

could be found. A string was tied to the patient's hand as he lay in bed, and then, passing over the end of the bed, it was attached to a bag containing 50 grammes of dry sand. The first night there was one involuntary micturition, which, however, caused the patient to awake. The next night a weight of 100 grammes was attached to the string, with the result that the patient awoke when there was need to micturate. This treatment was continued for some nights with the same result, and finally the patient was able to resume his work cured. The writer finds the explanation of the success of this simple method in the nature of the disease as described by Fiorani. Nocturnal incontinence is a psychological disturbance; it is, in fact, nothing more than "somnambulism of the bladder," comparable to ordinary somnambulism, and amenable to the same method of treatment.

**St. Louis Medical Society.**—The following is the programme of the St. Louis Medical Society for the meeting of Saturday evening, February 27, 1897:

Paper by Dr. J. C. Mulhall: "Multiple Diffuse Catarrh."

Discussion by Drs. W. G. Moore, Geo. Homan, Hugo Summa, L. Bremer, R. C. Atkinson and W. L. Shattinger.

Paper by Dr. W. A. McCandless: "A Method of Treating Fractured Patella"

H. W. LOEB, Chairman, }  
R. H. FINLAY, } Executive Committee.  
M. F. ENGMAN, }

The Executive Committee exercises no selection of those who are announced to take part in the discussion of a paper; each essayist is permitted to make his own choice.

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#### PUBLISHER'S DEPARTMENT.

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St. Louis, January 5, 1897.

G. B. UNDERWOOD & Co., New York.—

GENTLEMEN—I inclose clinical notes of three typical cases treated satisfactorily with your Inspirator. Shall hope to send you further reports soon.

303 N. Grand Avenue.

F. C. EWING, M.D.

Some experiences with the Ideal Pulmonary Inspirator in the St. Louis Eye, Ear and Throat Hospital (Out-Door Department), by Dr. Fayette C. Ewing, Laryngologist and Otologist-in-Chief, Fellow of the British Laryngological, Rhinological and Otological Association, Ex Senior Clinical Assistant at the Central (London) Throat, Nose and Ear Hospital, and at the London Throat Hospital, etc.

**CASE 1. Tuberculosis.**—R. A., aged 19. Family history clear of all tubercular taint. Constitution usually strong, but chest poorly developed, and shoulders somewhat humped. Chest expansion barely two inches. Developed a heavy cold in March which he paid no attention to, but continued his business. Came to me July

15, complaining of cough, lassitude and general debility, which had become very pronounced in the past two weeks. Found both lungs consolidated at apices, the left extending below the fourth rib. Temperature every evening between 103° and 104°. Microscopical examination revealed the sputum swarming with bacilli. I removed him from his work, ordered high feeding, rest and tonics, and had him take daily inhalations from the Underwood Inhaler of a mixture of Resorcin,  $\frac{1}{2}$  dr., Eucalyptol, 3 dr., Ol. Pin. Sylvest., 2 dr., Menthol,  $\frac{1}{2}$  dr., Alcohol to mix. The rapid progress of the case indicated acute tuberculosis, and his family physician, who brought me the case, coincided in this view. Nevertheless, his improvement began at once, fevers gradually lessened and within two months had entirely disappeared. His weight increased ten pounds during this time, though he was rapidly losing flesh when he commenced treatment. Cough lessened, the expectoration diminished, the lungs cleared perceptibly, as did the irritability of throat and larynx which were prominent symptoms. He was soon feeling so fine that I had great difficulty in restraining his ardor to march in political parades, etc. On several occasions he did so without letting me know it, and although he caught one severe cold, there never was a return of the fevers. After two months of daily inhalations I reduced the number to three times a week, and December 1 he went to Kerrville, Texas, as a precaution against our severe and changeable winter. In a recent letter he declares his weight to be ten pounds heavier than the normal of health, and begs to be allowed to go to work, since he "has an appetite for three, and feels as fine as ever he did in his life."

**CASE 2. Post-Nasal Catarrh.**—E. B., aged 33. Constitution delicate, and of pronounced catarrhal diathesis. Complained of "catarrh." Expectoration profuse, especially in the morning. Naso-pharyngeal chamber indicated chronic congestion, but no anterior obstruction. Had been treated by specialists for catarrh with no permanent improvement. We ordered daily inhalations of a mixture of Acid Carbolic, 95 p. c. Sol. 2 dr., Ol. Cassia, 4 dr., Ol. Wintergreen, 6 dr., Menthol, 1 dr. Expectoration lessened after ten days of treatment, and nasal passages cleared up. Patient was discharged, having pronounced himself cured in two months.

**CASE 3. Chronic Laryngitis.**—F. C. aged 51, but looked not more than forty. A vigorous Englishman. Complained of constant desire to hawk, and clear his throat of some irritant. Examination revealed a chronic catarrhal congestion of the larynx and cords. Patient did not drink to intoxication, but had been a tippler all his life. There was no nasal obstruction, dyspepsia or other condition to account for the trouble in his throat, which I was forced to ascribe to alcoholic irritation, ordering him to abstain entirely from liquors, and gave him daily inhalations of the Formula B taken by E. B. Improvement was noted in a fortnight, and the congestion had practically disappeared, and with it the irritation, in sixty days. FAYETTE C. EWING, M.D.