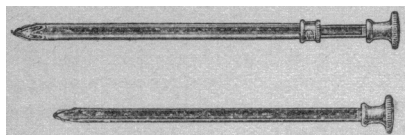


COMBINED TROCAR AND DIRECTOR.

EDMUND F. WOODS, M.D.

JANESVILLE, WIS.

The instrument shown in the accompanying illustration is a combination of trocar and director and can be attached to any aspirator. It is triangular in shape, with a deep groove along one surface. It has a keen cutting point, and is easier to introduce than the usual round instrument. I find it very useful in deep-seated



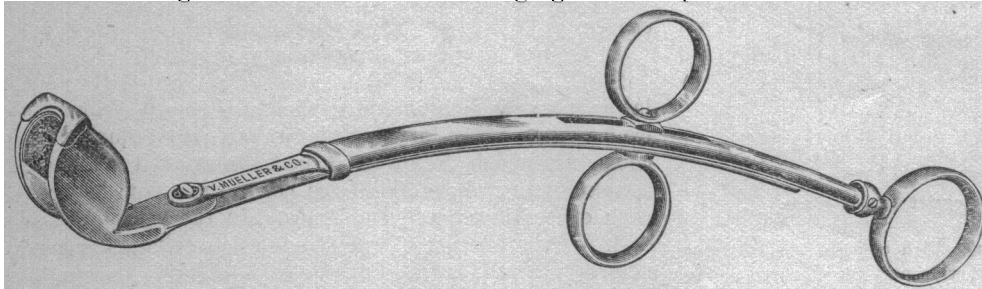
abscesses, where, after locating pus, the trocar is removed, leaving the grooved director in place to follow in with the knife. In such cases, after pus is located, there is no difficulty in cutting down to open and drain, as there sometimes is when the trocar must be removed before the incision is made. I have had these instruments made in two sizes, one four inches long, the other five.

A NEW ADENOTOME.

BURT D. LAFORCE, M.D.

OTTUMWA, IOWA.

This instrument is so made that when the adenoid is cut off it is removed with the instrument. This obviates the danger of the excised tissue lodging in the



A new adenotome which provides for removal of the excised tissues.

larynx, being swallowed or being pushed into the nares. The adenotome is made in three sizes and in such a way that there is no danger of its being broken while in use. The accompanying illustration renders further description unnecessary.

DIPHTHERIA ANTITOXIN IN BRONCHIAL ASTHMA.

HERBERT F. GILLETTE, M.D.

CUBA, N. Y.

In THE JOURNAL, March 23, 1907, is a letter from Dr. Fitzmiller, of Piqua, Ohio, calling attention to the benefits accruing from the use of antitoxin in asthma. For some two years I have been bothered considerably by attacks of asthma, due to the dust or odor of a horse, not having it at night unless I drove during the day previous. On Oct. 19, 1907, I received 2,000 units of diphtheria antitoxin, and on Nov. 3, 1907, I was given 3,000 units. Only a slight reaction followed the injection, but I have had complete relief since the last dose.

On November 8, Mr. B. called on me at 8 p. m., and asked me to administer the treatment to him. Two weeks previously

I had examined him for life insurance. He was rejected because of his history of asthma. He was 52 years old; weight 155 pounds, chest 35 to 37½ inches, an expansion of 2½ inches, so that the question of emphysema was not considered; height six feet. Family history negative, except that one brother died suddenly. He had asthma and bronchial catarrh. Urine normal; heart normal. He gave a history of a rheumatic attack 15 years previously. He coughed and raised plenty of sputa.

I procured 2,000 units of antitoxin globulin, from the same lot from which my first injection was taken, and administered it to him under the left scapula. While he was dressing, he said he felt a prickling in the chest, and in the back of his neck. He asked me whether I had had the same sensation, and sat down in a chair. At once he said he could not breathe. I felt his pulse and found it regular and full. I told him that probably he was faint, and put about 20 drops of adrenalin chlorid on his tongue, and placed him on his back on the floor. He was seized with a tonic spasm and died at once, not living five minutes after the injection. He was slightly cyanosed. As soon as I placed him on the floor, I telephoned for help and Drs T. S. Thomas and W. O. Congdon responded at once, but he was dead when they arrived, two minutes after being called.

The case was turned over to the coroner, with a request that the matter be investigated fully. An autopsy was held, and all the important structures were examined. The following is from the report:

The lungs appeared somewhat larger than normal, were much pigmented, especially the left apex, and filled with venous blood, but no tubercular lesions or cavities were found. The heart was empty, the valves normal; weight of heart, 12 ounces; pericardium adherent to heart, which was supposed to be due to pericarditis from rheumatic attack, which the patient stated he had suffered with some years previous.

Liver normal in appearance; weight, 4 pounds. Kidneys abnormal, softer and more moist than usual; right kidney weighed 8 ounces; left kidney weighed 2 ounces, but did not seem to be cirrhotic. Spleen engorged with venous blood, looks darker than usual, and seemed to be somewhat granular.

It is not thought that any impurity of the antitoxin was present to account for the death, and it has been suggested that death was due to some obscure action of the antitoxin on the nervous system of the man. It is possible that time may prove that some precaution is to be used in administering the remedy to an asthmatic, but what that precaution may be, time only will determine. One pathologist has suggested that the condition known as the status lymphaticus was present, and many things point to its presence in the case.

Since the death of Mr. B. I have had reports of two cases where death took place, as in the case reported, following the use of antitoxin for the relief of asthma.

Impetigo Contagiosa.—Beers, in *Merck's Archives*, states that impetigo is not communicable. It commences as pustules; the lesions are deep, and the pustules are elevated and rounded. The general health is good. Treatment, he declares, is simple. A grain of calomel, in broken doses, is given, followed by a saline. Some constitutional tonic is then given to increase the general resistance powers of the individual. Externally, the treatment consists in softening the crusts with olive oil and then removing them with warm water and soap. As soon as this is accomplished, application of an ointment consisting of 10 grains of ammoniated mercury to the ounce is all that is necessary to complete the cure.