

Dr. P. M. Farrington, Memphis, Tenn. (Closing.)—There is not a great difference as to results obtained between the Sluder and the Beck instruments if they are properly used by a competent man, who will pay attention to detail. I think the records, however, show that of the two instruments the Sluder will give a larger percentage of successful cases in tonsils which are hard to get than the Beck instrument. Very little has been said about the hump, and really about the Sluder technique, in the way he uses the instrument. I find, in talking with my friends about the country, that most of them do not use the Sluder instrument as Sluder wants it used and as he uses it himself and as he reports on its use, and unless we do that we will not get the same average results that Dr. Sluder and some of his associates obtained. In regard to leaving a portion of capsule in these operations I would like to say that in two of the cases of my series there were cavities which were not detected before the tonsils were removed, and which showed themselves only when the pure pus behind the capsule came away; there was quite a considerable quantity.

I still believe that the general anesthesia is the better plan and my experience proves it to my mind conclusively, when there are no contra-indications. I think this is true, especially if the hemorrhage produced is great, and the patient becomes thoroughly frightened. I feel much more comfortable to have them on their back under a full anesthesia and to be able, in these cases, to handle that hemorrhage should it occur.

I wish to take this opportunity of extending to all present a very cordial invitation to be with us in Memphis next year at the meeting of the Academy of Ophthalmology and Oto-Laryngology.

## AUTHOR'S ABSTRACTS

### Medicine.

(Continued from page 452)

trophied tonsils were the cause of nocturnal enuresis, but after removing a large number the profession realized that only a small percentage can be benefited by the operation; the same view prevailed regarding phimosis.

Recently a view has been advanced that nocturnal enuresis is caused by hypothyroidism; numerous children who wet the bed were found to present symptoms of lessened thyroid secretion. These cases are markedly benefited when fed on thyroid.

The treatment of the condition is simple if cause is found; otherwise advise a line of treatment consisting of general management, diet and drugs. Give the child a light supper with little or no fluids; awaken the child at night to urinate; appeal to child's pride.

Medicinally atropia is the best drug.

Holt advises to use one grain of the alkaloid to two ounces of water, one drop to be given at 4 p. m. and the other dose at bedtime, tonics to be given to anemic children. When no improvement occurs try dry thyroid extract, one grain t.i.d. You can add a little iodide of potassium to render the thyroid more active.

**Benzol in Leukemia.** By F. H. Smith, Abingdon, Va. *Journal of the American Medical Association*, May 22, 1915, pp. 1734-1736.

This paper is a continuation of a report appearing in the *Journ. Amed. Med. Asso.* of March 21st, 1914, of a case of myelogenous leukemia treated with benzol and under observation 19 months. The author introduces a table recording the blood changes, changes in the spleen and the medication for the period covered.

He is led to the following conclusions:

- (1) Benzol is a remedy of remarkable potency;
- (2) The effectual range of dosage in this case (a boy of 14 years) was 20 to 25 drops three times daily;
- (3) "Benzol is a two-edged sword." The practitioner who prescribes the drug without frequent blood counts is courting disaster through aplastic anemia from overdosage;
- (4) On the other hand, there is evidence indicating stimulation of leucopoietic tissues from too small dosage;
- (5) Fluctuations in the size of the spleen do not run parallel with fluctuations in the blood count; one cannot be taken as an index of the other.

(6) We still have no proof that benzol is specific. In fact, it is dogmatically stated that it has not and will not "cure" this case. On the other hand, he predicts that a fatal outcome from chronic progression of leukemia; an acute fulminant transition; or from aplastic anemia;

(7) Yet when all is said of its shortcomings and of the dangers that lurk in its use, the chemical has a most remarkable inhibitory influence. It may have a distinct place in therapy, even if its action prove short of specific, and merely symptomatic, staying or inhibitory.

**The Contracting Factor in Neoplastic Growth.** By L. J. Simonton, Cumberland, Md. *Virginia Medical Semi-Monthly*, Richmond, Va., Sept. 25th, 1914.

In a paper read before the Medical and Surgical Faculty of Maryland at Baltimore, April 29, 1914, L. J. Simonton of Cumberland, Maryland, expressed the belief that malignancy is an anaphylactic reaction to homologous protein, said protein being the result of the metabolic activity of embryonic tissue. Long continued Katabolism producing the necessary sensitization. He also believes that pregnancy represents a physiological accommodation to or toleration of embryonic intoxication. Loss of said accommodation or toleration meaning Eclampsia. In other words, an anti-embryonic body is formed in pregnancy (now shown by the Aberhalden test) in non-eclamptic cases.

A searching investigation has failed to divulge a single case of synchronous pregnancy and malignancy and the Aberhalden tests for pregnancy and for early cancer show these two conditions to be fallacies the one for the other. Doctor Simonton would like to see a number of advanced (anaphylactic) cases of malignancy treated with blood-serum derived from a plethora non-eclamptic pregnant woman, which he believes will contain the necessary antibodies for the curtailment of the anaphylactic process now known by the indefinite title of Cachexia.