

early in the course of paralysis does not in the monkey inoculated intracerebrally with a highly active virus bring about an arrest of the progress of the disease. The life-saving action of the epinephrin is shown in the case of the moribund animals, in which life was prolonged either for several hours or for several days by the restoration of the failing respiratory function.

Finally, the effects of epinephrin in the experimental poliomyelitis support the view that a state of hyperemia of the blood-vessels attended by an exudation of plasma and probably of cells also precedes the severer state of destruction of nerve-cells and interstitial tissue of the spinal cord. They indicate further that subdural injections of epinephrin in proper doses may be found capable of averting in human beings, the subjects of ascending forms of poliomyelitis, a fatal issue through the involvement, in the extending hyperemia and inflammatory edema, of the nerve-cells from which the phrenic nerves take their origin. Should this temporary interruption of the active pathologic process coincide with the natural limitation of the disease, even life may be spared. The experiments do not indicate that epinephrin itself contributes in any way to the promotion of the limitation of the lesions. Epinephrin is not a curative drug in the sense that it acts on and neutralizes the poliomyelitic virus. Any favorable effect that it may produce results from its action on the blood-vessels and the consequent control of exudation.

A RARE FINDING IN A SUSPECTED CASE OF PULMONARY TUBERCULOSIS

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During the month of November, 1911, a case was brought to the female medical ward of the Metropolitan Hospital. The patient was a colored woman, aged 57; her family history was negative. The patient's personal history was practically negative, with the exception of having had variola fourteen years ago. Physical examination showed the very ear-marks of pulmonary tuberculosis; hence the patient was transferred to the service of Dr. W. S. Mills of the tubercular division. All laboratory manipulations failed to reveal the tubercle bacillus. Repeated examination of the sputa, etc., proved negative for tubercle bacilli. Rales, distant bronchial breathing and, on percussion, cavity formation, or what appeared to be such, could be plainly mapped out.

The patient was treated in the regular routine manner as are all patients of a similar malady in this hospital and she appeared to be improving, while her dyspnea, at times, would show signs of disappearing.

The patient died Jan. 14, 1912. A post-mortem examination, performed, with my assistance, by Prof. John H. Larkin of Columbia University, revealed remarkable pathologic findings. Dr. Larkin, pathologist to the City Hospital for a number of years, believes this to be the second case of its kind from over 10,000 post-mortems that he has performed. In this instance, not even the ordinary and usual calcified and healed tuberculous areas that are so common in the average post-mortem examinations were found. The primary condition was endothelioma of the pleura with metastasis to most, if not all, of the viscera of the body.

Autopsy.—Heart: Musculature in the left ventricle showed a metastatic nodular growth measuring about 2 mm. Lungs: Both apices were transformed into hard nodular masses; certain areas showed disintegration and that of the lower right lobe posteriorly showed nodular growth invading the pleura. No tuberculous areas were found in either lung. Liver showed a number of nodular metastatic growths in the active stage of disintegration. Kidneys showed several metastatic growths, the pelves of both being involved; other viscera, etc., gave negative findings.

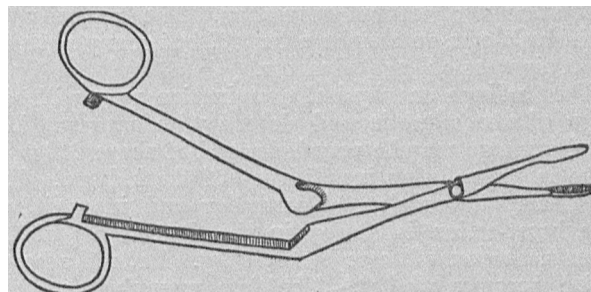
Anatomic Diagnosis.—Primary endothelioma of the pleura with invasion of the upper lobe of the right lung, tumors showing active disintegration. Metastatic endothelioma of the liver and kidneys and metastatic growth in the septum of the left ventricle of the heart.

A NEW TONSIL FORCEPS

OSCAR WILKINSON, A.M., M.D., WASHINGTON, D. C.

When one considers how many instruments have been devised for the removal of tonsils it requires some temerity to offer a new one, but I have found the forceps illustrated below so very useful that I venture to offer it to the profession.

This forceps is angular, which enables the operator to grasp the tonsil in such a manner that his hand does not obscure the view of the field of operation. It is constructed so that the end does not bite a piece out of the tonsil but holds it firmly between the jaws, which enables the operator to make sufficient traction to pull the tonsil out of its bed, so that its out-



New tonsil forceps, as made by McKee & Co., Washington, D. C.

line can be readily determined. I had it made with a catch in the handle, so that when the tonsil is once grasped there is no chance of the grip on it being loosened.

When operating I use two of these instruments, and I find them of especial value in doing the tonsillectomy. By first grasping the tonsil near its upper portion the outline of its upper part can be brought into view, and by grasping the uppermost edge of the capsule with a second forceps it is an easy matter, with a dull dissector, to get in behind the tonsil, which everyone knows is the most difficult step in doing enucleation of the tonsil in its capsule.

1408 L Street N.-W.

New and Nonofficial Remedies

THE FOLLOWING ADDITIONAL ARTICLES HAVE BEEN ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION. THEIR ACCEPTANCE HAS BEEN BASED LARGELY ON EVIDENCE SUPPLIED BY THE MANUFACTURER OR HIS AGENT AND IN PART ON INVESTIGATION MADE BY OR UNDER THE DIRECTION OF THE COUNCIL. CRITICISMS AND CORRECTIONS ARE ASKED FOR TO AID IN THE REVISION OF THE MATTER BEFORE PUBLICATION IN THE BOOK "NEW AND NONOFFICIAL REMEDIES."

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W. A. PUCKNER, SECRETARY.

ARTICLES ACCEPTED FOR N. N. R. APPENDIX

H. K. Mulford Co., Philadelphia.

Syrup of Quinine with Chocolate.—Each 100 C.c. is said to contain in suspension, quinine sulphate 2.156 Gm. (10 grains in a fluid-ounce), chloroform as a preservative 0.431 Cc. (2 minims in a fluidounce), yerba santa (eriodictyon) a trace, in a syrup flavored with chocolate and vanilla.

Ointment Cargentos and Ichthyol.—An ointment said to consist of cargentos (colloidal silver oxide) 5 per cent. and ichthyol 5 per cent. in a base consisting of petrolatum, with a small amount of yellow wax, 90 per cent.

Pnt up in collapsible tubes.