

driven from their holes and hiding places. A preliminary burning of the grass and brush might be necessary.

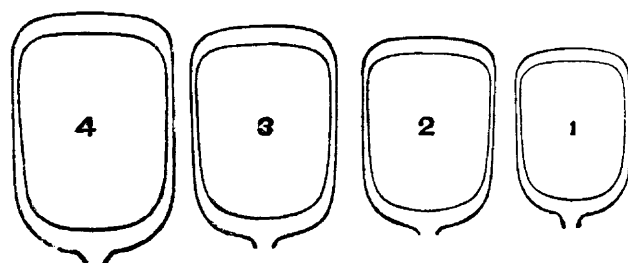
Countries especially interested in the eradication and prevention of plague should adopt the policy of rendering their seaports practically uninhabited by rats; and steamship companies affected by the quarantine restrictions necessarily placed on their traffic on account of the prevalence of plague would gain a great deal by the consummation of such a policy.

The admirably accomplished international cooperation in the campaign against yellow fever should guide us in our campaign against the plague, and as the yellow fever countries already have a working organization they could advantageously take up the plague situation at once and secure the united cooperation of Asiatic plague countries.

### A MODIFIED ADENOID CURETTE.\*

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I recently read a paper before the Southern Section of the American Otological, Rhinological and Laryngological Association advocating the removal of adenoids by one sweep of the curette and without the employment of a general anesthetic. Since this paper will soon be published, and since the plan there suggested is easily misinterpreted unless the instruments are inspected, I desire to show the exact method of using them.



Actual sizes and shape of fenestræ.



Side view of curette reduced.

Note the narrow shanks viewed at distal ends, and the width of same when viewed in profile. Note very narrow rectangular cutting blade.

I have so modified the shanks and cutting blade of the Beckman curette that the shanks will occupy practically no space when the instrument is inserted into the nasopharynx. The cutting blade has been so much narrowed that it occupies the minimum of antero-posterior space. The height of the fenestra is also greater than in the Beckman curette. All these changes have a most practical bearing, and it is not possible to remove the hypertrophy completely at one sweep of the instrument unless such a construction is followed. Four sizes of curette are necessary to meet the requirements of all cases.

I maintain that the word adenoid and not adenoids should be used in speaking of the individual case, for the reason that the whole hypertrophy is attached to one

base, and, therefore, while there are commonly five or more lobes, there is only one adenoid.

The instrument here illustrated is intended to fit accurately around the whole adenoid and to sever it at its base of attachment. The technic of removal is as follows:

If the patient be a child it should be taken on the lap of a strong assistant, the hands of the child should be held against its abdomen by the first assistant, and a second assistant should hold the head so that there is no possibility of its moving. The adenoid curette is placed behind the palate in the ordinary way and at an angle of 45 degrees; the anterior part of the curette is pressed firmly against the uppermost part of the septum, and the shank of the instrument lifts the uvula; in this position one sweep downward removes the whole adenoid, which falls from the mouth of the child as soon as its head is held forward. The operation is simple and can be done in a few seconds as I have described, provided the operator has selected the proper width of instrument for the particular case. Before selecting the adenoid curette for a given patient it is necessary to determine accurately the width of the child's nasopharynx, then to select the largest curette that will enter that child's nasopharynx with a moderate amount of crowding. If a curette is used that does not touch the lateral walls of the child's pharynx rather firmly during the introduction it will be too small, will not surround the entire mass of adenoid, and will, therefore, cut away only a part of the hypertrophy. In many instances the largest of the four curettes may be used in a child 8 years of age. The Eustachian orifices are not harmed with this instrument when properly used. Indeed, the shanks of an instrument wide enough to touch the nasopharyngeal lateral walls, if pushed backward, will push aside the lips of the Eustachian tubes, and Rosenmüller's fossa can then be cleaned out without the necessity of a side-cutting instrument. Using this method, it is not necessary to put the finger into the nasopharynx afterward or to make more than one sweep of the instrument; if the whole mass has been surrounded one sweep will certainly cut it out, and there is no more occasion for placing the instrument in the nasopharynx the second time than there would be for reinserting a tonsillotome or a guillotine several times to remove a faucial tonsil. There is no hypertrophied tissue left in the vault of the pharynx after the correct sweep of a properly constructed and carefully selected curette.

### A CASE OF MIGRATION OF FOREIGN BODY IN THE TISSUES.

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I report this as an authentic case of migration of a foreign body in the tissues. It is especially interesting because of the length of time the foreign body resided therein.

*History.*—Mrs. O., aged 35, gave a history of cutting her thumb with a piece of glass when she was 10 years old. At various times since, a small, red protuberance has appeared, at first near the scar, but gradually farther away. About two weeks before I saw her this small tumor appeared about one inch from the site of the original scar, nearly over the second joint. I removed a small spicule of glass about  $\frac{1}{8}$  inch long, very sharp and pointed, from just beneath the skin.

\* Read in the Section on Laryngology and Otology of the American Medical Association, at the Fifty-eighth Annual Session, held at Atlantic City, June, 1907.