestion was good, the pulse of fair quality—130 to 140—the temperature in the rectum, respiration, and pupils normal; but on the seventh and eighth days the lips and finger nails were black and the extremest cyanosis was present. On the eighth day, Prof. Charles Jewett went over the case carefully, confirmed the statement that the lungs were entirely clear, and found nothing whatever to account for the condition. On this day bloody urine in large quantity was passed. The prognosis was very bad and the child looked as if it could live but two or three hours at most when seen by Professor Jewett. Without much hope, oxygen was ordered. On the ninth day it was seen that during the night, after about the fourth application of oxygen (ten minutes out of each half hour) that the color had somewhat improved with each administration, and the action was distinctly soothing. The stools on this day became of a coffee color, the temperature 100½ degrees F., and the baby, as always nursed well.

From this time on the baby had ups and downs, the cyanosis continuing but never as grave in degree. The case had practically no history except the cyanosis of varying intensity. The oxygen was efficient for only two days. On the eleventh day the promise was brighter, the child not pink, but the duski-

ness distinctly less, though from this time on marked jaundice was present, with less color in the urine, anemia of a very high degree, and pronounced weight-loss. The pulse about this time was weak for a couple of days, at no time above 150, and the temperature never above 100½ degrees F. Before the thirtieth, the original weight was regained, and by the fiftieth the anemia was nearly gone.

Just after the consultation, the physician, author of the foregoing report, found two powder boxes of exactly the same appearance; one labelled, "for baby's diarrhea, three or four times a day," and the other labelled, "For the other child's fever and pain—not over three a day." The nurse then found that she had given seven 2 grain doses of phenacetin, instead of seven 3 grain doses of bismuth; on the first day, 6 grains, on the third day 8 grains, and that it was on the night subsequent to the last dose in the evening, that the cyanosis began.

Somewhat elaborate details concerning the delivery, etc., have been given in order to show that no injury during delivery, or other cause, could explain the condition of the little patient adequately. It was, undoubtedly, a pure case of phenacetin poisoning.

No comments seem necessary on the above report. It may not be out of place in this instance, however, to recall the observations of Reuter<sup>11</sup> regarding parphenetidin which phenacetin sometimes contains as an impurity, and which, it is believed, causes toxic effects even in small quantities. The author just referred to gives the following method for the detection of parphenetidin in phenacetin; "2.5 grammes (38½ grains) of chloral hydrate are melted in a small test-tube on a water-bath, and 0.5 gramme (7½ grains) of phenacetin added. Upon shaking, a solution will be formed, and if the phenacetin be absolutely pure the solution will remain colorless for at least five minutes, but after that time will assume a rose-red color. If, however, the parphenetidin be present, and it be exposed to the same temperature on a water-bath for not more than two or three minutes, the solution becomes colored, according to the quantity of contamination present, into more or less intensely violet, varying from a red violet to a blue violet."

In conclusion, I may be allowed to remark that in cases of poisoning by phenacetin, cardiac and, more especially, respiratory stimulation by drugs would be useful. The results obtained in the case herein reported, in which oxygen inhalations seemed to do well, and in that reported by Hollopter, in which stimulation by ammonia and alcohol acted efficiently also, are self-explanatory. In a given case, prolonged artificial respiration as a last resort would seem to be particularly indicated.

#### AN AURAL MASSEUR.

BY CHEVALIER JACKSON, M.D.

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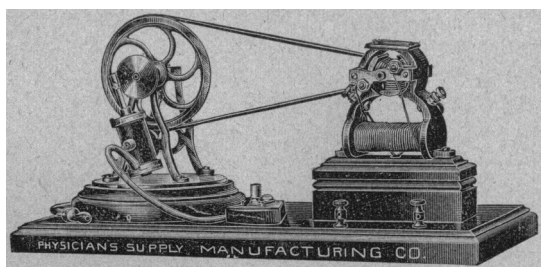
The accompanying illustration shows an instrument which has yielded me splendid results in the treatment of non-purulent middle-ear disease during almost three years. Until I devised it, I scarcely knew what to do with the class of cases that come with a story something like this: "Doctor, I came to see if you could do anything for me. I am hard of

<sup>11</sup> Loc. citat.; also *Annual of the Universal Medical Sciences*, 1892.

hearing and have annoying noises in my ears. I am told that both my throat catarrh and Eustachian catarrh have been cured. My general health is good. Yet my trouble is growing worse. I have a bag and have Politzerized myself until I am sick of it. I seem to have gotten all the benefit that it will yield me. Can you do anything for me, Doctor?"

