

26th round: (*) Knit 2, over, narrow, repeat from (*) to end of round.

27th round: (*) Knit 2, purl 2, repeat from (*) to end of round.

Repeat the 27th round of ribbing for the band or waist for 25 rounds; then repeat the 26th round of eyelets for the ribbon.

Now 1 row of the ribbing, knit 2, purl 2, and cast off.

At the top of the band and bottom of the ankle part, work a row of crocheted picots thus: 1 double crochet in first stitch, (*) 4 chain, 1 double crochet in first of 4 chain for picot, miss 1 stitch, 1 double crochet in next stitch; repeat from (*).

Wide Lace

Fifty stitches.

1st Row—K 7, o n, o n, k 2, o n, o n, k 1, o n five times, k 7, o n, o n, k 2, o n, o n, k 2, o 2 n, k 1.

2nd Row—K 3, p 1, rest plain.

3rd Row—K 6, o n, o n, k 2, o n, o n, k 3, o n four times, k 7, o n, o n, k 2, o n, o n, rest plain.

4th Row—Plain, plain.

5th Row—K 5, o n, o n, k 2, o n, o n, k 3, o n five times, k 5, o n, o n, k 2, o n, o n, k 4, o 2 n, k 1, o 2 n, k 1.

6th Row—P 1, k 2, p 1, rest plain.

7th Row—K 4, o n, o n, k 2, o n, o n, k 5, o n four times, k 5, o n, o n, k 2, o n, o n, rest plain.

8th Row—Plain, plain.

9th Row—K 3, o n, o n, k 2, o n, o n, k 5, o n five times, k 3, o n, o n, k 2, o n, o n, k 6, o 2 n, o 2 n, o 2 n, k 1.

10th Row—K 3, p 1, k 2, p 1, k 2, p 1, rest plain.

11th Row—K 2, o n, o n, k 2, o n, o n, k 7, o n four times, k 3, o n, o n, k 2, o n, o n, rest plain.

12th Row—Plain, plain.

13th Row—K 3, o n, o n, k 2, o n, o n, k 5, o n five times, k 3, o n, o n, k 2, o n, o n, k 6, 2 n four times, n.

14th Row—K 3, p 1, k 2, p 1, k 2, p 1, k 2, p 1, rest plain.

15th Row—K 4, o n, o n, k 2, o n, o n, k 5, o n four times, k 5, o n, o n, k 2, o n, o n, rest plain.

16th Row—Plain, plain.

17th Row—K 5, o n, o n, k 2, o n, o n, k 3, R n five times, k 5, o n, o n, k 2, o n, o n, k 4, o 2 n five times, k 3 tog.

18th Row—K 3, p 1, k 2, p 1, k 2, p 1, k 2, p 1, rest plain.

19th Row—K 6, o n, o n, k 2, o n, o n, k 3, o n four times, k 7, o n, o n, k 2, o n, o n, rest plain.

20th Row—Bind off 18, rest plain.

How Running Noses and Decayed Teeth May Cause Blindness

By Dr. Leonard Keene Hirschberg, A.B., M.A., M.D. (John Hopkins University).

It is not generally understood even by doctors that inflammations and "colds" in the nose in the form of infections of the nasal "ethmoid" bone or ethmoiditis can cause severe grades of eye troubles, even blindness, yet such is the case. No less an authority than the distinguished Professor G. E. De Schweinitz, of Philadelphia, announces that patients not only with ethmoiditis but also with abscesses of the teeth may lose their eyesight.

Dr. De Schweinitz calls attention to the fact that, in recent years various types of partial blindness—called by pun-dits amblyopia and scotoma—have been observed as due to neglected discharges from the nostrils, often wrongly called "colds."

Many mis-called "rheumatisms" are now known to be traceable to distant places full of pus and matter. Pus in the roots of teeth, in the nose, in the tonsils, or lungs are at the basis of these points and joint deformities.

A focus of infection in the mouth, teeth, tonsils, and elsewhere may even cause ulcers of the eyeball. Dr. De Schweinitz, however, reports especially a patient nearly blind from such seemingly distant causes.

A man, aged 45, an engineer on a sea-going steamship, came to him for treatment on the sixteenth of March, last year. His eyesight had begun to decline. A month before he had noticed sharp, knife-like shooting pains over his left eye which spread to the ear and scalp.

His attention soon fell upon the fact that when he looked at objects some way off, the periphery or edges would

be blotted out. He incidentally told about a lot of teeth and nose trouble.

An examination of his vision by Dr. De Schweinitz revealed a definite absence and constriction of his sight. The oculist decided that he must have an X-ray examination of his jaw, teeth and nasal bones. Dr. Weider, his family physician, and Dr. Pfahler, the X-ray man, found that there were large abscesses and cavities at the apices of the roots of the teeth on both sides. There was nothing else that could have been responsible for the beginning blindness.

Dr. Praul, a dentist, was then summoned and his examination shows that the original infection and the source of the other trouble is caused by the crowning of the upper right central incisor without treatment of the corresponding root canal. The operator used a gold shell as an abutment, to replace the left tooth, the central incisor, which had been extracted. This work was done in the West Indies a good many years ago. Dr. Praul further states that he warned the patient of the 15th on March, 1914, that the root of the tooth should be treated, and a different type of fixture should be used, but at that time he could not obtain permission to make the change. Later, when the plates were made of the upper and lower jaw, Dr. Praul reported that they showed four large abscess cavities about the upper anterior roots. The involved teeth were extracted and the sockets drained. Dr. Weider continued the treatment of the ethmoidal lesion, iodide of potassium was administered.

Shortly after this visit he was ordered to sea, and about three or four months later a letter from him came to Dr. De Schweinitz in which he said: "My eyes continue to improve, and I have no difficulty in writing and very little trouble in reading. Indeed, the eyes seem to be entirely correct, except that at times I still have a faint blindness to the right side while I am reading. The blind spot seems to come over the last word on the line, and I do not see it until I start the following line, when I find that I have missed this last word, and go back to the line above and find the word. Occasionally I have a slight pain in the top of my head and just back of both temples. It is not severe and lasts only a very short time. I am feeling very well and am gaining in weight."

In the present instance there is a partial blindness, which almost disappeared within ten days after the treatment of the ethmoid and the abscess cavities at the roots of the incisor teeth had been drained. Which of these two local areas of infection was the more potent it is difficult to state, but it would seem that the teeth cannot be held entirely blameless, inasmuch as the rapidity of the cure was especially marked after their removal.

The cover or sheath of the optic nerves of each eye run perilously close to the ethmoid bones in the nose. There is always danger of the germ laden moisture of the nose penetrating this outer band and poisoning it. If it continues unchecked permanent blindness by damage to the optic nerve is probable.

This new discovery of nasal and teeth infections as a source of possible blindness may now clear up those mysterious and sudden visitations of blindness some of which equally suddenly heal up with restoration of perfect vision.

An old maid had a parrot whose favorite expression was, "I wish the old woman was dead."

This worried her a great deal, and one day when the minister called, she spoke to him about it. He said he had a parrot which only said religious things, and that he would bring it over some time and see if it would not break her bird from saying its favorite expression. So one night they were going to have a meeting at her house, and he gathered up his parrot and took it with him. When he went in he hung his cage up near where the old maid's was hanging. The meeting was being opened with prayer, and all of a sudden her parrot said:

"I wish the old woman was dead." The minister's parrot cocked his head, and, looking at the other parrot, in a solemn voice said:

"We beseech Thee to hear us, good Lord."



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