angina is seen. The diagnosis is confirmed by finding the typical organisms in both conditions.

Our experience has been confined to adults, but Vincent's angina is also seen in children, and it would be interesting to learn if the same frequency of peridental gingivitis is observed in association with Vincent's angina in children, and whether in them the same sequence of events—namely, the peridental gingivitis preceding the Vincent's angina—also occurs.

As the result of our investigations we suggest that when a patient complains of a sore throat which presents the characters of Vincent's angina it is essential to examine the tooth margins for evidence of peridental gingivitis or pyorrhoëa, and that smears be made from both sources for the detection of the causal organisms. When found to be present, the peridental gingivitis should be adequately treated as well as the Vincent's angina; otherwise the condition is likely to persist indefinitely and to cause repeated recurrence of the sore throat.

ABDOMINAL KNEADING IN THE TREATMENT OF INTESTINAL STASIS.

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DELAY in the passage of food through the large intestine is a potent cause of disease, and treatment by removal of a portion of the bowel is a very severe remedy, only to be resorted to if simpler measures fail.

The causes of intestinal stasis are numerous, but one of the most important is the anatomical construction which makes it necessary that in the first section of the large intestine the food should travel against gravitation and at the summit of the ascent turn the sharp corner of the hepatic flexure; and this just at the spot where in women it comes under the pressure of the corset. The difficulty of transit is increased by the fact that, whereas the contained food is in a semi-liquid state in the stomach and small intestine, it has become semi-solid in the colon owing to the absorption of moisture.

Then, again, the passage from a tube of small calibre such as the small intestine into a large elastic pouch like the caecum tends to favour delay. The normal time for the passage of food through the stomach and small intestine, a distance of twenty feet, is about twelve hours, while it takes another twelve hours to accomplish the journey through the five feet of large intestine.

These causes are present in the normal individual, but there are also morbid causes, such as sagging of the transverse colon, and adhesions, with the resulting kinks demonstrated by the x-ray meal.

That it is important to prevent the stasis of food in the large intestine is shown by the relief obtained through the use of purgatives and paraffin, and the popularity of the douche for washing out the large bowel.

It is to supplement these remedies that abdominal kneading is recommended. The patient, after being carefully instructed, can carry out this treatment for herself. Lying in a warm bed, in a comfortable position on the back, so as to relax as far as possible the abdominal muscles, she must place both warm hands, with the fingers flat, upon the abdomen over the position of the caecum. Gentle but firm pressure must now be made, gradually getting deeper and deeper as the muscles relax and the contents give way. The pressure must be made backwards and upwards, and must be continued at this spot for at least two minutes. The contents cannot be easily driven back into the small intestine, and will therefore be impelled forward. The hands, still pressing deeply, are made to follow the contents up the line of the ascending colon.

The next movement has for its object to assist the passage round the hepatic flexure. For this purpose the fingers of the right hand are placed at the right loin, in the cleft between the lower ribs and the hip-bone, and pressed firmly forward. The left hand is placed at a corresponding spot on the front of the body and pressure brought to bear so that the bowel is squeezed between the two hands and emptied of its contents. The pressure may be relaxed and repeated several times. The gall bladder

must now be manipulated. The tips of the fingers of both hands are forced under the ribs at the position of this viscus and pressure brought to bear upon the fundus. A very efficient instrument for this treatment of the gall bladder is the electric vibrator.

Deep kneading is now applied over the transverse colon, pressing towards the spleen. The splenic flexure is treated in the same way as the hepatic, but it is far less important. Indeed, the only other important part to treat is the sigmoid flexure, and here the pressure must be exerted downward. The patient should treat herself after getting to bed at night and again before rising in the morning, spending fifteen to twenty minutes in the process. Steady pressure and great patience are necessary if any success is to be obtained. Much of the treatment recommended can be carried out by the use of a heavy ball of shot, which is very slowly rolled over the abdomen following the direction of the large intestine.

The most obvious effect of the kneading is the passage of flatus which usually occurs while the treatment is in progress. This is frequently followed later on by an action of the bowels.

In deciding what cases require this treatment, one naturally thinks first of constipation, biliary catarrh, and dyspepsia. But intestinal stasis is often present where it is not suspected, and a careful examination of the abdomen should be made in every case of chronic illness. It may be at once obvious on inspection that the right side of the abdomen is more distended than the left. Through the parietes of elderly women elevations can sometimes be seen showing the position of lumps of hardened faeces beneath. Palpation will clear up any uncertainty in the diagnosis. Of 156 patients in whom the abdomen was examined at the Electro-Medical Hospital, Nottingham, tenderness over the caecum was present in one-third. Most of these were suffering from some form of rheumatism or from neuritis. In many the tenderness disappeared after a short course of treatment, and in none did any harm arise from the kneading and electricity applied.

In elderly persons in whom the tone of the muscular fibre is lost, difficulty is experienced in bringing about a healthy action of the bowels; they suffer from chronic retention, and when the bowels are relieved by purgatives there is inability to retain the liquid motion. For these cases abdominal kneading with electricity is useful.

Many persons in ordinary health are subject to occasional attacks of heaviness or depression. They arrive at their office only to find that the head is not clear and work is an effort. Let them lie on a couch and carry out abdominal kneading. In the course of an hour the head will become clear and all the unpleasant depression pass away. Early morning headache is caused by poisons absorbed from the abdomen, and is relieved by kneading; even when there is no constipation. Diarrhoea is due in many cases to fermentation in the caecum. The overflow gives the mistaken impression that there is no stasis. Kneading is often of service in this condition. No case of mucous colitis should be considered incurable until kneading has been thoroughly tried, while paraffin is being given internally.

A very troublesome condition, often accompanied with much pain, is that due to adhesions following operations on the abdomen. Kneading, with radiant heat and electrical treatment, will bring about a good result if persevered with.

It is not in chronic diseases only that this treatment is useful; the doctor called in to an emergency case of flatulent colic can relieve his patient in a few minutes by this method.

THE United States Public Health Service in a recent bulletin states that garment workers, particularly pressers and ironers, are subject to chronic poisoning by carbon monoxide gas, discharged into the air of workshops by gas-heated appliances. In 11.8 per cent. of the shops examined in New York City the amount of carbon monoxide was found to be excessive; in 38 per cent. the smell of gas was perceptible. Fifty per cent. of the shops used ordinary gas irons only; 41.8 per cent. used irons heated by a mixture of gas and air under pressure. Only 2.4 per cent. used electric irons exclusively, and in 8.6 per cent. defective gas irons were found. Examination of the gas tubes showed that none were gas-tight.