

to determine the case was uncomplicated with perforation, and it seemed as though the man would live if relieved of the accumulation of gas. All of the usual methods had been applied—injections, aspiration, and rectal intubation—but with negative results. A similar case occurred in my own practice during the last year. A boy, 9 years of age, during third week of fever, *suddenly* developed an alarming tympanites. The abdomen was fearfully distended, lower part of chest wall was widely forced out, stomach collapsed and unable to retain drugs, food, or stimulants. Respiration was labored and rapid. This was a case that I had been holding up under heroic doses of stimulants, and without them he began to sink rapidly. I considered the end certain and close unless relieved of this condition. I tried all of the usual methods without giving the needed relief. I then used the injection which I commonly use in abdominal section: one ounce of salts, two ounces of glycerin, three ounces of warm water, and thirty drops of turpentine. In thirty minutes the child began passing liquid stools, accompanied with an immense quantity of gas, with very decided relief of alarming symptoms. The injection was repeated in a few hours for another rapid accumulation of gas, and with the same results. The child made a perfect recovery, although it was one of the worst cases I have ever seen. I have repeatedly used this injection since in milder cases for constipation and accumulation of feces and gas, and it has seemed to be all that one could desire in its effects.—*E. T. Nealey, M.D., in Univ. Med. Mag.*

GUM-LANCING.—Dr. H. C. Wook, in the *University Medical Magazine*, speaks as follows: "I desire to express my hearty concurrence with a recent editorial in the *Dental Cosmos*, in which the editor, Dr. E. C. Kirk, criticizes the condemnation of gum-lancing, by Forchheimer, in his book on "Diseases of the Mouth in Children," as a therapeutic measure for the relief of various conditions. Clinically, I am absolutely sure that I have seen convulsions, sick stomach, great restlessness, fever, and various other functional disturbances in young children immediately cured by the use of the gum-lancet after the failure of various other well-directed meas-

ures for relief. Theoretically, I am in accord with Dr. Kirk in believing that Dr. Forchheimer absolutely misses the point of the matter by his failure to understand that the good achieved is not due to the local blood-letting or to the relief of the inflammation of the gum, but to the removal of the backward pressure upon an extraordinarily sensitive and, at such times, congested nerve-pulp. As was long ago pointed out by Dr. J. W. White, at the period of eruption the roots of the teeth are yet incomplete. 'Instead of the conical termination and minute foramen, which characterize a perfected tooth, the aperture is nearly as large as the root itself, and thus when the sensitive pulp, composed of connective tissue, blood-vessels, and nerves is in a condition of irritation because of the morbid activity of the process of dentition—augmented vascular and nervous action—there may be produced a hyperæmia sufficient, possibly, to cause the protrusion of a part of the mass from the incomplete aperture of the root, giving abundant cause for extreme constitutional disturbance.' I have myself seen a seemingly incurable epilepsy in an adult permanently cured by the removal of a persistent milk or first dentition tooth. Anæstrosis and various other conditions in the adult are well-known to be the result of irritation of the trigeminal nerve by faulty teeth. How much more evil is to be expected from teeth irritation in the child. In conclusion, I reaffirm that whatever the theory in the matter may be, I am positive that gum-lancing is a most important therapeutic measure. It is essential, however, that it should be thorough, and with the object of dividing the dense tissues that bind down the teeth."

MERCURIALS IN INFLUENZA.—In a paper on influenza read at the recent meeting of the American Medical Association, Dr. Hemenway stated that he rarely had occasion to see a patient twice if he had given a large dose of calomel at the start. This was also the experience of Dr. F. Peyre Porcher, of Charleston, who wrote in an article in this journal that he never visited a patient more than four days after having given a mercurial and rhubarb purge at the beginning, as in yellow fever.—*Med. Rec.*