I had often been at "my wits' end" trying to suggest or do something that had not already been suggested or done in such cases. But for nearly three years past I have been able, with the aid of the instrument illustrated, to get results that seemed marvelous considering the obstinacy and chronicity of this class of cases.

The action of the instrument is practically on the principle of pneumatic massage. I used to apply pneumatic massage by means of either a Sieglé speculum or a bit of rubber tubing—in either case operated by the mouth; rather an indelicate procedure. Then I tried operating them with a syringe. I have also used the Delstanche. But with none of these did I get anything like the results that I have since obtained from the use of this masseur.



Its construction and operation will be readily understood from the following description, by reference to the cut: it consists essentially of a cylinder oscillating on a central pivot, and within this cylinder a piston moved up and down, by being connected with a revolving crank disk. Motion is imparted to the masseur by a small electric motor run by a battery, storage cell, lighting circuit or other source of electricity. It might be operated by a crank arrangement. A rubber tube leads from the bottom of the cylinder and ends in an ear piece to be inserted in the external auditory meatus of the patient. When the instrument is set in motion, the moving up and down of the piston within the cylinder causes a to-and-fro motion of the column of air confined in the tube and meatus, resulting in a to-and-fro motion of the membrana tympani and ossicula. And if we start on the exhaust stroke, with the plunger down, the first half of each revolution of the crank disk will draw the membrana tympani outward, and the second half of each revolution will release it and allow it to resume its former position. When operated in this way, by starting on the exhaust stroke, the result is not simply the to-and-fro motion of the membrana tympani, but is an alternate *withdrawal* and release. Considering the pathologic conditions present, to this may be attributed the very much better results from this instrument than are obtained from the Delstanche or Sieglé. However, be the true reason what it may, there can be no question as to the fact that the results are better. The ear piece is placed at an airtight fit into the meatus, and the energy of action regulated by placing the crank pin in one or another of the holes in the crank disk. These holes vary in the distance of their location from the axis of the shaft;

the farther the crank pin from the axis, the longer (therefore the more energetic) the stroke. The energy of action could be regulated by making a more or less tight fit of the ear piece in the meatus, but if this is resorted to the exhausting action is lost and this I think, is a disadvantage. A very mild action has given me the best results.

It has seemed most advantageous to apply the masseur every alternate day, sittings of thirty seconds to a minute duration, the masseur making from one hundred to one hundred and fifty revolutions to the minute. Knowing well how treacherous is enthusiasm I have refrained from publication until the instrument had been fairly and faithfully tried and the permanency of the results observed. As this has covered a period of two years and ten months, the present writing will seem not unduly hasty and the results entitled to be considered mature.

The word "benefited" is meant to include both relief of tinnitus and increase of hearing distance. In many cases the relief of both these symptoms was so marked and so immediate from a single sitting that the patient was greatly delighted. In some cases the results were but slight at first and increased at each subsequent sitting, while in other cases the benefit only appeared after a number of applications. Psychic effect was marked; patients were fascinated. But great care was taken to eliminate error from this in the records, which are of the cases of my own and those of Shirls Jackson.

Here is a resumé of my results:

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| Total number of ears treated . . . . .                           | 100 |
| Number of ears treated that were better than c-34 . . . . .      | 61  |
| Number of the latter benefited . . . . .                         | 46  |
| Number that could only hear watch on contact . . . . .           | 39  |
| Number of the latter benefited . . . . .                         | 19  |
| Percentage of benefit in cases better than contact . . . . .     | .75 |
| Percentage of benefit in cases not better than contact . . . . . | .48 |
| Percentage of benefit in all the cases . . . . .                 | .65 |

Cases that could only hear on pressure, not on mere contact, were not isolated in the records.

Unlike Politzerization the application is not disagreeable to the patient and is readily applied to any one, regardless of the ability to swallow water at command. Children do not object to its repetition, and it has yielded good results in a few cases when promptly used in ear trouble following acute diseases.

Taking it all in all, my results have been much better since adding this instrument to my armamentarium.

## EXPERIENCE OF AN AMERICAN PHYSICIAN IN MEXICO.

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*A Case of Cancrum Oris.*—One day happening to be in the dispensary conducted by Dr. Salmans, in Silao, I saw a child brought in which the Doctor had no sooner seen than he exclaimed: "Take it away! It will die!" Although I had never seen a case of cancrum oris, it was scarcely necessary for him to name the disease. The appearance and odor were something frightful, and death was then but a question of a few hours. When the Doctor had finished prescribing for the thirty or forty patients waiting, I asked him about the disease. He told me that in some two years' practice in that state, he had seen eight or ten cases of this dreadful malady; that he did nothing more than tell the people that the disease would be fatal, and dismissed them. He also