

open and the head flexed the œsophagus is straightened (Starling); but, after the tube has passed into the œsophagus, the assistant holding the head should be instructed to keep the chin up, as with the head in the extended position there is less chance of any regurgitating food entering the mouth.

In a strong patient, should food regurgitate into the mouth, mere pinching of the tube by the operator until the contents of the mouth have been swallowed is sufficient; but, should the same circumstance arise in a feeble subject, it is safer to withdraw the tube, at the same time elevating the patient to a sitting posture before again passing the instrument.

In order to prevent the patient voluntarily ejecting the food by the contraction of his abdominal muscles, the operator, or an assistant, should apply the palm of his hand to the patient's epigastric region while the muscles are still flaccid, and exert just sufficient pressure to prevent their contraction. This manœuvre is, as a rule, successful in women and in the majority of men, unless the latter be possessed of an exceptional muscular development.

In vomiting and regurgitation due to reflex causes, gastric lavage with a weak solution of Condry's fluid, or with a solution of bicarbonate of soda (one drachm to the pint), about half an hour before feeding, gives the most satisfactory results.

#### BIFIDITY OF THE SPINOUS PROCESSES OF VERTEBRÆ.

By P. CAMPBELL SMITH, L.R.C.P.

Dr. Ch. Féré has done me the honour of asking me to publish an observation to which I drew his attention some months ago, and which he has confirmed—the occurrence in degenerates of bifidity of one or more spinous processes, especially of the lumbar vertebræ. Since receiving my letter Dr. Féré has seen a dozen cases, of which eight were in the lumbar region; they were associated with a certain degree of hypertrichosis, which he has described<sup>(1)</sup> as "the faun's tail." One of his patients was a neurasthenic, the remainder were insane. In a period of several years I have met with hardly as many cases as Dr. Féré has seen in a few months; but he has many more degenerates under observation than fall to my lot. None of my cases have been accompanied by hypertrichosis. One of them was in the dorsal spine, the remainder in the lumbar, and especially the lower lumbar. In most instances one vertebra only showed the condition; sometimes two or even three were affected, and these were always adjacent, except in one case where two contiguous spinous processes and one at some distance were bifid, all these being in the dorsal region. About half the patients were insane, the remainder, if I remember rightly, being all more or less neurasthenic. I do not think that any conclusion can be drawn from Dr. Féré's figures and my own as to the proportion of cases occurring in the sane and the insane respectively, but I have no doubt that, like other signs of degeneracy, the condition occurs most frequently in the insane. As to its association with neurasthenia, I have already stated<sup>(2)</sup> my belief that neurasthenia is a congenital state, and there are grounds for holding that it is itself a stigma of degeneracy.

In his letter to me M. Féré refers to the best position for investigating this condition. I have usually examined my patients while they were sitting up in bed—an attitude that involves some flexion of the trunk—and have trusted rather to palpation than to inspection in the first instance. Dr. Féré has adopted the plan of placing the patient on his side with his trunk flexed.

<sup>(1)</sup> *La Famille Névropathique*, 2me ed., p. 274 et fig. 13.—<sup>(2)</sup> *Brit. Med. Journ.*, 1903, vol. i, p. 781.

#### A NEW SAFETY BATH TAP.

Considerable attention has been paid to the construction and fittings of baths, lavatories, etc., for public institutions, the general principles adopted being simplicity of action and safety from accidents. It is certainly an advantage to be able